



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
MONDAY 29 SEPTEMBER 2025 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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12	AOCB	ALL	Verbal
13	DATE OF NEXT MEETINGS IJB DEVELOPMENT SESSION – Wednesday 22 October 2025 (MS Teams) INTEGRATION JOINT BOARD – Wednesday 26 November 2025		

Lynne Garvey
Director of Health & Social Care
Fife House
Glenrothes
KY7 5LT

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



**UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD (IJB) - WEDNESDAY 30 JULY 2025 AT 10.00 AM**

Present:	David Ross (DR) (Chair) Colin Grieve (CG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Mary Lockhart (ML), Sam Steele (SS), NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Sinead Braiden (SB), Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary James Ross (JR), Chief Social Work Officer, Fife Council Gillian McAuley (GMcA), Nurse Director, NHS Fife Kenny Murphy (KM), Third Sector Lead Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Lead	
Professional Advisers:	Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Depute Medical Director Lynn Barker (LB), Director of Nursing Caroline Cherry (CCh), Principal Lead Social Work Officer	
Attending:	Alan Adamson (AA), Service Manager Quality Assurance Avril Sweeney (AS), Risk Compliance Manager Clare Gibb (CG), Communications Advisor Chris Conroy (CC), Head of Community Care Services Elizabeth Butter, (EB) ADP Representative Jo Bennett (JB), Non-Exec Director, NHS Fife Joy Tomlinson (JT), Director of Public Health Karen Marwick (KM) Interim Head of Complex & Critical Care Services Olivia Robertson (OR), Service Manager Roy Lawrence (RLaw), Head of Culture, Engagement and Communities Vanessa Salmond (VS), Head of Corporate Services Carol Notman (CN), Personal Assistant (Minute)	
No.	AGENDA ITEM	ACTION

1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting, in particular Gillian McAuley who was attending her first IJB as Executive Director of Nursing. David advised that apologies had been received from Rosemary Liewald, John Kemp, Fiona Forrest and Lisa Cooper. Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible. David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.	
2	DECLARATION OF MEMBERS' INTERESTS David Ross confirmed that there were no declarations of interest highlighted.	
3	MINUTE OF PREVIOUS MEETING AND ACTION NOTE 28 MAY 2025 The Minute and Action Note from the meeting held on Wednesday 28 May 2025 were both approved as an accurate record.	
4	CHIEF OFFICER UPDATE Lynne Garvey began her update by warmly welcoming everyone to the IJB, highlighting the Chief Officer's Brief that was sent out earlier this week that celebrated success and wished to highlight some of the fantastic and inspiring work that the services are undertaking. Lynne advised she has been out and about enjoying visits to Stratheden, Queen Margaret Hospital and the new builds within Glenrothes which highlighted the important work that is being undertaken by the Estates Department to get homes ready for clients to be able to move out of hospital into a home environment. Lynne shared that she had the honour of attending several events since the last meeting, including: • A celebration marking three decades of unpaid carers, which highlighted the remarkable dedication and contributions of this group. • The Africa Day Celebration hosted by Abbotsford Care, which showcased the richness and diversity of African culture.	

	Lynne advised the additions to the Senior Leadership Team since the last meeting is Caroline Cherry is now in post as Principal Social Work Officer and Karen Marwick has been appointed to the Interim Head of Service for Complex and Critical Care Services. Roy Lawrence has taken on the role of Head of Culture, Engagement and Communities and recruitment is ongoing for the Head of Complex and Critical Care Services, Head of Strategic Planning and Performance and Chief Finance Officer positions. Lynne highlighted several service milestones and investments: • Mental health estate investment – the Scottish Government has awarded £12m over three years to improve community mental health ward environments across Queen Margaret, Lynebank and Stratheden hospitals. This will enhance patient care and support staff wellbeing. • Community Rehabilitation Transformation – as part of the Home First Strategy, two specialist rehabilitation sites are being developed at Glenrothes and Cameron hospitals, supporting care closer to home. • New respite facility – approval has been granted for a £5.5m purpose-built respite care unit in Glenrothes, to be completed by 2028. This is a major step forward in supporting adults with complex needs and their carers. Lynne noted that Fife’s leadership and integrated approach to care continues to attract international attention. With the Partnership recently welcoming a delegation from Montenegro and UNICEF to learn more about our child-centred services including the Health Visiting Service and the Family Nurse Partnership. Lynne noted that the Partnership continues to see national recognition for our teams, include includes: • West Older Adults Community Mental Health Team won at the Mental Health Nursing Awards for their innovative use of music through the ‘Playlist for Life’ programme. • Hilary Munro, Professional Head of Speech and Language Therapy, was honoured at by the Royal College of Speech and Language Therapists and attended the King and Queen’s Garden Party at Holyrood. Other Fife HSCP staff also attended in recognition of their contributions. • Neil Carnegie who represented Fife at the Royal College of Occupational Therapists Member’s Day and helped shape the national direction for the profession Lynne concluded her updated by noting that there is a lot going on that we can be proud of and it is through our dedicated workforce and our shared vision to deliver the best health and social care	

	services we can, that makes this all possible.	
5	COMMITTEE CHAIR ASSURANCE REPORTS David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs. Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Audit & Assurance Committee on 27th June 2025, Quality & Communities Committee on 4th July 2025, Finance, Performance & Scrutiny Committee on 16th July 2025, and Strategic Planning Group on 18th July 2025. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. David Dempsey, Chair of the Audit and Assurance Committee confirmed there was nothing he wished to add to the report. Sinead Braiden, Chair of the Quality & Communities Committee confirmed there were no significant areas of concern to highlight. Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee confirmed there was nothing he wished to add to the report. Colin Grieve, Chair of the Strategic Planning Committee noted that the Committee had discussed the planning for the Strategic Plan 2026-29. Recommendation The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.	
6 6.1	STRATEGIC PLANNING & DELIVERY Commissioning Strategy David Ross advised that this report has been discussed at the Strategic Planning Group on 9th May 2025 and the Finance, Performance and Scrutiny Committee on 13th May 2025 and invited Alan Adamson to present the report. Alan Adamson advised that the Commissioning Strategy was an enabling strategy within the Strategic Plan and this was the first	

	annual report which provided an overview of key delivery and actions covering years 1 and 2. Alan advised that a Working Group has been set up to review the strategy deliveries that demonstrates positive outcomes for the care provider and ensures continuity of care. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Roy Lawrence, Chair of Strategic Planning Group (May Meeting) confirmed that the committee had been fully supportive of the report. Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee noted he had no further comments from the Committee. Jo Bennett noted that she had found the paper to be very interesting and liked the collaborative approach and queried with regards the framework whether there was a measurement in place that states what we want and how it is monitored. In addition she asked if we get scrutiny from independent commission is there an escalation process in place if the needs are not at a level that we would like to see them. Alan Adamson advised that Service Level Agreements are in place which gives the Partnership an opportunity to monitor the care provided and the service works closely and liaises regularly with a collaborative approach with the Independent Sector and confirmed that reports are submitted to QMAG to provide assurance and oversight overview. Jo Bennett queried with regards monitoring whether measures were in place to monitor the experience of the client and also staff that work there as this provides a richness in the measurement framework. Caroline Cherry noted that this would be brought by the Care Inspectorate and confirmed during their inspections services are asked to provide evidence on how they are going to meet the outcomes for people and the Independent Sector have to demonstrate satisfaction levels which will include staff levels and there is a regulatory requirement that the Council will monitor this. Morna Fleming noted that she felt this information was lacking but was aware through conversations at the Carers Centre that they have a responsibility to report on this and noted that it would be helpful if this information was available within a deep dive report if it was shared. Morna also ask with regards pg 85 her interpretation of what was being said is that there is an increasing demand for a diminishing resource and third sector commissioned services are not accessible to the public sufficiently, which she felt was contradictory and likely to create more waiting lists which is an issue which requires to be addressed. Morna noted that on pg 86, the third bullet point within	

	the conclusion of the P&E process noted that the decision making should be people centred rather than budget led and it was her impression that to some extent the budgets are leading and that is why the Board is being lambasted for cuts because it all comes down to lack of workforce and resources for Third Sector. Alan Adamson advised Morna due to timings he would catch up with her outwith the meeting to explain the Service Level Agreement and how the services are measured. He wished to stress that the service works closely with the care providers as their resilience and sustainability is important. Lynne Garvey thanked Morna for raising the point noting that through the Transformation Programme the Partnership is going through will be putting quality and care first and foremost in any decision that is made. She noted in terms of the public facing reference she wished to stress that the Professional Leads within the Partnership triangulate the decisions and are aware that any decisions brought to Committee impact on the people of Fife. Lynne stressed that decisions being brought should not compromise on the quality of care provided. Paul Dundas noted that there has been significant national and local activity underway regarding ethical practices, with our local arrangements being considered a benchmark—highly agile and operating at what he would describe as the highest level. He noted that areas of interest, including the length and quality of care, are under continuous review, with ongoing improvements being made. Paul advised as part of the fortnightly agenda for care homes, there is a focus on a coordinated response to any issues raised. Whether the concern relates to care at home or within care homes, an immediate and collaborative response is initiated. This includes bringing together partners to share learning and assess the level of resources required. In terms of monitoring, recent analysis has identified 11 recurring themes across all care homes in Fife. Fife is working closely with the Care Inspectorate to build on these findings. All activity is tracked within Fife’s robust and agile structure, which includes regulatory bodies, commissioners, providers, and recipients of care. Recommendation: Integration Joint Board were assured that the Commissioning Strategy 2023 – 2026 is being effectively delivered in line with the Commissioning Strategy Vision and Principles.	
6.2	Alcohol & Drugs Strategy Annual Report David Ross advised this report had been discussed at the Finance, Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Karen	

	Marwick to present the report. Karen welcomed Elizabeth Butters to present and talk to the report. Elizabeth Butters, presented the Alcohol and Drug Partnership (ADP) Annual Report noting the deadline to submit the report to the Scottish Government was at the end of July. Elizabeth Butters outlined the key themes of the report, including: • Improved access to treatment • Achievement of “green” status, celebrating strategic progress and full implementation of key initiatives David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee noted the committee had discussed and commended the report. Colin Grieve, Chair of Strategic Planning Group (May Meeting) confirmed that he had no further comment and expressed support for the report. Jo Bennett praised the report, noting its presentation at several committees. She asked whether feedback would be received from the Scottish Government after submission. She also raised a concern about mortality rates among women related to alcohol, noting a growing gap in Fife and the absence of this issue in the listed priorities, despite its impact on families. Elizabeth Butters confirmed that feedback would be provided by the Scottish Government. She acknowledged the importance of the issue and agreed that the focus on women and alcohol should be strengthened. She explained that women often seek support through family care pathways, and that targeted support is being developed. For example, women-only groups have been established, such as the Levenmouth Club. Future commissioning with Children and Families services will include a focus on early intervention for women, aiming to provide support before crisis points. David Alexander recalled a previous report by Fiona McKay regarding how drug-related deaths are measured differently in Scotland, and asked whether this affects reported numbers. Elizabeth Butters responded that while there are slight variations in definitions, the impact on overall numbers is not significant. The higher rates are largely driven by poverty and higher drug use per 100,000 population, which increases the risk of death and confirmed that the focus remains on protecting individuals and improving	

	access to treatment. Eugene Clarke asked whether the joint emergency response initiative in Levenmouth—involving the Scottish Ambulance Service, NHS Fife, and Police Scotland—has had any impact on mortality rates. Elizabeth Butters noted that data is not yet available, but she will follow up with Jacquie Stringer. She added that Emergency Department (ED) attendance from Levenmouth is being reviewed, and efforts are underway to develop community-based responses to reduce ED visits. Recommendation David Ross confirmed that members: - • Had discussed the Alcohol & Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey. • Approved the Alcohol & Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey and supported its submission to the Scottish Government and publication.	
6.3	Home First Strategy Update – Community Hospitals Transformation David Ross advised that this report had been discussed at the Quality & Communities Committee on 4th July 2025, the Finance Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Chris Conroy to present the report. Chris Conroy provided an update on the approved proposal to transform community services. The initial approval was granted in March 2024, with NHS Fife confirming support in January 2025. Chris noted that the report outlines the delivery plan for the transformation, which will be implemented over a 12–18 month period. He noted the key developments included: • Glenrothes Hospital to be repurposed as a specialist stroke unit. • Cameron Hospital to focus on general community rehabilitation. Chris advised that there will be a reduction of 37 community beds, with additional capacity available to manage winter pressures and noted that the transformation is expected to deliver financial savings of £1 million in the current year and £2 million in the following year. In addition, Chris confirmed that staff have been informed, and discussions are ongoing to support them through the organisational changes. Lynne Garvey thanked Chris and noted IJB's previous agreement, highlighting this transformation as a strong example of doing the right thing for the people of Fife. While financial savings are	

	important, the investment ensures appropriate community pathways aligned with national and local strategies. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Sinead Braiden, Chair of Quality and Communities confirmed the committee was assured by the progress and supports moving forward. Alastair Grant, Chair of Finance, Performance and Scrutiny Committee had no further comments on the assurance report. Colin Grieve, Chair of Strategic Planning and Performance Committee noted that the Group welcomed the report. David Alexander queried with regards the financial aspects discussed at the Fife Partnership Strategy Group (FPS), seeking clarity on site-related investments. Chris McKenna responded advising that the Board is committed to delivering the programme, including investment in medical education at the site and continued ward-based patient care. He noted that funding will not be spent until March 2026, and there may be opportunities to enhance the plan further. Morna Fleming reiterated concerns about the financial focus in the report, particularly on page 207. She suggested rewording the second column, second-last paragraph to better reflect the balance between financial savings and people-centred care. On the EQIA report (page 241), Morna objected to prioritising any one protected group, such as the LGBT community, and recommended that all protected groups be treated equally without assigning champions to specific ones. Chris Conroy agreed to review the section highlighted by Morna. David Ross confirmed that the Board were assured that there was a clear plan to deliver the transformation programme and accepted the recommendation with minor amendments. Vanessa Salmon reminded the group of the direction, and all agreed it could be forwarded to NHS Fife. Action: EQIA section to be reviewed Direction to be issued to NHS Fife	CC
6.4	Short Stay Bed Base Provision David Ross advised this report had been discussed at the Quality & Communities Committee on 4th July 2025 and the Finance	

	Performance & Scrutiny Committee on 16th July 2025 and invited Chris Conroy to present the report. Chris Conroy explained that the paper was being brought forward for decision. It relates to the STAR Beds—assessment beds and planned respite provision—within the eight residential care homes. The proposal has been developed based on identified needs and outlines changes that are expected to have a positive impact across the wider system. It aims to deliver sustainable savings by improving access to community services and relieving pressure on both acute and community hospitals. The proposal includes the creation of a short-term, constituent service that would provide planned respite care. This initiative would be supported by the Respite Task Force. The expected outcomes include: • Improved hospital flow • Enhanced community access to beds • More efficient use of existing funded resources • A care model aligned with local needs • Strengthening of the workforce There are also potential financial benefits, which align with previously agreed priorities of the Integration Joint Board (IJB). David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Sinead Braiden, Chair of Quality and Communities confirmed the committee had a robust and in-depth discussion, and members agreed the report should proceed for approval. Alastair Grant, Chair of Finance, Performance and Scrutiny Committee confirmed following discussion that the report should progress. Paul Dundas thanked Chris for the report, highlighting the key benefits and areas for improvement. He asked for clarification on whether the proposal was being agreed "in principle" in relation to the Quality Impact Assessment (QIA). Chris Conroy confirmed that these elements would be taken forward and expressed a desire to receive guidance on how to progress the proposal quickly. Vanessa Salmond suggested that agreement could be reached via email, allowing for a virtual decision to be made and formally approved by the IJB.	

	Paul Dundas emphasized that he did not want to delay the proposal but stressed the importance of completing the Equality and Quality Impact Assessment (EQIA) and engaging with wider stakeholders. Jo Bennett echoed concerns regarding the EQIA. Recommendation: David confirmed that there were no objections raised, the Integration Joint Board indicated their support for the proposed reconfiguration taking into consideration the completion of the EQIA and engagement with the wider stakeholders.	
7 7.1	LIVED EXPERIENCE & WELLBEING Lived Experience – Single-Handed Care David Ross invited Lynn Barker and Karen Marwick to present the Lived Experience video highlighting Single-Handed Care. Lynn Barker advised she was delighted to present this video as it provided a real opportunity to celebrate some of the successes which are described. Karen Marwick advised that Single Handed Care was part of the transformational care work which was fully integrated with a multi-disciplinary team approach that included in patient nursing, occupational therapists and district nursing to support the service user who had been completely bed bound. Morna Fleming noted that she is fully supportive of this transformation as it frees up a care professional to help someone else who requires support and reinforced the importance of ensuring that the carer is fully involved in the transformation so that they can learn how to use the equipment that is brought into their home and at the same time preserve their own care.	
8 8.1	INTEGRATED PERFORMANCE & QUALITY Revised Budget Direction David Ross invited Audrey Valente to present the revised Budget Direction report. Audrey Valente presented the revised budget direction. She explained that when the budget was originally set in March, there had been extensive discussion leading up to its approval. However, at that time, the partners were not in a position to fully commit. Since then, significant progress has been made, and the situation has developed positively. Over the period from March to now, both partners have agreed to fund the volatile elements of the budget on a one-off basis, which has had a substantial impact on the projected outturn. This paper	

8.2	formally acknowledges the additional funding and seeks IJB approval for an increase of £14 million to the budget. David Ross welcomed the positive financial update and confirmed that all members were happy to approve the revised budget direction. He confirmed that with the issue of the new Directions 2025.005 and 2025.006 that these supersedes budget directions 2025/001 and 2025/002, which can now be closed. All members agreed to the revised budget direction. Finance Update David advised this report has been discussed at Finance Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Audrey Valente to present the report. AV presented the report projecting the financial outturn based on actual figures up to 31 May 2025. She noted that delegated services are currently showing an overspend of £5.2 million. The paper includes a budget direction outlining how funding is being returned to partners. Audrey advised that a direction will be brought to each IJB meeting and aligned with the finance report, specifically referencing the £9.3 million in additional funding. Regarding savings, £29 million was approved in March, and 93% of these savings are currently on track to be delivered. However, there are risks to sustaining these savings at the current level, particularly around timing and scale. These risks are being actively monitored through weekly PRU (Performance Review Update) meetings, where officers attend to ensure issues are identified and addressed early. Given the projected overspend, a recovery plan is being developed and will be presented at the next IJB meeting. Audrey wished to provide assurance that close monitoring will continue throughout the remainder of the financial year. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Alastair Grant, Chair of Finance, Performance and Scrutiny Committee confirmed that the forecast for the year had been fully discussed and was encouraged by the plans in place to address the overspend. Jo Bennett raised a question about the confidence level in the May projections and the potential variance. Audrey responded that the	

8.3	figures are based on the best available information at the time and that scrutiny has been increased, with weekly PRU meetings involving senior leadership to proactively manage risks. Audrey noted that while there is a level of confidence, she acknowledged that projections may change depending on service demand, and any updates will be brought back to the Board. David Ross expressed disappointment at the projected overspend but noted that the situation is significantly improved compared to last year. He welcomed the recovery actions and emphasized the importance of full consultation and shared ownership of the plan. Audrey reiterated that a detailed recovery plan is being worked through and will be presented at the next meeting. While the plan aims to bring finances back in line, she cautioned that circumstances may still change. Recommendation David Ross confirmed that members: - • were assured that there was robust financial monitoring in place • Noted and approved the projected outturn position for delegated services for 2025-26 financial year as at 31st May 2025 as outlined in Appendices 1-4 of the report; • Approved the Direction to NHS Fife for additional allocations. Annual Performance Report 2024-25 David advised this report had been discussed at the Quality & Communities Committee on 4th July 2025, the Finance Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Audrey Valente to present the report Audrey advised that the Integration Joint Board is required to provide an annual performance report and noted that the report was being presented for assurance and final approval. Audrey highlighted while the full report once approved will be published, a shorter version and an easy read version will also be made available on the website. Once approved the report will be sent to Scottish Government Health Department and published on the IJB Website with an update included for staff in the Directors Weekly Brief. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Sinead Braiden, Chair of Quality and Communities confirmed the committee was assured with the information outlined within the	

	report. Alastair Grant, Chair of Finance, Performance and Scrutiny Committee confirmed the committee was assured that the report provided an update on all areas required by Scottish Government. Colin Grieve, Chair of Strategic Planning and Performance Committee noted that the Group were happy to approve the report. Dave Dempsey welcomed the idea of creating a middle-tier document—something between the easy-read version and the full master document. Audrey confirmed that this would be circulated. Jo Bennett advised that she appreciated the breadth of work covered in the report, particularly highlighting the digital referral system and bowel and bladder services. She asked whether the work undertaken this year might lead to improvements next year, especially in areas such as emergency admissions and readmissions, where current data is below expectations. Lynne Garvey confirmed that the structure of SLT meetings is currently being revised, moving to a four-weekly cycle, with one meeting each cycle dedicated solely on performance. The aim is to focus on identifying barriers to improved performance. Lynne confirmed a dedicated dashboard is nearly complete, and benchmarking work is underway with other boards to strengthen performance scrutiny. Morna Fleming expressed appreciation for Audrey's comprehensive responses to questions submitted ahead of the meeting. She raised concerns about higher rates in Fife, noting that the data is not straightforward and may reflect recording differences that portray Fife in a poorer light. She also pointed out that the percentage of adults reporting positive outcomes is significantly lower in Fife compared to the Scottish average and suggested a comparative deep dive to better understand the reasons. Audrey agreed with Morna's observations and confirmed that benchmarking and deep dives will be prioritised in the upcoming revision process. Eugene Clarke raised two questions regarding Section 27 – the analogue to digital transition (page 67). He was pleased to see progress but sought clarification on the timeline, noting the jump from 20% to full transition by December 2025. Audrey confirmed that the plan is for all service users to be transitioned by December, and gave assurance that delivery is on track. Karen Marwick, drawing on her previous experience, confirmed that the transition is part of a rolling programme and that completion by December is feasible.	

	Eugene Clarke also asked whether the IJB has a Digital Strategy which Audrey confirmed that a strategy exists and will arrange for it to be shared with Eugene. Vicki Bennett asked whether the strategy had been presented to the Local Partnership Forum (LPF). Audrey explained that it had been scheduled but the LPF meeting had been cancelled; arrangements will be made for it to be tabled at the next LPF. Mary Lockhart began by commending the report, describing it as very useful and well-governed, offering a clear overview of past, current, and future directions. She referred to page 107, which discusses positive service experiences, and noted a discrepancy in complaint volumes across four GP practices. She asked whether the data could be further analysed to determine whether the imbalance is due to demographics, service quality, or infrastructure issues. Audrey thanked Mary for her comments and acknowledged the value of feedback. She confirmed that a deeper dive would be undertaken and offered to follow up with Mary directly regarding her specific query. Recommendation David Ross confirmed that members: - • had reviewed the Annual Performance Report 2024 to 2025 and provided final approval for publication and circulation to partner agencies (Scottish Government, Fife Council and NHS Fife). • found assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.	
9 9.1	GOVERNANCE & OUTCOMES Membership Update David advised that the report was for noting and invited Vanessa Salmond to present the update. Vanessa Salmond apologised for the omission of officially welcoming Gillian McAuley and wished to clarify that the paper advised that Alastair Grant will be stepping down in September but noted that this will take place in July. David Ross wished to thank Sinead for all that she had done for the Qualities and Communities Committee during her tenure as Chair Person. Recommendation David Ross confirmed that members formally agreed the member transitions as detailed in the report.	

9.2	IJB Workplan David Ross advised that the IJB Workplan had been made available for information	
10 10.1	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS Whistleblowing Annual Report David Ross advised this report had been discussed at the Finance, Performance & Scrutiny Committee on 16th July 2025 and introduced Roy Lawrence to present this report. Roy Lawrence noted this was the second annual report, highlighting it as a collaborative effort and thanked the group for their contributions. David Ross invited Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee who confirmed he had no further comments. Colin Grieve commended the report for its comprehensive nature but raised a query regarding Section 3 – Concerns Received. Specifically, the first table as it shows no categories reported for Fife Council. Colin asked how assurance can be provided that concerns raised are being appropriately captured and addressed. Roy advised that the reporting process is still relatively new, and the low number of concerns identified reflects the early stage of development. Work is ongoing to create a more robust and comprehensive approach in collaboration with partners. Feedback is being used to refine the process, and further growth is expected. Morna Fleming raised a point about Section 7 – Training Data. She noted that NHS Fife has 79 posts listed as requiring training, yet the training is not compulsory. She questioned how training can be “required” if it is not mandatory. She also highlighted that under Fife Council, mandatory e-learning completion stands at 75%, indicating that a mandatory requirement is not being fully met. Roy clarified that NHS Fife is undertaking significant data cleansing. While 79 posts are identified as requiring training, the training itself is not mandatory. He noted that any staff member can complete the training, which explains why more than 79 individuals have done so. There is a commitment to achieving 100% uptake, with mandatory training reviewed quarterly and actively promoted. Recommendation David Ross confirmed that the Integration Joint Board had; • Discussed the Annual Whistleblowing Report 2024-25 and note the Whistleblowing activity in the Partnership over the reporting period and share any thoughts about the findings. • Noted the improved performance within iMatter results and	

	increased training uptake across partners. • Taken assurance that the HSCP, NHS Fife, Fife Council and our Trade Union and Staff Side are working together to continually improve our Whistleblowing work in support of the Partnership. • Approved the Whistleblowing Annual Report 2024-25	
11	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED The minutes of the following Governance Committees were provided for information: • Quality & Communities Committee - 25 April 2025 • Strategic Planning Group – 9 May 2025 • Finance, Performance & Scrutiny Committee – 13 May 2025 • Local Partnership Forum – 14 May 2025 • Audit & Assurance Committee – 16 May 2025 David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.	
12	AOCB As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.	
13	DATE OF NEXT MEETINGS IJB Development Session – Wednesday 27 August 2025 Integration Joint Board – Monday 29 September 2025	

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 30 JULY 2025

REF	ACTION	LEAD	TIMESCALE	PROGRESS

COMPLETED ACTIONS

IJB 300725 – Home First Strategy Update – Community Hospitals Transformation EQIA section to be reviewed Direction to be issued to NHS Fife	Chris Conroy		Action closed – EQIA reviewed and Direction issued to NHS Fife
IJB 280525 – Strategic Risk Register Review with risk owners to be carried out.	Audrey Valente / Avril Sweeney	Sept 25	Review of the Strategic Risk Register is due to complete by end of July. The revised risk register is scheduled to go to Audit and Assurance Committee on 19 September.
IJB 280525 – Adult Protection Biennial Report 2022-24 - Work ongoing with deaf communication service however no reference to visually impaired. Jillian to feed this back. - ASP investigations by client group – example to be provided within the report on the “other” variables. - Increase in number of referrals investigated – deeper dive required to ascertain accurate data. Jillian to share information around referral routes.	Caroline Cherry	July 2025	Due to internal restructure of responsibilities within SLT – verbal update will be provided at IJB meeting 30.07.25
IJB 290525 – Reconfiguration of MIU Services Page 53 of the papers - Option 3 states “patients who receive an x-ray at Adamson and require immediate treatment will need to travel to St Andrews”. Lisa advised that this was a typo and would be corrected, confirming there would be no radiology services at Adamson under the proposals in Option 3.	Lisa Cooper	Immediate	Action Complete
IJB 290525 – Spring Booster Campaign Non-appointment figures for NHS Fife are significantly higher than the Scottish figures – Lisa to feedback to Dave Dempsey offline and provide narrative around this in final report.	Lisa Cooper		25.6.25 Email sent to Dave Dempsey from Lisa Cooper and Olivia Robertson detailing the narrative around this.

IJB 260325 9.2 Draft IJB Workplan 2025-26 Review draft workplan to explore if this could be set up as a rolling year (as per comment from Dave Dempsey)	Vanessa Salmond		The process for developing Committee and IJB workplans is complex with lots of inter-dependencies. Unfortunately, having explored this suggestion, it is not feasible at this time.
IJB 260325 8.2 Revenue Budget 2025/26 & Medium-Term Financial Strategy Typo on page 14 of the report relating to budget uplift Request from Dave Dempsey to ensure that Directions are specific to each individual partner. Review of Respite – position to be clearly articulated within documentation (per request from Morna)	Audrey Valente Vanessa Salmond Jillian Torrens		09.05.25 Noted and corrected. Directions amended prior to issue.
IJB 260325 – 6.2 Carers Eligibility Criteria Dave Dempsey noted that the table on page 116 is an image and therefore would not be accessible to people with sight loss. Monitoring to be incorporated into the plan (as per comment from Arlene Wood)	Roy Lawrence		The image on page 116 is due to the papers being combined and converted to PDF to create the full IJB papers. The image in the original document is a table and not an image. This is the version that will be distributed so this should not be an issue. Roy met with James Ross as Chief Social Work Officer and Chris Conroy to begin to think about the implementation of the Eligibility Criteria framework. This work will be continued with Caroline Cherry, our new Principal Social Work Officer, when

			she starts in post, alongside the CSWO and our Heads of Service. As part of the work to implement the new framework, monitoring we will be built in to ensure we are receiving feedback from staff and service users on the process.
IJB 260325 – 6.1 Strategic Plan Annual Report & Year 3 Delivery Plan Dave Dempsey noted that page 57 states “completed work continues” which does not make sense.	Audrey Valente		Original action completed as planned with additional work underway to enhance delivery.
IJB 290125 – Fife Immunisation Strategic Framework Morna requested uptake percentage be added to the report along with narrative around why people are not attending and actions taken to encourage. Word omission within the report (page 41 of the IJB papers at end of paragraph 1) Page 19, figure 7 is an image which breaches accessibility guidelines	Lisa Cooper Lisa Cooper Lisa Cooper		LC confirmed all actions complete
IJB 290125 – Mainstreaming the Equalities Duty Lisa to confirm & feedback to Morna if training to support safe eating and drinking for those with learning difficulty is available to unpaid carers.	Lisa Cooper	ASAP	Response from Hilary Munro 27.02.25: Where a person has been identified with an eating, drinking and swallowing issue and where upskilling is required, this will be provided to whomever requires it as part of person-centred care. Action complete.

Arlene suggested a Development Session around outcomes and how these are quantified and requested information around metrics and how we report back on these. Audrey Valente to confirm. Rosemary Liewald requested data related to how we are doing in terms of recruitment, engagement and retention of male carers. Data to be shared around service user preference of gender of those caring for them (request from Mary Lockhart)	Audrey Valente		Equalities Outcomes added to list of potential topics for future development sessions. Action complete
	Roy Lawrence		Data shared 14.03.25 – action complete
	Roy Lawrence		Data shared 14.03.25 – action complete
IJB 290125 – Fife Immunisation Strategic Framework Concern around content of Direction – Lisa and Vanessa to connect with Dave Dempsey to support revision of Direction.	Lisa Cooper / Vanessa Salmond		Teams meeting scheduled – meeting progressed, following meeting it was agreed Direction no longer required. Action closed.
IJB 290125 Timescales to be added to action note	Gemma Reid	Following meeting	Complete - further updates requested and some actions now closed with one ongoing (Q&C revised ToR)
IJB 290125 Invitation to Morar Living Open Day to be circulated to members	Gemma Reid	Following meeting	Complete 290125



Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 5.1

Report Title: Chair's Assurance Report
Audit and Assurance Committee

Committee Chair: Dave Dempsey

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

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.

2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. There were 2 items of business originally scheduled to be presented to this Committee cycle, however have been delayed. Deep Dive Risk Review Report – A full cycle of deep-dives have now been completed and a further summary report including proposed next steps will be brought to November Committee. Committee Self-Assessment has been rescheduled.

At the meeting on 19th September the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Annual Accounts and Financial Statements including External Audit Report.
- Items related to Audit: Internal Audit Progress Report and Internal Audit Follow-up report on Audit Recommendations.
- IJB Risk Register
- Governance & Compliance: Records Management, NHS Fife Annual Governance Statement and Lessons Learned Action Plan.

3 Update on Risks

Risk score remain same 5 of 6 reviewed target scores There was no discussion at this meeting pertaining to risk.

4 Committee Levels of Assurance / Decisions / Recommendations

The Audit and Assurance Committee made the following decisions at its meeting on 19th September 2025:-

Assurance

- **Internal Audit Progress Report** – Members were assured on progress with current Audit plan.
- **Internal Audit Follow up Report on Audit Recommendations** - Committee were assured by the current progress of audit recommendations.
- **NHS Fife Annual Governance Statement** – Members noted the significant level of assurance provided within this report.
- **Lessons Learned Action Plan** -

Decisions

- **Annual Accounts and Financial Statements (including External Auditors Report)** – Members agreed to remit the annual accounts and external audit report for agreement.
- **Records Management Report** – Members commended this report, recognising the positive position.

5 Escalations/Highlights to the IJB

External Audit once again conveyed their appreciation to all staff involved in preparing the annual accounts, acknowledging the smooth and efficient audit process.

As this was Audrey's final Committee meeting, members expressed their heartfelt appreciation for her outstanding contribution throughout her tenure with the Partnership.

6 Forward Planning/Horizon Scanning

The Committee have identified the potential for deeper dive reviews of risk target dates and best value of transformation.

Dave Dempsey, Chair, Audit and Assurance Committee



Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 5.2

Report Title: Chairs Assurance Report
Finance, Performance and Scrutiny Committee

Committee Chair: David Alexander

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the 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.

2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. The Winter Plan and Transformation/PMO Update have been rescheduled to a later date. In summary, at their meeting on 17th September the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update
- Performance: Performance Report and Monitoring of Directions;
- Strategies: Carers Strategy Annual Report

3 Update on Risks

There was no update on risks tabled at this meeting.

4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 17th September 2025:-

Assurance

- **Performance Report** – Committee were complimentary of the performance report acknowledging the revised approach to monitoring and reporting

Recommendations

- **Finance Update** – A visual presentation accompanied this paper at Committee and members were assured by financial monitoring being undertaken. Members agreed to remit the Directions to IJB for formal agreement to issue.
- **Carers Strategy Annual Report** – Members commended this work and agreed that this report should progress to IJB for assurance.
- **Monitoring of Directions** – Members were assurance by the current status and progress of open directions. Members agreed to remit this report to IJB for further assurance.

5 Escalations/Highlights to the IJB

There were no significant areas of concern requiring escalation to the IJB identified at this meeting.

Recognising this was Audrey's last Committee meeting, members extended their sincere gratitude to Audrey for her contribution and financial leadership throughout her time with the Partnership.

6 Forward Planning/Horizon Scanning

There is no planned activity to report.

David Alexander, Chair, Finance, Performance and Scrutiny Committee



Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 5.3

Report Title: Chairs Assurance Report
Quality and Communities Committee

Committee Chair: Rosemary Liewald

Responsible Officer: Helen Hellewell, Deputy Medical Director
Lynn Barker, Director of Nursing, HSCP

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the 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.

2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. There were 2 items of business due to be reported at this Committee cycle delayed. The Winter Plan which has been rescheduled to the November Committee and Committee Self Assessment which had been rescheduled to March 2026. All other items of business were presented as planned. In summary, at their meeting on 5th September the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters Report and IJB Deep Dive Risk Review – Resilience.
- Strategic Planning: Director of Public Health Annual Report 2024, Primary Care Improvement Plan (MOU2) Annual Update, MAPPA Annual Report, IJB/HSCP Resilience Assurance Annual Report, Community Led Support Progress Report and Mental Health & Wellbeing Strategy.
- Legislative Requirement and Annual Reports: Carers Strategy Annual Report.

3 Update on Risks

A deep dive risk review of resilience was considered, Committee were in agreement with the 'substantial' level of assurance given in this report and agreed with the recommendation to close this risk and continue to monitor and mitigate within 'business as usual' activities.

4 Committee Levels of Assurance / Decisions / Recommendations

The Quality and Communities Committee made the following decisions at its meeting on 5th September 2025:-

Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board.
- **Director of Public Health Annual Report 2024**– This report provided assurance to Committee around the activities .
- **Primary Care Improvement Plan (MOU2) Annual Update** – Members discussed the report and agreed that it provided assurance on current position.
- **MAPPa Annual Report** – Committee were assured by the content of the report on MAPPa activity throughout 2024-25.
- **IJB/HSCP Resilience Assurance Annual Report** – Members were assured of the continuing work undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders.

Recommendations

- **Mental Health & Wellbeing Strategy** – Members commended this report and agreed that this report should progress to IJB for formal agreement.
- **Community Led Support Progress** - Members expressed confidence in the progress outlined within this report and endorsed its onward progression to the IJB.
- **Carers Strategy Annual Report** - Members were assured by the progress of activities contained within this report and supported onward submission to the IJB.

Decision

- **Director of Public Health Annual Report 2024**– The Committee noted this report agreeing to the recommendation for the requirement of a whole system approach to addressing issues with food and physical activity.

5 Escalations/Highlights to the IJB

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting other than those reports identified above to be remitted to the IJB.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Rosemary Liewald, Chair, Quality and Communities Committee



Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 5.4

Report Title: Chairs Assurance Report
Strategic Planning Group

Group Chair: Colin Grieve

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Strategic Planning Group (SPG) is intended to provide the Integration Joint Board (IJB) with assurance around the monitoring function of the Group in relation to integrated strategic planning and commissioning; development and progress within strategic planning; responses to emerging strategic issues, and new national and local drivers, to ensure the delivery of key objectives in the Strategic Delivery Plan.

2 Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. There was one item deferred which was scheduled to be reported at this meeting as per the Groups' workplan which was a review of the groups Terms of Reference, in recognition of an ongoing review of this group. All other items of business scheduled were presented.

At the meeting on 3rd September the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log
- Strategic Planning: Strategic Plan – Early Draft
- Annual Reports: Carers Strategy Annual Report
- Strategy Updates: Mental Health & Wellbeing Strategy

3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 3th September 2025:-

Decision

- **Strategic Plan** - Following extensive discussion, it was agreed further work would continue on development of the draft, thereafter an extra-ordinary meeting would be scheduled of this group to further refine a draft, prior to wider

distribution to the IJB.

Assurance

- **Carers Strategy Annual Report** – The SPG commended this report and supported progression to IJB and Scottish Government.
- **Mental Health and Wellbeing Strategy** – The SPG welcome this as a final version the Strategy and supported progression to the IJB.

4 Escalations/Highlights to the IJB

It is envisaged a draft of the Strategic Plan can be shared with IJB members at the October Development Session.

5 Forward Planning/Horizon Scanning

There were no issues for highlighting.

Colin Grieve, Chair, Strategic Planning Group



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	29 th September 2025
Agenda Item No:	6.1		
Report Title:	Mental Health and Wellbeing Strategy		
Responsible Owner:	Lynne Garvey, Director – Health and Social Care Partnership		
Report Author:	Karen Marwick, Head of Complex and Critical Care Services		

Executive Summary

This report accompanies the final draft of the Partnership's Mental Health and Wellbeing Strategy and supporting documents including the Year One Delivery Plan.

- The Assessment Section includes details of the changes applied to the draft documents, and some of the positive feedback received from reviewers.
- The Reporting Section includes a list of the key stakeholders and governance groups that have contributed to the development of the document.
- The Integration Joint Board is asked to provide final approval for the draft Mental Health and Wellbeing Strategy and supporting documents, including the Year One Delivery Plan.

Recommendations

This paper is presented to: -

Seek a Decision	☒	Members are asked to review the draft strategy and advise of any changes required. Members are also asked to provide final approval of the Mental Health and Wellbeing Strategy (Appendix 1) the Year One Delivery Plan (Appendix 2) and approve the issue of the Direction to NHS Fife (Appendix 7)
Provide Assurance	☐	
For Discussion	☐	
For Noting	☐	

Directions

No Direction Required	☐
Fife Council	☒
NHS Fife	☒

Situation/Background (Purpose of Report)

The current Fife Mental Health Strategy 2020 to 2024 was approved and published in February 2020, immediately before the COVID-19 pandemic. The strategy included an ambitious programme of improvements and innovations designed to improve the mental health and wellbeing of individuals, and communities, across Fife.

To support the ongoing transformation and improvement of mental health services across Fife, the existing strategy has been reviewed and updated. Following an extensive engagement process new strategic priorities have been identified, along with a Year One Delivery Plan that supports our vision:

'A Fife where every child, adult, and community is valued and supported to achieve their best possible mental health and wellbeing'

The final draft of the Mental Health and Wellbeing Strategy is included in Appendix 1. This new strategy covers the timescale 2026 - 2029 to ensure alignment with the development of Fife Health and Social Care Partnership's new Strategic Plan 2026 – 2029 (currently in development, due to be completed in January 2026).

Assessment (Key Points/Issues and Risks)

The draft strategy and supporting documents have been reviewed by key stakeholders and governance groups. This table summarises the recent changes applied.

Strategy

The timescale for the Strategy has been updated to 2026 – 2029. This aligns with the proposed timescale for the Partnership's new Strategic Plan (page 1).

The opening statement has been updated to 'Imagine a Fife where mental health is embraced with understanding and compassion, and everyone - regardless of their life experiences and circumstances - has the opportunity to thrive' (page 3).

Details have been included for the Fife Children's Services Partnership Strategy (page 12).

Information has been included on the life course model and the integrated model for mental health services and support (pages 11 and 13).

The Mental Health Services and Support diagram has been updated to include charities (page 13).

The layout of the strategic priority pages has been updated with text boxes to highlight the key actions (the 'We will' bullet points on pages 17, 18, 23, 26 and 29).

Two new actions have been added to strategic priority 5 (page 29)

• Explore Artificial Intelligence (AI) technologies, including chatbots and virtual assistants, to provide immediate support, triage, and guidance, helping bridge potential gaps in service availability. • Utilise AI enabled apps for personalised coaching, symptom tracking, and Cognitive Behavioural Therapy (CBT) based interventions to help empower individuals to manage their mental health proactively.
The list of projects in the Mental Health Redesign Programme has been updated – the Clinical Services Review and Service Redesign Projects have been combined, and the Distress Brief Interventions workstream has been removed (page 33)
For consistency single inverted commas have been used throughout the document.
UCAT has been updated to Urgent/Unscheduled Care and Assessment Team throughout the document.
Delivery Plan
The Delivery Plan has been updated with ‘SMART Objective’ in column H.
The Delivery Plan actions have reviewed by the responsible leads and the wording updated for Actions 1.5, 2.5 and 4.3.
All of the original timescales for the Year One Delivery Plan (i.e. March 2026) have been extended by six months to align with final approval of the Mental Health and Wellbeing Strategy by the IJB in September 2025. Please note - work has continued on relevant actions as the strategy has been updated and progressed through the stakeholder engagement and governance processes.
Risk Register
A new risk has been added for equalities ‘There is a risk that failure to adequately address inequalities as highlighted in the Equality Impact Assessment could lead to widening disparities and inequitable access to Mental Health Services’.
A new risk has been included for digital: ‘There is a risk that digital tools and therapies may be used without proper oversight and established support pathways. This could produce misdiagnosis, inappropriate advice, or delayed access to qualified care, potentially leading to adverse outcomes for individuals relying solely on these tools’.
The Risk Status column has been updated to either ‘Active’ or ‘Closed’ (column 19).
Equality Impact Assessment
Additional information has been included relating to inequalities experienced by individuals with protected characteristics, particularly LGBTQI+ people.
An evidence-based narrative has been included in the EQIA (pages 6 to 10) and an Evidence Report for the Mental Health and Wellbeing in Primary Care and Community Settings Project produced by Fife Centre for Equalities has been included as Appendix 4a.
Terminology for sexual orientation has been updated to LGBTQIA+ throughout the document and a paragraph on intersectionality added to page 10: <i>Across Fife, service design and delivery across our Mental Health Services are being shaped by the lived experiences of individuals with intersecting protected characteristics, ensuring that diverse voices, such as disabled LGBTQIA+ people and</i>

ethnic minority carers, are central to co-production efforts. Their insights are vital in identifying barriers, informing inclusive practices, and creating services that are truly responsive and equitable for all.

These are some of the positive comments received:

'I enjoyed reading the strategy, and think it is well designed as a paper, easy to read, and highly informative'.

'I think overall the strategy reads really well, concise and with the delivery plan makes clear it's about delivering change'.

'Overall, a well written comprehensive strategy'.

'I think this is shaping up really well and I like the 5 strategic priorities which are comprehensive and the sections that go into more detail are really good with the outcomes and also the deliverables'.

'I've reviewed it and overall it reads really well, it is clear, evidence-based, and aligned with national priorities'.

'I thought this strategy was excellent – really comprehensive and considered'.

Related Documents/Appendices

The following appendices are included with this report:

- Appendix 1 – Mental Health and Wellbeing Strategy
- Appendix 2 – Year One Delivery Plan
- Appendix 3 – Risk Register
- Appendix 4 – Equality Impact Assessment
- Appendix 4a – Equalities Report for the Mental Health and Wellbeing in Primary Care and Community Settings Project (*available on request*)
- Appendix 5 – Participation & Engagement Report Phase 1 (*available on request*)
- Appendix 6 – Participation & and Engagement Report Phase 2 (*available on request*)
- Appendix 7 – Direction for NHS Fife

Assurance Levels

Level:	Descriptor:
Significant ☐	The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position.
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and

	effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.
Limited ☐	The controls, actions and assurances provide limited assurance in relation to management of this risk. There are significant concerns over the adequacy and effectiveness of controls and actions in proportion to the risk and assurances are limited
None ☐	There is insufficient information at present to judge the adequacy and effectiveness of controls and actions.

Reporting					
This report was previously considered by the following Groups/Committees on route to this meeting and will be considered by the following Groups/Committees following this meeting.					
	Route To	Following		Route To	Following
HSCP/IJB			Fife Council		
Senior Leadership Team (SLT)	☒	☐	Council Executive Team (CET)	☐	☐
Local Partnership Forum (LPF)	☐	☐	People & Communities Scrutiny	☐	☐
Strategic Planning Group (SPG)	☒	☐	Cabinet	☐	☐
Audit & Assurance (A&A)	☐	☐	NHS Fife		
Quality & Communities (QCC)	☒	☐	Executive Leadership Team (ELT)	☒	☐
Finance, Performance & Scrutiny (FP&S)	☐	☐	Public Health & Wellbeing Committee	☐	☐
Integration Joint Board (IJB)			NHS Board		☐

This is a list of the governance groups and committees that have contributed to the development of the strategy and supporting papers:

- Mental Health Strategy Implementation Group (MHSIG).
- Mental Health and Wellbeing Strategy Working Group.
- Strategic Planning Group - 9th July 2024.
- Strategic Planning Group - 7th November 2024.
- Senior Leadership Team – 24th February 2025.
- Strategic Planning Group - 5th March 2025.
- Quality and Communities Committee – 6th March 2025.
- Integration Joint Board Development Session – 30th April 2025.
- NHS Board – 24th June 2025.
- Senior Leadership Team – 30th July 2025.
- NHS Fife Extended Leadership Team – 31st July 2025.
- NHS Fife Board – 12th August 2025.
- Mental Health Oversight Programme Board – 5th August 2025.

- Strategic Planning Group – 3rd September 2025.
- Quality and Communities Committee – 5th September 2025

Implications/Impacts		
Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	☒	The vision and priorities in the Mental Health and Wellbeing Strategy apply to every life stage although specialist services and support for those who need them may be provided in different ways. Our integrated framework for mental health services will ensure that the right support is available, in the right place, at the right time, whenever anyone asks for help.
Localities/Communities	☒	The Mental Health and Wellbeing Strategy will ensure that all people in Fife, including those living with mental health conditions, have the resources they need locally to maintain and improve their own mental health and wellbeing (Strategic Priority 2: prevention, early intervention and wellbeing).
Quality of Care	☒	The Mental Health and Wellbeing Strategy provides a comprehensive, integrated approach for the planning and delivery of mental health services and support across Fife over the next few years. This is a challenging landscape with increased demand for health and social care services, financial pressures, and an ageing population with more complex needs and reducing healthy life expectancy, particularly women. Shifting the balance of care, with a greater emphasis on prevention and early intervention, and alternative approaches, such as increased use of digital tools and technologies and/or peer support practitioners, will ensure that individuals can access high quality care and support when needed
Workforce	☒	Any impact on the Partnership's workforce will be managed through the Workforce Strategy.
Legal	☒	The Mental Health and Wellbeing Strategy, along with the Year One Delivery Plan, set out how we will deliver national priorities at a local level.
Financial	☒	Financial activities are managed through the Medium-Term Financial Strategy.
Performance	☒	Performance will be monitored through the Partnership's Performance Framework and existing governance processes. This includes regular updates through the Mental Health Service Redesign Programme, and through the Strategic Planning Group to the Integration Joint Board.
Climate Climate Fife 2024 Strategy and Action Plan	☒	Environmental impacts are considered during strategic planning, service planning and service delivery.

		The Partnership's Environmental and Climate Change Report is presented annually to the Integration Joint Board and provides assurance that climate and environmental impacts are effectively managed and monitored.	
Communication and Engagement		Phase 1 of the engagement activities for the new Mental Health and Wellbeing Strategy started in June 2023 (planning stage) and were completed in February 2024 (analysis and evaluation). Most of the engagement with stakeholders took place during November/December 2023 including: • Online and paper questionnaire (easy read version available). • Face to face focus groups. • 1-2-1 interviews. • Pop-up table discussions. • Online staff discussions (via MS Teams) ☒ Over 1,000 people provided their views on the draft vision, mission, values and strategic priorities. This information has been collated into a Participation and Engagement Phase 1 Report. The Participation and Engagement Phase 2 focussed on the Year One Delivery Plan and was completed during November 2024 to February 2025. The final stage of engagement involved discussion and review of the draft strategy and supporting papers by the Partnership's key stakeholder and governance groups. Feedback was provided during March 2025 to September 2025. The comments and suggestions received have been included in the Assessment section of this report.	
Risk & Mitigation	☒	The Risk Register is included in Appendix 3.	
Equalities and Human Rights, including children's rights and health inequalities	☒	Full EQIA available	An Equality Impact Assessment has been completed and is included in Appendix 4.
	☒	Age	
	☒	Religion	
	☒	Disability	
	☒	Gender	
	☒	Race	
	☒	Sex	
	☒	Sexual Orientation	
	☒	Marriage/Civil Partnership	
	☐	No Impact	

Mental Health & Wellbeing Strategy 2026-2029

‘Let’s talk about mental health’

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Foreword

Imagine a Fife where mental health is embraced with understanding and compassion, and everyone—regardless of their life experiences and circumstances—has the opportunity to thrive. A place where we feel safe, connected to our communities, and have a sense of purpose. A place where we can talk openly about our mental health, where we all support each other and no one feels alone, where we know how to look after and nurture our mental wellbeing and where we can access the right support, care and treatment if we are struggling and need help.

Extensive consultation with almost one thousand people in Fife who use and deliver services contributed to shaping this three-year strategy. The engagement work led to the agreement of five shared priorities to achieve our vision of **‘A Fife where every child, adult and community is valued and supported to achieve their best possible mental health and wellbeing’**. People told us that what mattered was a system that was collaborative, accessible, preventative, informed, person focused, outcomes focused and compassionate. These core values create a clear foundation to guide our actions.

This strategy builds on many examples of excellent partnership working in Fife, but we know that we must do more. We must go on making sure that our services work alongside people on their terms, in a place, time and manner that works for them. We must tackle the deep inequalities relating to mental health. We will work to strengthen our compassionate communities. We will develop public health approaches which benefit the whole population in Fife. Most importantly, our work will focus on creating hope, wellbeing and recovery.

This Mental Health and Wellbeing Strategy is for all-ages and builds on our previous Mental Health and Wellbeing Strategy 2020-24. Many of our aspirations and objectives have not changed, but we are aware that the world we exist in has. This refreshed strategy seeks to join the dots and looks at how we can tackle together, head on, some of the greatest challenges we face as a Kingdom and ultimately improve the mental health and wellbeing of people living in Fife. Together, this is how we will improve mental health and wellbeing in Fife.



Lynne

Lynne Garvey

Director of Fife Health and Social Care Partnership

Chief Officer, Fife Integration Joint Board

Introduction

Our Vision

A Fife where every child, adult, and community is valued and supported to achieve their best possible mental health and wellbeing.

We will achieve this through an integrated, whole-system, person-centred approach that ensures seamless access, with no wrong door, and a strong focus on prevention at the heart of all we do.

What is mental health and wellbeing?

Mental health includes our emotional, psychological and social wellbeing. It is linked to our physical health and plays a key role in our life choices and outcomes. Good mental health is important at every stage of life, from early years, through childhood and adolescence, and into adulthood. Mental health can affect people in different ways at different times, for example influencing:

- how we think
- how we feel
- what we do
- how we respond to experiences
- our physical health and wellbeing
- how well we cope with daily life
- our enjoyment of life
- how we interact with others

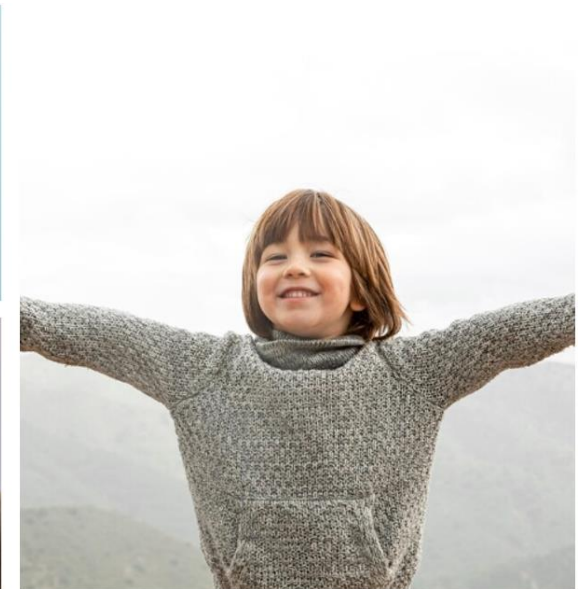
This strategy draws from the definitions captured in Scotland's *Mental Health and Wellbeing Strategy*, published in June 2023. This is a link to the national strategy: www.gov.scot/publications/mental-health-wellbeing-strategy/documents/.

Mental health is a part of our overall health, alongside our physical health. Mental health includes our emotional, psychological, and social wellbeing. It is what we experience every day, and, like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure.

Mental wellbeing is how we feel and how well we are coping with everyday life. Having good mental wellbeing doesn't mean that you feel happy all of the time, that you are unaffected by your experiences, or that you don't have a mental health problem. Good mental wellbeing means that you feel well enough, you can cope with daily activities, and, at the moment, are positive about your life.

Mental illness includes a range of health conditions that affect our emotions, thinking and behaviour, and which substantially interfere with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild, and/or temporary conditions through to lifelong illness.

Mental illness can make it harder for people to manage their basic needs and to care for themselves and others. Input from family members, carers and friends, as well as local community resources can play a key role in supporting someone's mental and physical wellbeing, improving their social connections, and empowering them to cope better with everyday life. Recognising the importance of positive community support, including shared experiences, and encouraging openness, empathy and acceptance can promote better mental health and wellbeing for everyone.



National Strategies

Mental Health and Wellbeing Strategy

The national Mental Health and Wellbeing Strategy and supporting Delivery Plan were published in 2023; these publications set out the actions required to progress the strategy and establish a robust platform for longer-term change. The new national strategy acknowledges current challenges, including the significant impact of the recent coronavirus pandemic and cost-of-living crisis on the mental health and wellbeing of particular groups including younger adults, women, those living on low incomes and individuals with a pre-existing mental health condition.

Fife's Mental Health and Wellbeing Strategy, along with the Fife Delivery Plan, set out how we will deliver these national priorities at a local level.

Dementia Strategy

Fife Health and Social Care Partnership has adopted the National Dementia Strategy for Scotland (Dementia in Scotland – Everyone's Story). Building on several years of globally recognised public policy on dementia, the national strategy sets out a positive shared vision for change over the next 10 years. We have developed a self-assessment tool to allow us to benchmark our delivery activity in Fife against the national delivery plan. This is also helping us to identify further local actions that are required specific to Fife.

Suicide Prevention

Scotland's Suicide Prevention 10-year strategy, 'Creating Hope Together', recognises the multitude of factors that determine suicide risk and identifies four priority areas. Delivery of the strategy is supported by three, three-year action plans. The 'Creating Hope Together Action Plan 2022-2025' is the current action plan with over 30 specific actions for consideration at national and/or local level. There is a requirement for all Health and Social Care Partnerships to develop and deliver a local version of the national 30-point action plan.

The Fife Suicide Prevention Action Plan 'Creating Hope for Fife' reflects Fife Health and Social Care Partnership's strategic objectives, and the approach outlined within Creating Hope Together, which is a whole society and whole government approach to suicide prevention.

Self Harm Strategy and Action Plan

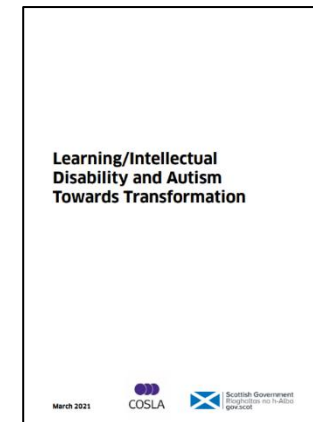
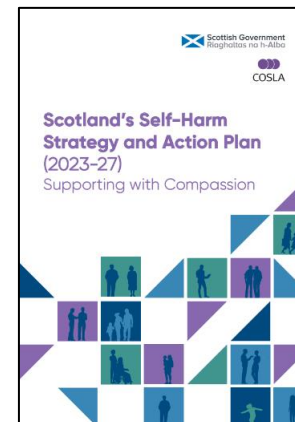
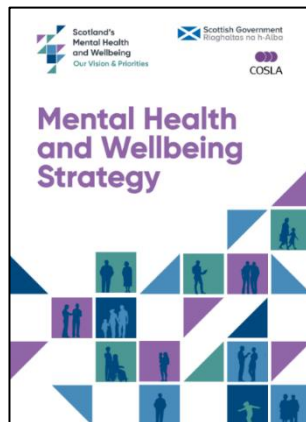
The national Self Harm Strategy and Action Plan 'Supporting with Compassion' aims for anyone affected by self-harm, to receive compassionate recovery-focused support, without fear of stigma or discrimination. Fife's local Action Plan aligns with these national outcomes to reduce self-harm and promote positive mental health and wellbeing for all.

Learning Disability, Autism and Neurodivergence

Our approach to supporting learning/intellectual disabilities and autism in Scotland is aligned to the most recent (published March 2021) Scottish Government plan 'Towards Transformation'. This two-year plan sits alongside the existing 'Keys to Life Strategy' and the 'Scottish Strategy for Autism'. We are committed to improving outcomes for autistic people and people who have learning/intellectual disabilities, their families and their carers. Like many Health and Social Care Partnerships, we are awaiting the outcome(s) from the Scottish Government's Learning Disabilities, Autism and Neurodivergence Bill Consultation which will provide us with a national direction to continue to develop this area of work.

Further information about all of these national documents is available here:

- www.gov.scot/publications/mental-health-wellbeing-strategy/documents/
- www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/
- www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/
- www.gov.scot/publications/scotlands-self-harm-strategy-action-plan-2023-27/documents/
- www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/documents/



Fife's Strategic Vision

Fife Health and Social Care Partnership has a Strategic Plan (2023 to 2026) which sets out the vision and future direction of health and social care services across Fife. The Plan for making it happen in Fife includes five strategic priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration - A Fife where we will strengthen collaboration and encourage continuous improvement.

The Strategic Plan is supported by nine transformational strategies which describe the actions the Partnership will take to implement our overarching vision of enabling the people of Fife to live independent and healthier lives.

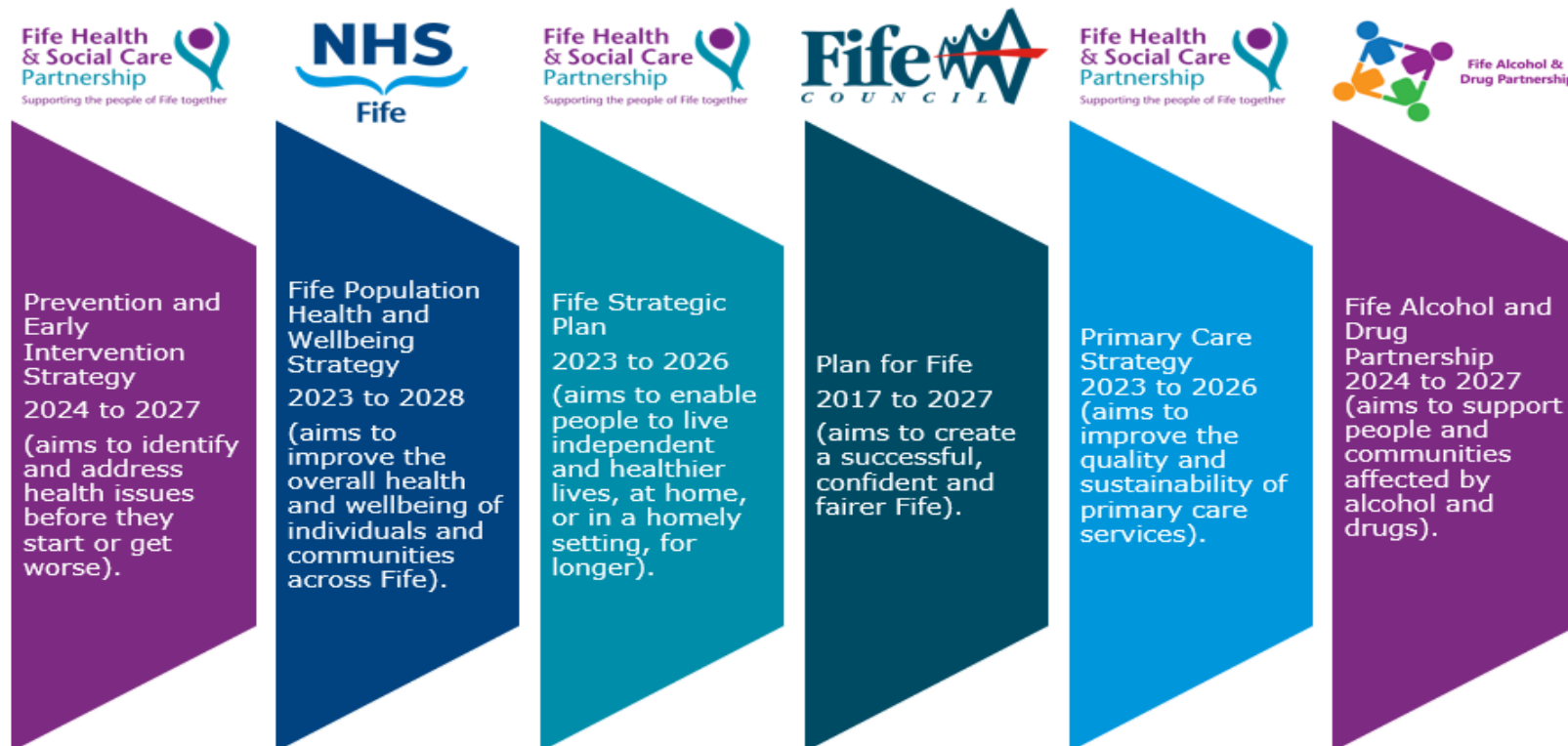
Fife's Mental Health and Wellbeing Strategy 2026 to 2029 is one of the nine transformational strategies. In addition to enabling the people of Fife to achieve their best possible mental health and wellbeing; this strategy also supports the wider vision and priorities in the Partnership's Strategic Plan.

The Mental Health and Wellbeing Strategy is linked to all of Fife's key strategic documents as part of a collective plan of action.



Fife Health and Social Care Partnership's supporting strategies

Fife's Key Strategic Documents



Fife's key strategic documents

The Mental Health and Wellbeing Strategy also aligns with other key strategic documents including the Plan for Fife (2017 to 2027) and the NHS Fife Population Health and Wellbeing Strategy (2023 to 2028). Further information on all of the Partnership's strategies and plans is available on our website: www.fifehealthandsocialcare.org

A Strategy for Everyone

Some mental health problems, such as anxiety or depression, can affect people of any age. Symptoms can last for a short time, they may come and go, be triggered by particular experiences and/or circumstances, or they can be lifelong. Mental wellbeing, and the ability to achieve our potential, affects all of us, throughout life

The vision and priorities in this Mental Health and Wellbeing Strategy apply to every life stage although specialist services and support for those who need them may be provided in different ways, for example through our Specialist Perinatal Mental Health Service, our Addiction Services, or the Dementia Post Diagnostic Support Service.

Significant health inequalities exist across Fife and many communities face additional and multiple disadvantage, including fewer employment opportunities, increased social and digital exclusion, increased poverty, and housing which is overcrowded and/or poorly maintained.

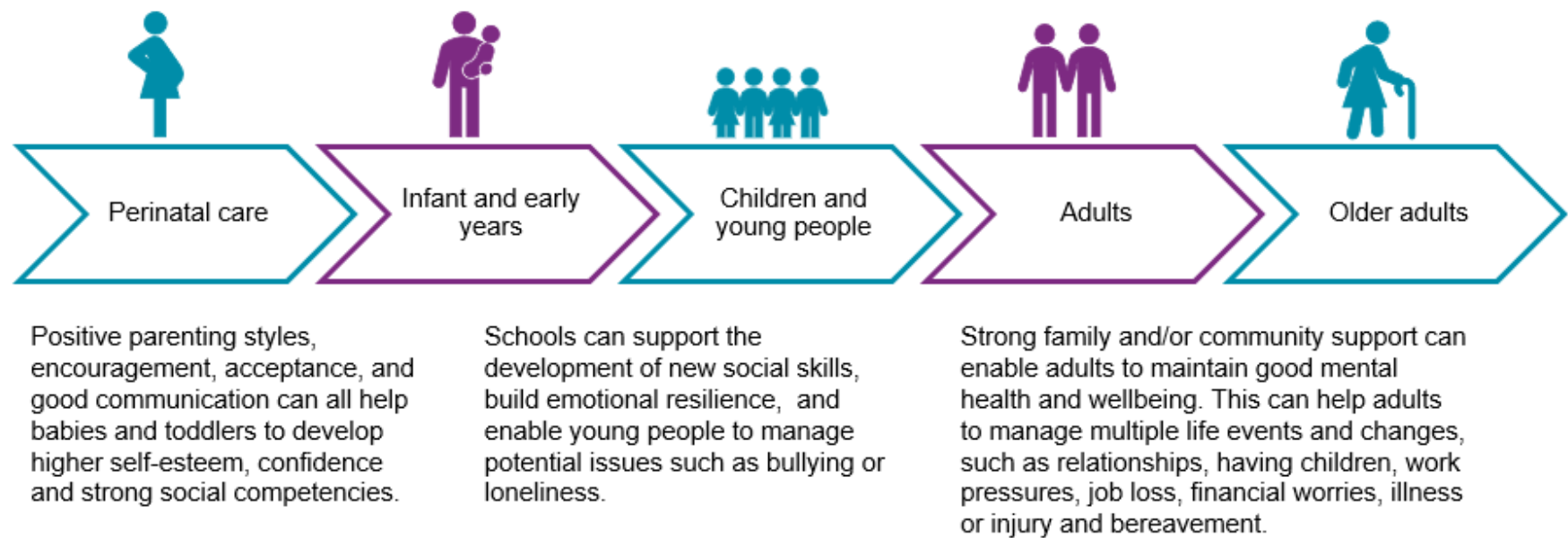
People's circumstances and needs, and therefore the services and support they require, can change over time. Our integrated framework for mental health services ensures that the right support is available, in the right place, at the right time, whenever anyone asks for help.



Multimorbidity (which means having more than one long-term health condition) can also have a significant impact on people’s mental health and is linked to reduced wellbeing and health outcomes. Individuals with neurodevelopmental or neurodegenerative conditions and disorders are more likely to experience mental health problems and some of these conditions are linked to particular life stages. For example, autism (autism spectrum disorder) is a lifelong developmental disability that individuals are born with. Autism is not a mental health problem; however, people with autism can also experience mental health problems, and some autistic people do experience discrimination, loneliness or other negative factors that contribute to poor mental health.

In contrast, Alzheimer’s Disease is a physical illness which damages a person’s brain and over time this eventually causes dementia. Usually, Alzheimer’s Disease affects adults and older adults, although it is possible for younger people to experience early-onset dementia. Individuals with dementia may also experience mental health problems such as anxiety, agitation, depression or psychosis.

This diagram highlights the types of support that may be relevant at different life stages.



Key life stages and some of the supports that can help people’s mental health and wellbeing.

Fife Children's Services Partnership Strategy, outlined in the Fife Children's Plan 2023 to 2026 (Fife Partnership, 2023) aims to deliver improved outcomes for children, young people, and their families. This work is firmly aligned with the principles of The Promise, GIRFEC (Getting it Right for Every Child), and the UNCRC (United Nations Convention on the Rights of the Child), ensuring that all actions are guided by a commitment to children's rights, wellbeing, and achieving the best possible future for every child in Fife through the Child Wellbeing Pathway (Fife Partnership, 2024).

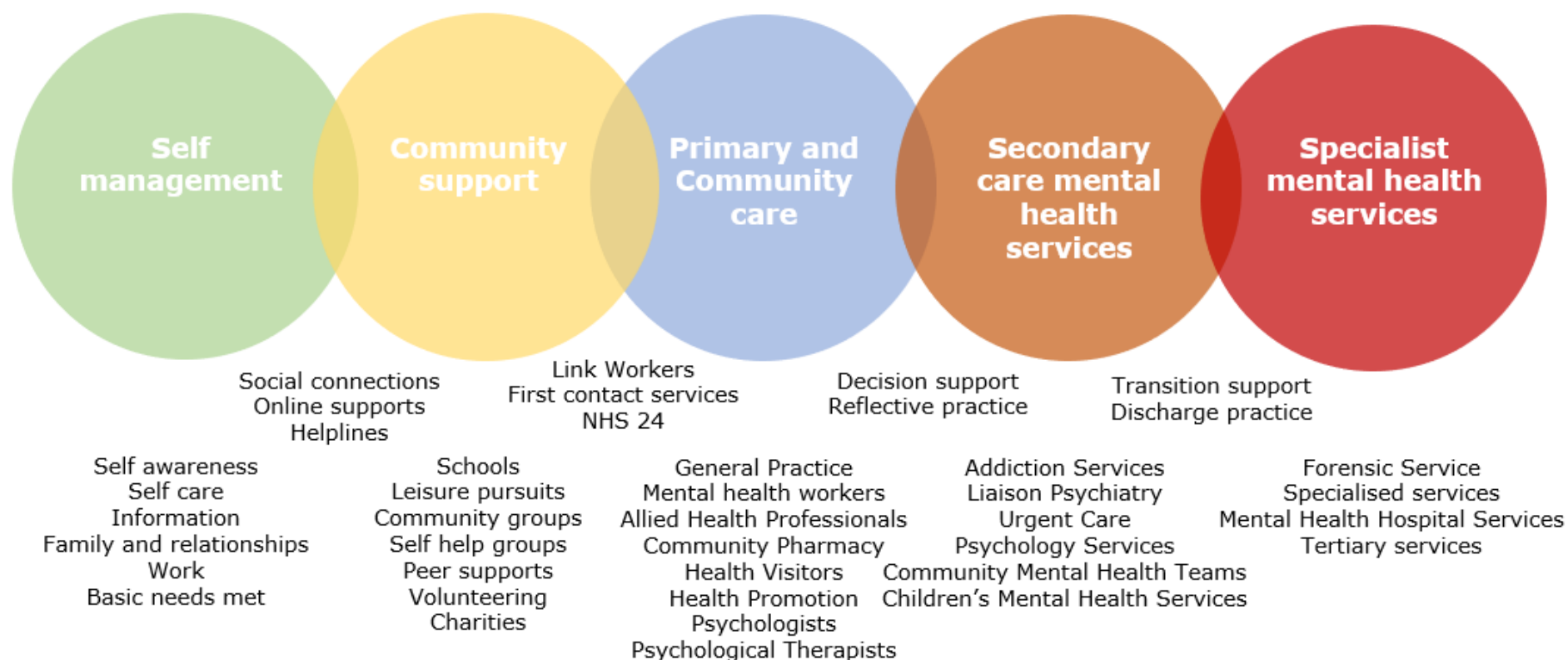
The Plan sets out a multi-agency approach to ensure children, young people, and their families have equitable access to timely and appropriate mental health supports and services.

Through collaboration with education, health, and community partners, the Partnership are committed to implementing a 'No Wrong Door' approach, enhancing professional capacity with targeted training, and robust data analysis to inform and improve service delivery and outcomes. This strategic focus aligns with reducing stigma, promoting early intervention, and ensuring supports are accessible and responsive to the evolving needs of children and young people.



Integrated mental health and wellbeing system

To meet what everyone needs, all these areas need to be strong and to work well together



Fife Mental Health Services and Support

This diagram highlights the range of mental health services and support that are available for people across Fife.

We Asked, You Said, We Will

During November 2023 to January 2024, we engaged with individuals, groups and communities across Fife to develop the vision and top five priorities for this strategy. This included lots of different opportunities and formats for people to get involved.



All of these groups were involved in the consultation process:

- Addictions Support Groups
- Adults with learning disabilities
- Bipolar Support Group
- Care Home residents
- College students and school pupils
- Dementia Support Groups
- Fife Psychology Service colleagues
- Mental health lived experience groups
- Unpaid carers
- An online survey which was open to everyone.

Working together we developed a draft Mental Health and Wellbeing Strategy and a supporting Delivery Plan. During November 2024 to February 2025, we asked people for their views on the Delivery Plan. We wanted to make sure that the actions that are planned will deliver the agreed vision and priorities. This consultation included lived experience groups, employees and members of the public. There was overwhelming support for the actions identified in the Delivery Plan.

Strategic Priorities

Improving mental health and wellbeing for people across Fife requires new ways of working. Individuals, families, communities and organisations must work together, building on the services and support that is already in place, sharing new ideas and solutions, and helping each other to do things differently. Everyone is involved, and everyone can make a positive difference!

Our Strategic Priorities

We asked communities and groups across Fife what was important to them, and they identified five key priorities.

These five strategic priorities provide the foundation for this Mental Health and Wellbeing Strategy. A description of each strategic priority is included below, along with the key actions we will take to deliver each of these five priorities

Detailed Delivery Plans will be developed each year, we will regularly review performance and publish annual reports and updates so that you can see the progress that together, we have achieved.



Strategic Priorities

Priorities	Deliverables	Outcomes	Strategic Focus				
Talking about mental health.	We will tackle stigma and discrimination related to mental health and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	People will feel comfortable talking about their mental health, will not feel alone, and will be able to access opportunities and inclusive services and supports when they need them.				Outcomes	Integration
Prevention, early intervention and wellbeing.	We will ensure all people in Fife, including those living with mental health conditions, have the resources they need locally to maintain and improve their own mental health and wellbeing.	People will feel part of mentally healthy, compassionate and supportive families, workplaces and communities.			Wellbeing		
Improved response to mental health distress and crisis.	We will ensure that people experiencing or at risk of mental health distress and crisis can access timely and compassionate support.	People's quality of life will improve through inclusive, timely access to appropriate high quality mental health information, support and services.	Local			Outcomes	
Support, care and treatment that is easy to access and makes a difference.	We will ensure that people experiencing mental health conditions can access timely, seamless and high-quality support, care and treatment which is as local as possible, as specialist as necessary, and which offers recovery and hope.	People will receive services and supports which are based on an understanding of their values, needs and experiences.	Local	Sustainable			
Harnessing technology (using technology in helpful ways).	We will harness technology in ways which create human connection, strengthen access to care, and build evidence to drive improvements and innovations.	People will have access to web-based supports that provide self-administered mental health screening, monitoring of symptoms, coaching on self-care, and digital therapies.			Wellbeing	Outcomes	Integration

Priority 1

Talking about mental health

We will tackle stigma and discrimination related to mental health and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.

Mental health stigma is the negative attitude(s) or belief(s) based on an idea, misunderstanding or fear of mental health. Discrimination is when a person performs an action, whether intentional or unintentional, that creates barriers and inequality for people with mental health problems.

Many people with mental health problems say that stigma and discrimination have had a negative effect on their lives. This can include stopping someone from seeking help when they need it, or making someone's mental health problems feel worse.

We will continue to embed the Equality Act 2010 with respect to discrimination on grounds of mental health across all communities and in all areas of life. We will take every opportunity to combat stigma, which acts as a barrier to people seeking support with their mental health and wellbeing and promote social inclusion at every opportunity.

Outcome

People will feel more comfortable talking about their mental health, will not feel alone, and will be able to access opportunities and inclusive services and supports when they need them.

We will:

- 'Change the conversation' by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.
- Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups.
- Identify the main factors that harm mental health and wellbeing and take public health steps to improve mental health discussions for everyone.
- Make sure that people with complex and overlapping needs can get support from all services by adjusting those services to fit their needs.
- Include people with lived experience. Create opportunities for learning, working together, new ideas, and research. This will help reduce stigma, raise awareness about mental health, and lead to ongoing improvements.

Priority 2

Prevention, early intervention and wellbeing

We will ensure all people in Fife, including those living with mental health conditions, have the resources they need locally to maintain and improve their own mental health and wellbeing.

Prevention and early intervention aims to stop mental health problems from developing, getting worse or coming back. This involves three different types of prevention.

- Protecting and promoting good mental health for all by giving people the knowledge and tools to nurture and look after their own mental health (primary prevention).
- Supporting people at higher risk of developing a mental health problem (secondary prevention).
- Helping people living with mental health problems to stay well (tertiary prevention).

Outcome

People will feel part of mentally healthy, compassionate and supportive families, workplaces and communities.

We will:

- Make mental health services and supports easier to access by improving community-based mental health services with lessons learned from previous projects that involved peoples' input.
- Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings.
- Help people meet their basic needs and support people with the basics for good mental health, support them to take control of their mental health, and help them find their way through the mental health system when needed.
- Build stronger, healthier communities by using local resources and planning services that fit the needs of the community. We will fight social isolation and help vulnerable people connect with others and build strong support networks.
- Promote and encourage referrals to community-based mental health services like The Well and Link Life Fife and continue to work with Primary Care Teams to promote these services.

Case Study – Mental Health Officers (MHOs)

When Mrs B was admitted to hospital in February 2024 her allocated Social Worker updated Mrs B's social work needs assessment and identified that Mrs B would require additional waking night care. The Social Worker also contacted the Partnership's Mental Health Officer (MHO) Team to advise that a welfare guardianship application was required for Mrs B.

Due to Mrs B's potential 51x status (where a person's discharge from hospital is delayed due to incapacity to make safe decisions) a Mental Health Officer (MHO) was immediately allocated to her case. Medical reports were undertaken within the week and sent to the MHO. In cases other than potential 51x cases, doctors are legally allowed 28 days to complete their report. In this case the report was completed and submitted to legal services in March 2024 and then lodged in court with a request for interim (temporary) residence and care powers.

From Mrs B's admission to hospital, the process of assessment and completion of the guardianship process was completed within six weeks. Had this been a standard case, the process could have taken a minimum of two months for a local authority case, and four months for a private case, before it was ready for lodging in court. Once the case is submitted to court it can then take between one and twelve weeks for powers to be granted, depending on how busy the court is.

By working closely together, Social Workers, legal representatives, MHOs and doctors can make good decisions for adult patients much faster than before. This approach is reducing long delays in hospital, which can badly impact the mental and physical health of patients who are medically ready to leave. Fife Health and Social Care Partnership now have weekly 51x meetings to address any problems that come up, including any issues that might cause unnecessary delays.

Community Mental Health Integrated Care Model

Our Community Mental Health Integrated Care Model shifts the focus from hospital-based treatment to person centred, accessible, and non-judgmental services delivered within the community, to support people's independence, community connections, and overall wellbeing. This model aims to integrate mental health care with other community services, promoting collaboration with local organisations, people with lived experience, along with other services such as primary care, the voluntary sector, social work and social care, particularly for individuals with severe mental health problems and those with co-existing physical health issues.

Mental Health Services in Fife are undertaking a programme of transformational change to address increasing demand and complexity of problems faced by people with mental ill-health. To address this increasing demand, Fife Health and Social Care Partnership is working to ensure more ongoing care and support is available in the community. We are reinvesting in the development of multi-disciplinary locality Community Mental Health Teams and our Urgent/Unscheduled Care and Assessment Team (UCAT) to ensure they are responsive, therapeutic and trauma informed. In addition, we are continuing to explore preventative housing support services for a wide range of people, including people with mental ill-health to ensure that they can live at home with just the right amount of care and support to maximise their quality of life and independent living skills.

Emergency Mental Health Pathways

Demand for emergency mental health support is significant with patients waiting long periods of time in environments that are not therapeutic. To address this, the Emergency Mental Health Workstream will focus on actions that will provide intelligence and appropriate interventions to refine and improve patient experience. Our actions for this workstream will include:

- Environmental reviews of all Emergency Department or UCAT settings (ED/UCAT).
We will review the spaces within both the ED and used by UCAT to ensure they are supervised, calming spaces designed to provide support, protection, and an opportunity for mental health needs to be assessed. We will also ensure that there is a designated place of safety as near to the ED as possible which is a safe environment for individuals experiencing a mental health crisis while they are assessed by mental health professionals.
- Deep dives for all ED/UCAT – a review of the pathway with ED/UCAT staff.
UCAT and the ED Team will work more closely to strengthen their collaboration and review and develop their working practices to support safe, effective and timely care and treatment for people presenting with complex mental health issues and co morbidities.

- Policy and guidance refresh and development.

This will be undertaken as part of a clinical service review to improve access and quality of care for individuals experiencing mental health crises. Key developments will include the integration of mental health crisis lines with NHS 24's Mental Health Hub (accessed via 111), the establishment of clinical standards for response times in urgent and emergency mental health care, and a focus on preventing mental health crises and supporting individuals in their communities.

- Working with partners to develop a contemporary Psychiatric Emergency Plan.

We will work with police, health, social work, and other relevant partners to establish clear procedures for responding to psychiatric emergencies, aiming to minimize distress and ensure safe, person-centred care. This plan will outline roles and responsibilities, identify designated places of safety, and focus on preventing escalation to detention where possible by ensuring appropriate support.

- Working with our partners, to develop alternatives to ED/UCAT attendance.

We will take a multi-faceted approach that utilizes partnerships and innovative solutions to ensure people receive the most appropriate care outside of the emergency department. We will focus on understanding the reasons for frequent attendance, providing community-based support, and optimizing urgent care pathways through various initiatives.

We will develop alternatives to emergency mental health care i.e. UCAT, again through collaborative efforts between healthcare providers, community organizations, and individuals with lived experience, aiming to establish more proactive and preventative support systems. Our initiatives will focus on expanding access to timely and appropriate care, improving continuity of support, and fostering community-based solutions to reduce reliance on crisis services.

The key principles of our Community Mental Health Integrated Care Model include:



This approach ensures that care is person centred and focussed on recovery; individuals are empowered to make choices about their care and to participate in decision making processes. Benefits include:

- Integrated care can lead to better management of chronic conditions, reduced hospital readmissions, and improved overall health status.
- Individuals often report higher satisfaction with their care when services are well-integrated and meet their individual needs.
- Integrated models can improve access to a wider range of services, particularly for vulnerable populations, by breaking down barriers between different care settings.
- Coordinated care can minimize duplication of services and reduce unnecessary costs associated with fragmented care.

Priority 3

Improved response to mental health distress and crisis

We will ensure that people experiencing or at risk of mental health distress and crisis can access timely and compassionate support.

Emotional or mental distress is when an individual is experiencing persistent difficulties with their thoughts, feelings, and reactions, and this is interfering with their ability to cope with day-to-day living. This is different from the day-to-day variation in how we feel, or the emotional pain over life events such as relationship break ups or bereavements, and 'normal' stresses ('the ups and downs of life') that we all experience.

There are many possible causes for mental health distress, and the duration and degree of distress can vary for different people, and for the same person at different times in their life. Sometimes the distress that is experienced reaches a level that can be described as mental illness or disorder.

A mental health crisis is when a person feels at breaking point and needs urgent help. They might be feeling extremely anxious and having panic attacks or flashbacks, feeling suicidal or self-harming, having an episode of hypomania or psychosis. They might be dealing with bereavement, addiction, abuse, money problems, relationship breakdown, workplace or exam stress, or housing problems. They might be managing a mental health diagnosis or long-term health condition. Or might not know why they feel at breaking point.

Outcome

People's quality of life will improve through inclusive, timely access to appropriate high quality mental health information, support and services.

We will:

- Focus on those who are at higher risk of mental distress or crisis and would benefit from early intervention and prevention.
- Work to prevent suicides, reduce self-harm, and reduce the harm caused by substance misuse. This will be done by creating local action plans based on the Scottish Government's goals of 'Creating Hope Together' and 'Supporting with Compassion'.
- Improve the 'Urgent/Unscheduled Care and Assessment Team' service to make it easier for people to get help when they need it. This means providing urgent care closer to home and making the experience better for everyone.
- Create clear pathways for access to crisis support in partnership with our local partner organisations. Provide people who often need mental health support with a full, caring network of help to make sure they get the care they need.

Case Study – Mental Health Response Car, Levenmouth

Following concerns about the number of mental health related calls being received by Police Scotland in the Levenmouth area a multi-agency working group was established to identify and progress a solution. The working group were keen to explore public health approaches that would provide ‘the right care at the right time to the right people’ whilst making the best use of local resources including health professionals, police officers and other emergency responders.

The Mental Health Response Car initiative was funded by the Levenmouth Area Committee for a twelve-month period starting in June 2024. Initially operating every weekend within the Levenmouth area, the service was extended to include Kirkcaldy during the final five months of the project. Emergency services directed the car to all mental health-related calls, ensuring individuals received the right care, at the right time, delivered by the right professionals.

Feedback from some of the police officers involved in the project:

‘When the car is available it is fantastic and really speeds up the process....’

‘Particularly useful when intervening with regular callers... the triage car is able to attend... the staff take responsibility and respond promptly....and we get no further calls from the person...’

‘...a great resource and reduces the time officers spend at mental health calls....’

‘Content in the knowledge that the needs of the public are being met in the most appropriate and caring manner....’

‘... we would like to see this all the time....’



Case Study – Mental Health Response Car, Levenmouth

The Mental Health Response Car responded to 338 calls during the project. This was an average of seven calls each weekend - although this increased to between twelve and fifteen calls each weekend in January and February. Most of the calls (77%) related to mental health and seventy-eight of the calls were 'immediate life threatening'.

Less than 17% of the individuals who received help from the Mental Health Response Car needed to be taken to hospital afterwards.

Feedback from some of the people who have received help and support:

'Was very happy with the nurse... found the service helpful'

'Excellent service, very helpful, a great asset to have, felt respected and understood by the NHS staff and found them really, really helpful'



Priority 4

Support, care and treatment that is easy to access and makes a difference

We will ensure that people experiencing mental health conditions can access timely, seamless and high-quality support, care and treatment which is as local as possible, as specialist as necessary, and which offers recovery and hope.

We all have mental health, just like we all have physical health. Like physical health, some people will experience mental health challenges which will require specialist support either on a short-term basis or lifelong.

Secondary mental health care includes services for people with long-term or complex mental health issues, such as hospitals, some psychiatry and psychology services, community mental health services, and urgent/unscheduled care.

Carers and families of individuals who are waiting to access secondary mental health services may also need additional support. This can include information and advice on their right to access carers support, how to look after their own wellbeing, and what they can do to help support the person they care for while they wait for a service.

Outcome

People will receive services and supports which are based on an understanding of their values, needs and experiences.

We will:

- Create clear and easy-to-follow care pathways that connect mental health, social care, and physical health, making it simpler for people to get the support they need.
- Use a 'no wrong door' approach, meaning no one will be turned away or have their referral rejected. People will always be guided to the right help.
- Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services.
- Promote working together to provide better services. Help professionals work across different areas, organise and plan care based on what people need, in local communities and places.
- Make sure we have a strong, well-supported workforce that can give the best care and advice to help people recover.
- Rationalise our mental health estate and create an environment which is welcoming and safe, making it pleasant to stay in for care and treatment, as well as for employees to work in.



Estate Transformation

The existing mental health inpatient estate is currently arranged sub-optimally on four sites across Fife in Dunfermline (Queen Margaret Hospital and Lynebank Hospital), Kirkcaldy (Whyteman's Brae) and Cupar (Stratheden Hospital). This often makes it difficult to staff our services efficiently and resiliently and access for patients and family can also be problematic. Whilst we have some newer facilities, most of the accommodation is in an inadequate condition requiring investment to return it an acceptable standard for our patients and staff.

Recognising these needs an engagement and consultation exercise was completed in 2023. The preferred option through this exercise was to establish inpatient facilities on a single site whilst re-designing community services to create a hub and spoke model of care where patients could be cared for close to where they live whilst having access to centralised inpatient services if this became necessary for their care. Whilst this vision remains, it requires to be delivered incrementally in a phased manner given ongoing funding constraints.

Phase 1 – improve condition and safety.

Phase 2 – reduce the number of inpatient sites incrementally.

Each phase will allow us the opportunity to review the use and function of our bed base to ensure that we have the correct number of beds, in the right location, for each care group. Our overall aims are to ensure timely access to inpatient beds, reduced out-of-area placements and reduced delays in transfers of care

The Scottish Government will provide funding over the next three years to support our Mental Health Estate Project. This phased programme of work will be delivered in a manageable way over a three-year period and will help improve patient experience, support staff wellbeing, and enable more integrated models of care.

The Mental Health Estate Project will enable us to transform our mental health services through a modern, person-centred approach ensuring that care and support is delivered in safe, therapeutic, and recovery-focused environment. We will be able to provide high-quality, accessible mental health care that meets the needs of our communities now and in the future.



Queen Margaret Hospital, Dunfermline

Priority 5

Harnessing technology (using technology in helpful ways)

We will use technology to bring people closer together, make it easier for everyone to get the care and advice that they need when they need it, and support improvements and innovations that improve mental health and wellbeing

Digital inclusion means having the skills to use digital devices (such as computers, smart phones, and the internet), access to the internet (through broadband, Wi-Fi, mobile phones) and services which are designed to meet the needs of all users.

Increased use of digital tools, such as video calls, booking online appointments, or accessing information through mobile phone applications can build self-reliance and support improved mental health. Digital tools can also increase access to help, e.g. for people who struggle to attend face-to-face appointments due to transport difficulties or caring commitments.

Digital therapies are provided online or through mobile applications and can support individuals to prevent, manage or treat a wide range of mental health conditions.

Outcome

People will have access to web-based supports that provide self-administered mental health screening, monitoring of symptoms, coaching on self-care, and digital therapies.

We will:

- Offer more types of online mental health therapy to help people build their strength and mental wellbeing.
- Make sure everyone can access services, whether they use digital tools or need other options.
- Make our digital systems work better together to provide care that focuses on the whole person.
- Support new digital tools that help people access therapy, learn about mental health, and connect with others online.
- Use data and evidence to make changes that help create a fair and effective mental health system.
- Explore Artificial Intelligence (AI) technologies, including chatbots and virtual assistants, to provide immediate support, triage, and guidance, helping bridge potential gaps in service availability.
- Utilise AI enabled apps for personalised coaching, symptom tracking, and Cognitive Behavioural Therapy (CBT) based interventions to help empower individuals to manage their mental health proactively.

Case Study – Supporting Access to Digital Psychological Therapies.

The NHS Fife Digital Therapies Team was established in 2024 to provide clinical leadership and support to implement digital psychological therapies. Provided through online web pages or apps, digital psychological therapies provide rapid access to evidence-based treatments for common mental health problems that can have lengthy waiting times. One key aim of the team is to ensure that everyone in Fife has the opportunity to access and benefit from digital therapies through service design advice, implementation support and innovation.

Recognising that digital exclusion (people not having the appropriate devices, connectivity, skills or confidence) was a barrier to some people accessing and benefitting from digital therapies, the Digital Therapies Team collaborated with Link Living to apply for an £80,000 grant through the Scottish Council for Voluntary Organisations' Connecting to Care Fund. This allowed us to pilot a new service called 'Linked Up', which recruited two peer support workers to provide digital inclusion support to people referred for digital therapies by mental health professionals. The peer workers met service users to discuss their needs and where required provided digital devices, enabled internet connectivity, and taught skills and built confidence enable people to access a range of digital therapies.

Service User M's experience:

M was referred to 'Linked Up' after experiencing difficulty accessing in-person psychological therapy following a hospital admission with complex physical health issues. M's deteriorating eyesight and lack of appropriate equipment meant that they could no longer access online services effectively, and had low confidence in using digital technology. Without support, M would have been unable to access psychological therapy and have continued to rely on their partner who was facing heightened stress as a carer.

Services were also struggling to support M as home visits were not feasible, and clinicians were unable to provide technical support to facilitate the use of remote therapy. After being referred by their clinician, M met with one of the Digital Inclusion Peer Support Workers to develop personal and clinical goals for using digital technology. M and their partner were provided with equipment and shown how to use accessibility features, then given personally tailored support to access psychological therapy via the NearMe system. NearMe is a secure system that enables patients to have video appointments in their own home through their computer or smart device. M and their partner also learned to use digital technology to access benefits and apply for a disability badge for their vehicle. Other helpful online services were bookmarked for later use.

Had this support not been available, M may not have been able to access therapy, or this would have required costly home visits which would have reduced the psychologist's capacity to see other patients. At the end of the support, M stated that they were 'feeling a lot more confident with the computer' and 'it's helpful to have appointments at home and to be shown how to do this'. Their partner also reported significantly reduced carer stress due to M's increased independence.

Clinical staff who referred to the service also had a number of reflections on the project:

'Many of my patients are house/bed bound following their long-term physical health conditions and are unable to come to sessions. This significantly increased accessibility for my patients, increased their confidence with them being able to engage in therapy. I had very positive reports.' - Clinician

'It would be fantastic if this became part of our standard offerings. It would improve choice and control for those receiving the care. Teaching these skills would also benefit clients more widely as hopefully the skills learned will generalise across all areas of their lives beyond digital therapy'. – Clinician

Learning from the project is now being used within Fife to plan for a longer-term service, and to advise the Scottish Government on the models of digital inclusion support necessary to ensure digital therapies remain an accessible choice for as many as possible.

Delivering our Vision

Our vision is ‘**A Fife where every child, adult and community is valued and supported to achieve their best possible mental health and wellbeing**’. We will achieve this through the successful implementation of this strategy, the supporting delivery plans, and related workstreams.

Some of the improvements and innovations we have planned sit within the Partnership’s Mental Health Service Redesign Programme. Other activities will be delivered through connected strategies and their delivery plans. For example, the Partnership’s Digital Strategy (2024 to 2027) promotes digital inclusion, supporting all individuals who choose to access internet and digital technologies, including those with mental health conditions. The Partnership’s Carers Strategy (2023 to 2026) provides increased support for unpaid carers, including those who may need mental health support, and/or those who are caring for individuals that are receiving, or waiting for, mental health services.

There are also Fife wide workstreams, such as the development of the Partnership’s new website, which can support better mental health and wellbeing for people across Fife. Targeted interventions, such as the Levenmouth Mental Health Response Car, can also deliver benefits and improve outcomes for specific communities.

All of these activities and improvements support the vision of Fife’s Mental Health and Wellbeing Strategy, the delivery of its objectives, and improved outcomes for the people of Fife.

In addition, as part of an integrated framework of supporting strategies and delivery plans, the Mental Health and Wellbeing Strategy 2026 to 2029 provides an essential contribution to the implementation of the Partnership’s overarching strategic priorities.



Performance Reporting

Public Health Scotland are currently reviewing their Quality Indicator Profile for mental health. This will complement the Scottish Government's Mental Health and Wellbeing Strategy and the Core Mental Health Standards. The mental health indicators are currently in development nationally and are informed by the Core Standards Self-Assessment.

Fife Health and Social Care Partnership have developed a new Performance Framework, and a Planning and Performance Board has been established to monitor performance, and ensure that any identified risks, or significant changes, are considered and responded to timeously by the Partnership's Strategic Planning Group and Fife Integration Joint Board.

The Partnership's Mental Health Service Redesign Programme has oversight of these workstreams that support the implementation of this Mental Health and Wellbeing Strategy:

- Clinical Services Review and Redesign
- Mental Health Estate
- Mental Health and Wellbeing in Primary Care and Community Settings

Further details on the activities planned, or already underway, for these workstreams, along with all of the actions that we plan to deliver and report on are included in the Partnership's Mental Health and Wellbeing Delivery Plan.

Conclusion

While there are many great examples in Fife of our work to respond to various mental health and wellbeing issues, we know we can do more. We know that mental health problems affect certain groups of people more than others. Providing access to support and appropriate treatment that meets the needs of people is important. Given the centrality of mental health and wellbeing to everything, this strategy is purposefully ambitious, not just in setting out what we need to do but also in how we need to do it.

The challenge is to ask how we can bring all our expertise, knowledge, resources and relationships together to improve the mental wellbeing of the people of Fife and respond to mental health issues in a flexible, person-centred way designed around people's needs.

No single agency, body or organisation can solve the mental health and wellbeing challenges we face as a community. This strategy is a 'system-wide' strategy, recognising that mental health is influenced by various issues from formal health services to social and economic conditions, to community, individual and family circumstances. Mental health and wellbeing must span and balance the medical and social models without subscribing to one or the other.

It also recognises the value of statutory, formal and informal support. The development of the Health and Social Care Partnership provides us with an opportunity to take a very different approach to responding to mental ill health as part of a whole system and whole society approach. We know that to rise to the challenges and pressures on the health system, we will need to significantly change how we operate.

We want to use this refreshed strategy to unite the different approaches to improving mental health in Fife. Some solutions will include better provision of services for those who have distinct mental ill health. Still, some solutions can be broader, involving all working closer and harmoniously with partners in building community wellbeing through housing, education, lifestyle and cultural bases. It is not just about sharing resources. It is about sharing ideology, sharing outcomes and sharing aspirations to become a mentally healthy Kingdom where every child, adult and place matters.



Kingdom of Fife

Sources of Support

Some of the content in this strategy may have had an emotional impact on you.

Support is always available, and some local resources are below.

- NHS inform www.nhsinform.scot/healthy-living/mental-wellbeing
Telephone: 0800 22 44 88 (Monday to Friday 9am to 5pm).
- Fife Health and Social Care Partnership www.fifehealthandsocialcare.org/services/all-services
- Scottish Action for Mental Health (SAMH) www.samh.org.uk
Telephone: 0141 530 1000 (Monday to Friday 9am to 5pm).
- Breathing Space www.breathingspace.scot
Telephone: 0800 83 85 87 (Monday to Thursday 6pm to 2am, Friday 6pm to Monday 6am).
- Child and Adolescent Mental Health Service (CAMHS) www.nhsfife.org/services/all-services/child-and-adolescent-mental-health-service-camhs/
- Childline www.childline.org.uk
Telephone: 0800 1111 (Available 24 hours a day, 7 days a week)
- Samaritans www.samaritans.org/scotland
Telephone: 116 123
- Access Therapies Fife www.accesstherapiesfife.scot.nhs.uk
Telephone: 01383 565427
- Mental Welfare Commission for Scotland www.mwscot.org.uk
Telephone: 0800 389 6809 (Monday to Friday 9am to 12pm, and then from 1pm to 4pm)).
- The Wells www.fifehealthandsocialcare.org/your-community/the-well/
Telephone: 03451 551500 (Wednesday to Friday 10am to 12pm and Monday to Thursday 1pm to 3pm)
- NHS 24 Mental Health Hub <https://www.nhs24.scot/check-your-symptoms/get-help-with-your-mental-health/>
Telephone: 111

Appendix

Glossary

Primary services

Primary care services are often the first point of contact for people seeking mental health support. This can include General Practitioners (GP's) and community pharmacies.

Secondary services

Secondary care services offer specialised support for more complex mental health issues, for example addiction services and psychological therapies.

Tertiary services

Tertiary care is highly specialised treatment, for example forensic mental health services and mental health hospital services.

Psychological therapies

Psychological therapies are treatments that help people understand and overcome difficult emotions and behaviours. They are based on a shared understanding between an individual and therapist of the causes of the difficulties and how to manage them effectively.

Liaison psychiatry

Liaison psychiatry is the area that connects mental health care with other medical care. It involves mental health professionals like psychiatrists working with other medical professionals to provide care to patients in medical settings like hospitals.

Forensic services

Forensic mental health services provide assessment, treatment and rehabilitation for individuals who are currently undergoing, or have undergone, legal or court proceedings.

Tangible resources

Tangible resources are supplies or things that can be touched or felt and used, for example buildings, furniture and equipment.

Intangible resources

Intangible resources are things that have value, but you cannot physically touch them, for example reputation, skills, goodwill and culture.

Harnessing technology

Harnessing technology means using technology in helpful ways. This includes using machines, computers, and tools to help people with their mental health.

Opioid overdose

Opioids are drugs that can be addictive. An overdose is when someone takes too many drugs. This can affect their breathing or cause other physical and psychological harm. Sometimes opioid overdose can lead to death.

Key legislation

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Armed Forces Covenant Duty 2022
- Equality Act 2010
- Fairer Scotland Duty 2018
- Human Rights Act 1998
- Mental Health (Care and Treatment) (Scotland) Act 2003 as amended by the Mental Health (Scotland) Act 2015
- Public Bodies (Joint Working) (Scotland) Act 2014
- National Health Service (Scotland) Act 1978
- Social Work (Scotland) Act 1968

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Mental Health and Wellbeing Strategy - Delivery Plan

Priority 1 - Talking about mental health							
People will feel comfortable talking about their mental health, will not feel alone, and will be able to access opportunities and inclusive services and supports when they need them.							
Ref No.	Activity	Action Required	Measure	Responsible Officer	Timescale	Outcome	SMART Objective
1.1	"Change the conversation" by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.	Health Promotion Service will continue to work collaboratively with a range of partners to create unified compelling messages that resonate with different audiences emphasising that mental health is essential to everyone's wellbeing.	Reach and engagement of campaigns, resources and programmes delivered through a variety of mechanisms such as social media and case studies.	Health Promotion Service Manager	September 2026	Increased knowledge and awareness leading to well informed individuals, communities and organisations.	By September 2026, the Health Promotion Service will collaborate with partners to deliver at least three mental health campaigns, measured by engagement metrics and case study feedback, to increase public understanding and normalize mental health discussions across sectors.
		In collaboration, Health Promotion Service will continue to design, deliver and promote a range of accessible learning opportunities to ensure that the workforce are informed, engaged and skilled in order to embed mental health and wellbeing and suicide prevention within their own organisation.	Deliver a minimum of 25 virtual / face to face Mental Health and Wellbeing and suicide prevention workshops during 2025/2026.	Health Promotion Service Manager	September 2026	The workforce will have increased knowledge, skills and competency on mental health and wellbeing.	Deliver a minimum of 25 Mental Health and Suicide Prevention workshops (virtual or face-to-face) by September 2026, ensuring workforce competency and embedding mental health awareness across organisations.
		Co-design and deliver a communications plan that ensures all stakeholders are well informed to enable them to lead on the implementation of the strategy within their own areas and across services.	Communications plan codesigned and delivered	Head of Complex and Critical Care Services/Communications Team	September 2026	Increased knowledge, awareness, and understanding of the impact of stigma on individuals' mental health and wellbeing.	Co-design and implement a communications plan by March 2026 that informs stakeholders and enables them to lead mental health strategy implementation, measured by stakeholder feedback and dissemination reach.
		The Fife Suicide Prevention Multiagency Core Group will work collaboratively to build a whole society approach to address the social determinants of health which have the greatest link to suicide risk.	In collaboration, Health Promotion Service will continue to design, deliver and promote a range of accessible learning opportunities to ensure that the workforce are informed, engaged and skilled in order to embed mental health and wellbeing and suicide prevention within their own organisation	Health Promotion Service Manager	June 2027	Priority staff groups within the Fife workforce will be suicide aware and able to respond to at risk groups in need of support.	Deliver tailored suicide prevention training to priority staff groups by June 2027, measured through the Creating Hope for Fife Outcome Framework and logic model, to enhance support for at-risk populations.
1.2	Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups.	Identify a lead and establish a working group in partnership with See Me Scotland – Lead agency for Mental Health anti stigma and discrimination. To develop local deliverables to educate, promote and tackle anti stigma practices within organisational and community setting. The lead and working group has been established, meets regular and has developed a 12 month action plan. Task force - Establish a 'change the conversation' task force to identify, implement and evaluate actions to address mental health stigma and discrimination.	Action plan developed and implemented, including regular reporting requirements.	Head of Complex and Critical Care Services/Head of Fife Adult Mental Health Psychology	September 2026	Achieving the deliverables within the action plan e.g. awareness raising and workforce development on mental health anti stigma and discrimination sigma activity which will be visible across strategies, workstreams and policy areas in Fife. Shifts in societal attitudes, systemic practices and individual behaviours ultimately fostering a more supportive environment that value mental health as much as physical health	Establish a working group with See Me Scotland by September 2025 and develop a 12-month action plan to tackle mental health stigma and discrimination, with quarterly progress reports and visible integration into community and organisational practices. Develop and implement a stigma reduction action plan by September 2026, with regular reporting and evaluation, to foster systemic and behavioural changes that support mental health equity.
1.3	Identify the main factors that harm mental health and wellbeing and take public health steps to improve mental health for everyone.	Providing targeted advice and support to key strategic groups involved in the development and delivery of the partnership Mental Health and Wellbeing Strategy	Attendance at and contribution to relevant stakeholder groups across the partnership.	Public Health	September 2026	Increased adoption of public health approaches across key strategic groups in relation to mental health and wellbeing strategy	By September 2026, Public Health will provide targeted advice and support to at least five strategic groups, contributing to the development and delivery of the Mental Health and Wellbeing Strategy.
	Use population level data and evidence to drive improvement in the mental health and wellbeing system in Fife	Identify population level data and evidence and advise on their use to understand and monitor population mental health and wellbeing (including health inequalities) and inform decision making and actions.	Population level data and evidence is used to understand, and monitor, population mental health and wellbeing (including health inequalities) across Fife.	Public Health	As required	Population level data, evidence and advice on their use will be provided for the planning, delivery and evaluation of mental health and wellbeing services and supports in Fife.	Utilize population-level data to inform mental health strategy decisions, with quarterly updates on data usage and impact, ensuring evidence-based improvements in service delivery.
1.4	Make sure that people with complex and intersectional needs can access support from all services by adapting services to meet these needs	Identify barriers faced by marginalised groups when accessing support, care and treatment and develop mitigating actions.	Report and recommendations.	Head of Complex and Critical Care Services	September 2026		Identify barriers for marginalised groups and produce a report with recommendations by September 2026 to inform service adaptations and improve access to mental health support.
1.5	Include people with lived experience. Create chances for learning, working together, new ideas, and research. This will help reduce stigma, raise awareness about mental health, and lead to ongoing improvements.	The development of a network which will work in partnership with any existing relevant third sector public forums, to meaningfully integrate lived experiences into the mental health delivery actions, ensuring under represented, minority, and disadvantaged groups are included and heard. This network will contribute to campaigns, stigma reduction campaigns, inform decision-making in meetings and boards, and improve service understanding of the factors driving discrimination and exclusion.	An action plan will be developed to · Build capacity & engagement · Integrate into delivery actions · Monitor, evaluate and sustain the network · Identify success indicators	Service Manager, Participation & Engagement	September 2026 (Planning Stage)	Inclusion and Representation · Improved understanding · Reduction of Stigma · Sustainable Engagement · Impact on Discrimination and Exclusion	Develop a lived experience network by September 2026, with an action plan to build capacity, integrate into delivery actions, and monitor impact, ensuring representation and reduction of stigma.

	We will actively work with Locality Planning Core Groups and partner agencies to raise the profile of mental health self help resources.	Locality Planning Groups will raise awareness of self-help resources at the quarterly meetings, community-led support SWAYS, pop-up events, and presentations to partner agencies each quarter. This will ensure ongoing engagement and promotion of self-help resources within the community	Notes of locality meetings. Number of views on SWAY. Number of pop up events. Number of presentations delivered.	Service Manager, Locality/Community Led Support	September 2026	Increased awareness of self help resources - Access Therapies Fife, referrals to community led and third sector support. Partner feedback.	Raise awareness of mental health self-help resources through quarterly Locality Planning Group activities, including SWAY views, pop-up events, and presentations, with measurable increases in community engagement and referrals by September 2026.
	Engage with unpaid carers of those with mental health issues to see if there are any specific services required.	Collaborate with local mental health support groups and carer networks to facilitate outreach and engagement with unpaid carers of individuals experiencing mental health issues to identify unmet needs and potential service gaps.	Number of structured conversations or surveys with unpaid carers within the next year.	Principal Social Work Officer / Head of Culture, Engagement and Communities	September 2026	Understanding carers' needs will inform service development and improve support for both carers and those they care for.	By September 2026, engage with at least 20 unpaid carers of individuals with mental health issues through structured conversations or surveys, in collaboration with local support networks, to identify unmet needs and inform the development of relevant support services.
Priority 2 - Prevention, early intervention and wellbeing							
People will feel part of mentally healthy, compassionate and supportive families, workplaces and communities.							
Ref No.	Activity	Action Required	Measure	Responsible Officer	Timescale	Outcome	SMART Objective
2.1	Make mental health services and supports easier to access by improving community-based mental health services with lessons learned from previous projects that involved people's input.	Develop and implement a test of change to improve integration of community-based mental health and wellbeing services and supports in North East Fife locality.	6 meetings of MHWPCS stakeholder group undertaken by end March 2026 to identify opportunities for improvement and progress changes where feasible. Shared learning by September 2026.	Director of Psychology	September 2026	- Increased knowledge and understanding of services in NEF and how they can be accessed - Clear and accessible pathways into and out of mental health & wellbeing services and supports - Increased service user sense of trust, safety and support within the system	By March 2026, the Director of Psychology will lead the implementation of a test of change in North East Fife, holding at least six stakeholder meetings by March 2026 to identify service integration opportunities, with shared learning disseminated by September 2026.
2.2	Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings. (Aligned with Area 6 of P&EI Strategy)	Launch a mental health campaign to promote good mental health, emphasising online resources such as the National Wellbeing Hub, The Triangle of Care, Aye Feel, Mind to Mind, and Fife ways to better mental health, targeted at young people, people in the perinatal period, people with protected characteristics and carers, greater promotion of mental health online resources such as, the National Wellbeing Hub (including support for carers), The Triangle of Care (carer support) and Aye Feel (young people support), Mind to Mind and Fife ways to better mental health, targeted at specific groups.	Communications plan developed and implemented.	Head of Complex and Critical Care Services	September 2026	Increased awareness of self help resources.	By September 2026, launch and implement a targeted mental health campaign with a communications plan promoting online resources (e.g., National Wellbeing Hub, Aye Feel, Mind to Mind) to young people, carers, and people with protected characteristics, aiming to increase awareness and usage of self-help tools.
2.3	Help people meet their basic needs and support people with the basics for good mental health, support them to take control of their mental health, and help them find their way through the mental health system when needed.	Research and scope a proposal to develop training and resource opportunities/facilities which deliver education and tools to support wellbeing and self management of mental health difficulties (based on an educational rather than clinical model)	Proposal completed for submission to the mental health redesign programme board, to inform next steps for years two and three of the delivery plan	Director of Psychology/Health Promotion Service Manager	September 2026	Clear understanding of feasibility of a potential model for Fife and next steps	By September 2026, scope and submit a proposal to the Mental Health Redesign Programme Board for a non-clinical, educational model to support self-management of mental health, including training and resource development opportunities.
2.4	Build stronger, healthier communities by using local resources and planning services that fit the needs of the community. We will fight social isolation and help vulnerable people connect with others and build strong support networks.	Service briefs and service level agreements are reviewed for existing services and cocreated where gaps have been identified through delivery plan workstreams, to facilitate commissioning of community-based services and supports	Service briefs and service level agreements completed and available to support commissioning	Director of Psychology/Service Manager, Quality Assurance	September 2026	Clear service information and expectations for robust provision, monitoring, evaluation and reporting for grant funded services	By September 2026, review and co-create service briefs and service level agreements for existing and new community-based mental health services, ensuring they support robust commissioning, monitoring, and evaluation.
2.5	Promote and encourage referrals to community-based services, such as The Well and Link Life Fife, that support people experiencing mental health challenges, and continue to work with Primary Care Teams to raise awareness of these services.	Review and seek opportunities to expand strategies through a social isolation and loneliness campaign in one locality	Strategies reviewed and plans developed in year one, addressing opportunities for connection, loneliness awareness, and training and resources, for implementation in year two.	Service Manager, Locality/Community Led Support/ Change and Improvement Manager, Fife Psychology Service	September 2026	1. Improved knowledge and awareness 2. Improved opportunities for connection 3. Improved understanding of coping mechanisms	By September 2026, review and develop strategies to address social isolation in one locality, including awareness campaigns, training, and resources, with implementation planned for year two.
	We will collaborate with Primary and Secondary Care teams to integrate the Community Led Support Service (CLSS) into the Mental Health pathway, ensuring seamless access for individuals and promoting its inclusion as a standard part of mental health care provision.	By the end of the 2025/26 financial year, we will increase the number of referrals to The Well and Link Life Fife (Community Led Support) by 10%. This will be achieved through ongoing marketing efforts and improved communication with Primary Care colleagues to raise awareness of available service	Number of referrals received 25/26 (compare to 24/25).	Service Manager, Locality/Community Le	September 2026	1. Increased knowledge and understanding of the Community Led Support Service (CLSS). 2. Community Led Support Service (CLSS) is embedded as part of the clinical pathways	By September 2026, increase referrals to The Well and Link Life Fife by 10% compared to 2024/25, through enhanced marketing and collaboration with Primary Care Teams to embed CLSS in mental health pathways.
	Develop key indicators to understand flow through mental health system including unmet need, waiting times and effectiveness of interventions.	Identify key management data relating to requesting services, waiting, referral, length of treatment and return to service. Initially this may be a few priority services	Management data, including used alongside population level data to estimate unmet need	Service Manager, Performance Management & Quality Assurance/Senior Manager Mental Health, Learning Disability & Addictions Services	As required	A small set of key indicators showing the flow of people from community settings through treatment to outcome.	By September 2026, identify and implement a small set of key management indicators (e.g., referrals, waiting times, treatment duration) to monitor flow through the mental health system and estimate unmet need, supporting data-informed service planning.

Priority 3 - Improved response to mental health distress and crisis							
People's quality of life will improve through inclusive, timely access to appropriate high quality mental health information, support and services.							
Ref No.	Activity	Action Required	Measure	Responsible Officer	Timescale	Outcome	SMART Objective
3.1	Focus on those who are at higher risk of mental distress or crisis and would benefit from early intervention and prevention.	Conduct a gap analysis to understand gaps in provision and opportunities for earlier intervention and prevention, taking account of other actions within this priority such as remodelling the Urgent Care and Assessment Team service and creating clear pathways for access to crisis support.	Completed gap analysis that identifies areas for improvement in year two and three of the delivery plan.	Head of Complex and Critical Care Services/Head of Fife Adult Mental Health Psychology	March 2026	Report identifying any gaps in early intervention and prevention for those who are at higher risk. Report to also identify any actions required to ensure that existing services are responsive to those at higher risk and respond in an integrated way. Actions from report to be delivered in years 2 and 3 of this strategy.	By March 2026, conduct a comprehensive gap analysis to identify areas for improvement in early intervention and prevention for high-risk individuals, with findings informing actions for years two and three of the delivery plan.
3.2	We will work to prevent suicides by delivering the Scottish Government "Creating Hope Together" Strategy	The Fife Suicide Prevention Multiagency Core Group will embed a coordinated, collaborative and integrated approach to suicide prevention activity which will be visible across strategies, workstreams and policy areas in Fife.	This will be measured by the Creating Hope for Fife: Fife Suicide Prevention Action Plan Outcome Framework and utilise the associated logic model.	Health Promotion Service Manager	June 2026	Fife's Suicide Prevention Action Plan will be implemented.	By June 2026, the Fife Suicide Prevention Multiagency Core Group will implement the "Creating Hope for Fife" suicide prevention action plan through a coordinated and integrated approach, measured using the Creating Hope for Fife Outcome Framework and logic model.
3.3	Improve the "Urgent Care and Assessment Team" service to make it easier for people to get help when they need it. This means providing urgent care closer to home and making the experience better for everyone.	Implementation of a revised service model for unscheduled MH care in Fife, that covers the whole range of need and complexity, and is fully integrated with other services within Fife, including 3rd Sector.	Options paper presented to the MH Redesign Programme Board; revised service model agreed; revised model implemented.	Head of Complex and Critical Care Services/Head of Fife Adult Mental Health Psychology	Options paper presented by June 2025, agreed by December 2025, implemented by June 2026.	People experience safer and better integrated urgent and unscheduled MH care, which meets their needs and is delivered as close to home as possible. Revised service model to be evaluated in year 2 of this strategy.	Present an options paper for a revised urgent mental health care model by June 2025, secure approval by December 2025, and implement the new model by June 2026, ensuring integration with third sector and statutory services and improving access to urgent care closer to home.
3.4	Create clear pathways for access to crisis support in partnership with our local partner organisations.	Rollout Distress Brief Intervention across Fife and secure funding to mainstream service.	Increase in trained referrers. Increase in referrals for DBI Level 2. Increase in pathways that enable access to DBI.	Head of Complex and Critical Care Services/Head of Fife Adult Mental Health Psychology	Funding secured by December 2025. Rollout across all key pathways by June 2026.	There will be clear pathways to access crisis support that cover all of Fife. This will reduce pressure on primary care and MH services, enabling them to deliver their core functions. Access will be wider than the traditional routes to support through GP. Fife will meet SG requirement on all boards for DBI to be mainstream provision. This will contribute to meeting Outcome 3 of the SG Creating Hope Together: suicide prevention action plan 2022 to 2025: Continue to roll out of the Distress Brief Intervention (DBI) across local areas, informed by evaluation.	Secure funding for the Distress Brief Intervention (DBI) programme by December 2025 and roll out DBI across all key pathways in Fife by June 2026, increasing trained referrers and referrals to DBI Level 2, and ensuring compliance with national suicide prevention targets.
3.5	Provide people who often need mental health support with a full, caring network of help to make sure they get the care they need.	Review those who would benefit from more a coordinated approach and address needs via a MDT/agency approach	Review completed.	Head of Complex and Critical Care Services	September 2026	Increased integration and improved care.	By September 2026, complete a review to identify individuals who would benefit from a multi-disciplinary team (MDT) approach, and implement coordinated care plans to improve integration and outcomes for those with complex mental health needs.
Priority 4 - Support, care and treatment that is easy to access and makes a difference							
People will receive services and supports which are based on an understanding of their values, needs and experiences.							
Ref No.	Activity	Action Required	Measure	Responsible Officer	Timescale	Outcome	SMART Objective
4.1	Create clear and easy-to-follow care pathways that connect mental health, social care, and physical health, making it simpler for people to get the support they need.	Review and codesign a new care planning approach for people living with mental health challenges, and those important to them, integrating principles from the person centred care plans: good practice guide, ensuring clear communication throughout the patient journey .	Care planning approach reviewed and tested in year one.	Head of Complex and Critical Care Services	September 2026	Improved communication throughout the patient journey.	By September 2026, review and co-design a new care planning approach for people with mental health challenges, integrating principles from the Person-Centred Care Plans Good Practice Guide, and test the approach to improve communication throughout the patient journey.
		Review and strengthen support, care and treatment for those experiencing learning disabilities, autism and neurodivergence in line with the Learning Disabilities, Autism and Neurodivergence Bill.	Lifespan neurodevelopmental pathway implemented which achieves recommendations from national standards and guidance	Head of Complex and Critical Care Services	September 2026	Improved access to seamless neurodevelopmental services and supports	By September 2026, implement a lifespan neurodevelopmental pathway aligned with national standards and the Learning Disabilities, Autism and Neurodivergence Bill, to improve access to seamless services for individuals with neurodivergent needs.
4.2	Use a "no wrong door" approach, meaning no one will be turned away or have their referral rejected. People will always be guided to the right help.	Share learning from Test of Change on working differently in primary care in NE Fife.	Development of clear accessible pathways by end of ToC. Communication of these as exemplars across Fife.	Head of Complex and Critical Care Services/Head of Fife Adult Mental Health Psychology/ Head of Primary and Preventative Care Services	September 2026	Improve integration of mental health & wellbeing services and supports in NEF; improve relationships, knowledge and understanding of services available and how these can be accessed; provide clear, accessible pathways into mental health & wellbeing services and supports; and increase people's sense of trust, safety and support with the system	By September 2026, share learning from the North East Fife Test of Change and develop clear, accessible mental health pathways, promoting them as exemplars across Fife to improve service integration and user experience.
4.3	Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services.	Review and seek opportunities for expanding secondary care mental health provision, with focus on reviewing eligibility criteria, expanding psychologically informed care and practice, and strengthening and diversifying the workforce	Scope and seek opportunities for improvement in year one, implementing changes where feasible	Head of Complex and Critical Care Services/Director of Psychology	September 2026	Improved accessibility of mental health services and supports in an out of hours.	By September 2026, review secondary care mental health provision and identify opportunities to expand psychologically informed care, revise eligibility criteria, and strengthen the workforce to improve out-of-hours accessibility.
	Improve the condition and safety of the inpatient estate.	Wards are reviewed, redesigned and refurbished taking into account the needs of patients and staff.	Two wards are refurbished and two wards are redesigned with plans in place to support their refurbishment.	Head of Complex and Critical Care Services / Head of Capital Planning and Project Director for NHS Fife	July 2026	A modern, person-centred approach ensuring that care and support is delivered in safe, therapeutic, and recovery-focused environment.	By March 2026 we will have completed two ward refurbishments (QMH W3 and Cairnie) with a third to be complete by July 2026 (QMH W1). Two designs (Levendale & QMH W4) will also be complete as noted in the smart objective for future ward refurbishments.

4.4	Promote working together to provide better services. Help professionals work across different areas. Organise and plan care based on what people need, in local communities and places.	Locality planning groups will create the conditions/forum for multiple agencies to support integration and improved knowledge and networking across partner agencies.	Number of locality groups, attendance, opportunities to work together on tests of change and outputs.	Service Manager, Locality/Community Led Support	September 2026	Improved collaboration and integration	By September 2026, support Locality Planning Groups to facilitate multi-agency collaboration, with measurable outputs including the number of groups, attendance, and joint initiatives that enhance integration and networking.
4.5	Make sure we have a strong, well-supported workforce that can give the best care to help people recover.	We will work with people, partners and communities to fundamentally rethink how we value, plan, deliver and evaluate mental health services and supports, review learning from good practice models, and prioritise structures and processes that strengthen the components of relational care and practice	Promotion of relational components, review of Mental Health Services based on relational components, report and recommendations.	Professional Leads	September 2026	Ensure consistent, sustainable, and progressive roles, education and career pathways (Workforce Strategy).	By September 2026, review mental health services through the lens of relational care, promote good practice models, and produce a report with recommendations to support consistent, sustainable, and progressive workforce roles and pathways.
		Monitoring progress and growth in workforce against recruitment commitments for Health and Social Care work; Adult Social Work; Mental Health services with Smart actions in the Fife IJB Workforce Strategy and Action Plan 2022-2025. including: 1, By November 2025, Improve capacity for MHOs are required to meet the statutory duties and to develop a strategy and service level agreement that ensures all directorates have the same responsibility to promote MHO's. 2, By December 2025, develop the international recruitment for Psychiatry decreasing the use of locum contingency model. 3, By November 2025, complete the review of Mental Health services by November 2025 in accordance with the financial outlook which includes the proposal to recruit and develop Activity Coordinators to support increased workload capacity for qualified staff. 4, By December 2025 improve access to the pathway for registered social workers interested in undertaking MHO training including a 6-month secondment and to double the intake of MHO students from Fife each year.	The WS action plans are subject to progress monitoring via governance committees at optimal points in the year. A RAG status is applied to each action in line with F05-23 Fife IJB Workforce Plan audit report.	Head of Culture, Engagement and Communities	November 2024 to November 2026	HSCP are required to align their workforce planning activity with the National Workforce Strategy for Health and Social Care in Scotland and specifically look at how they will meet immediate and long-term challenges through reform and transformation of services. Workforce planning activity is reported to the Scottish Government Health Workforce Planning and Strategy Unit on an annual basis.	Between November 2024 and November 2026, monitor progress on the Fife IJB Workforce Strategy Action Plan, including: MHO capacity strategy by November 2025 International psychiatry recruitment by December 2025 Activity Coordinator recruitment by November 2025 MHO training pathway improvements by December 2025 Progress will be tracked using RAG status and reported to governance committees and the Scottish Government.*

Priority 5 - Harnessing technology							
People will have access to web-based supports that provide self-administered mental health screening, monitoring of symptoms, coaching on self-care, and digital therapies.							
Ref No.	Activity	Action Required	Measure	Responsible Officer	Timescale	Outcome	SMART Objective
5.1	Offer more types of online mental health therapy to help people build their strength and mental wellbeing.	Review and seek opportunities to expand and improve access to digital psychological therapies and interventions to support mental health and wellbeing	Increased range of digital psychological therapies and interventions and routes to access these introduced	Director of Psychology	September 2026	•Increased knowledge of digital resources and how to access these •Increased availability of timely, effective support, care and treatment that promotes and supports mental health and wellbeing and meets individual needs	By September 2026, review and implement opportunities to expand the range of digital psychological therapies and interventions available in Fife, ensuring increased access routes and improved awareness of digital mental health resources.
5.2	Make sure everyone can access services, whether they use digital tools or need other options.	Work with service users to review the accessibility and usability of local online mental health resources, with a focus on Access Therapies Fife, Moodcafe and the Fife HSCP website in year one	Engagement with service users completed, areas for improvement identified and changes progressed where feasible	Director of Psychology	September 2026	Increased knowledge of and access to user-friendly online resources	By September 2026, engage service users to review the accessibility and usability of local online mental health platforms (Access Therapies Fife, Moodcafe, Fife HSCP website), identify areas for improvement, and implement feasible changes to enhance user experience.
5.3	Make our digital systems work better together to provide care that focuses on the whole person.	NHS Fife Electronic Health Record/Digital Hub (to ensure communication in relation to patient care is digitally accessible to the patient)	Further inclusion of Community & Mental Health Services.	Head of Complex and Critical Care Services	September 2026	Improved access to patient information and better decision making/provision of care (Digital Strategy).	By September 2026, expand the NHS Fife Electronic Health Record/Digital Hub to include Community and Mental Health Services, ensuring patient care information is digitally accessible and supports integrated decision-making.
5.4	Support new digital tools that help people access therapy, learn about mental health, and connect with others online.	Work with service users to understand ways in which digital innovations can be developed to support access, education, self-care and human connection digitally	Engagement with service users completed, areas for improvement identified and changes progressed where feasible	Director of Psychology	September 2026	Improved access to digital solutions which can enhance access to life-enhancing mental health services and supports	By September 2026, collaborate with service users to identify and develop digital innovations that enhance access to therapy, mental health education, self-care, and online connection, with improvements implemented where feasible.
5.5	Use data and evidence to make changes that help create a fair and effective mental health system.	Understand the work under development to implement additional dashboards to aid decision making based on data and analytics. We will ensure this aligns with the HSCP Performance Framework.	Alignment with NHS Fife and Fife Council priorities.	Head of Complex and Critical Care Services	September 2026	Enhanced use of data and analytics will provide better insights to operational service delivery leading to service improvement, increased service user satisfaction and organisational and workforce efficiencies. In the longer-term better insights will improve service user health and care outcomes (Digital Strategy).	By September 2026, align the development of new data dashboards with the HSCP Performance Framework and NHS Fife/Fife Council priorities, enabling improved decision-making, service delivery, and long-term health outcomes through enhanced data insights.

Mental Health and Wellbeing Strategy
Risk Register

Risk Register - as at 29/09/2025					Original Risk Score				Residual Risk Score				Risk Ownership						
Ref.	Source	Date Added	Risk Heading	Risk Description	Likelihood	Consequence	Risk Grade	Mitigation/ Management Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Comments
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
2	Initial Risk	19/08/2024	Finance	There is a risk that unexpected financial issues impact on the implementation and delivery of the MHW Strategy and Delivery Plan, for example reduced funding/budgets or an unforeseen increase in essential service demands.	Likely (4)	Major (4)	High Risk (16)	Work is underway to review and align the mental health budgets across all of the partner agencies. This includes proposals for budget savings and additional controls in areas of potential overspend. Reviewed by Strategic Planning Group 05/03/2025.	Possible (3)	Major (4)	Moderate (12)	Moderate (12)	Head of Complex and Critical Care Services	Head of Complex and Critical Care Services	29/09/2025	On track	05/03/2025	Active	
4	Initial Risk	06/09/2024	Workforce	There is a risk that workforce issues, including recruitment and retention of employees, skill shortages, increased absence levels, and reduction in staff morale, will impact on our ability to deliver mental health services and support.	Likely (4)	Major (4)	High Risk (16)	The Partnership's Workforce Strategy and annual Delivery Plans include actions to reduce the impact of some of the identified workforce issues. However, increased demand for services and unmet need may exacerbate the current position. Encouraging a greater focus on preventative approaches including self-management and self-care, and increased use of digital tools and therapies, will provide additional support for individuals, families, and communities, and potentially reduce the demand on our workforce. Reviewed by Strategic Planning Group 05/03/2025.	Possible (3)	Major (4)	Moderate (12)	Moderate (12)	Head of Complex and Critical Care Services	Head of Complex and Critical Care Services	29/09/2025	On track	05/03/2025	Active	
5	New Risk	07/08/2025	Equalities	There is a risk that failure to adequately address inequalities as highlighted in the Equality Impact Assessment could lead to widening disparities and inequitable access to Mental Health Services.	Possible (3)	Major (4)	Moderate (12)	An Equality Oversight Group will be established to review and monitor the implementation of Equality Impact Assessment recommendations across Mental Health Services. This group will work in collaboration with community representatives and stakeholders with lived experience to ensure that service design, delivery, and access are equitable and inclusive. Regular audits and feedback loops will be introduced to identify gaps, track progress, and inform continuous improvement.	Unlikely (2)	Major (4)	Moderate (8)	Low Risk (6)	Head of Complex and Critical Care Services	Head of Complex and Critical Care Services	29/09/2025	On track	New Risk	Active	
6	New Risk	27/08/2025	Digital	There is a risk that digital tools and therapies may be used without proper oversight and established support pathways. This could produce misdiagnosis, inappropriate advice, or delayed access to qualified care, potentially leading to adverse outcomes for individuals relying solely on these tools.	Possible (3)	Moderate (3)	Moderate (9)	We will ensure that digital tools and therapies, including Artificial Intelligence (AI) applications used by the Partnership or recommended to service users are supported by qualified mental health professionals to prevent misdiagnosis and inappropriate advice.	Unlikely (2)	Moderate (3)	Low Risk (6)	Low Risk (6)	Head of Complex and Critical Care Services	Head of Complex and Critical Care Services	29/09/2025	On track	New Risk	Active	
1	Initial Risk	19/08/2024	Resources/ Timescales	There is a risk that insufficient resources are available to develop and implement the new Mental Health and Wellbeing Strategy and Year One Delivery Plan within required timescales.	Possible (3)	Moderate (3)	Moderate (9)	A Working Group is being established to develop the MHW Strategy, Delivery Plan and supporting documentation including a Risk Register and an Equality Impact Assessment. 17/12/2024 - Documentation on track for completion by March 2025. Reviewed by Strategic Planning Group 05/03/2025.	Unlikely (2)	Moderate (3)	Low Risk (6)	Very Low Risk (3)	Head of Complex and Critical Care Services	Strategic Planning & Performance Team	n/a	Completed	28/07/2025	Closed	

3	Initial Risk	19/08/2024	Integration/ Engagement	There is a risk of insufficient engagement and involvement with community groups and other key stakeholders during the development and implementation of the MHW Strategy, leading to misaligned goals, poor communication, public dissatisfaction and perceived reduced in service quality.	Possible (3)	Moderate (3)	Moderate (9)	A robust engagement process was completed during the early stages of strategy development, including establishing a Lived Experience Group who have provided input to the draft MHW Strategy. Engagement with key stakeholders will continue during the development and implementation of the annual Delivery Plans. 17/12/2024 - Phase 2 of the engagement process underway, due to be completed by 14th February 2025. 05/03/2025 - Participation and Engagement Phase 2 completed.	Unlikely (2)	Moderate (3)	Low Risk (6)	Very Low Risk (3)	Head of Complex and Critical Care Services	Participation & Engagement Team	n/a	Completed	28/07/2025	Closed	

Equality Impact Assessment including Children's Rights and Wellbeing Impact Assessment (CRWIA)

Part 1: Background and Information

Title of proposal	Mental Health and Wellbeing Strategy (2025-2028)
Brief description of proposal (including intended outcomes & purpose)	One in three people experience mental health problems of some kind each year. In Fife this equates to around 125,000 people (national Records of Scotland, 2024). The Health and Social Care Partnership's Mental Health and Wellbeing Strategy sets out our vision for the people of Fife and describes the approach we will take over the next four years to work with and support organisations, communities, families, carers and to create a Fife where people can achieve their best mental health and wellbeing. The strategy is supported by annual Delivery Plans, which include details of the actions we have planned to progress our priorities and deliver our vision. The Mental Health and Wellbeing Strategy includes five key priorities: 1. Talking about mental health. 2. Prevention, early intervention and wellbeing. 3. Improved response to mental health distress and crisis. 4. Support, care and treatment that is easy to access and makes a difference. 5. Harnessing technology (Using technology in helpful ways).
Lead Directorate / Service / Partnership	Complex and Critical Care Services, Fife Health and Social Care Partnership
EqIA Lead Person	Karen Marwick, Head of Complex and Critical Care Services Fife Health and Social Care Partnership
EqIA Contributors	Mental Health and Wellbeing Strategy Working Group Fife Lived Experience Team

	Mental Health Strategic Implementation Group (MHSIG) Mental Health Services Redesign Programme Senior Leadership Team Strategic Planning Group Quality and Communities Committee NHS Fife Executive Leadership Team
Date of EqlA	19 th August 2025

How does the proposal meet one or more of the general duties under the Equality Act 2010?

Please refer to the HSCP Equality Impact Assessment Guidance.

Consider proportionality and relevance (*See Page 10 of Guidance*).

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	Many people with mental health problems say that stigma and discrimination have had a negative effect on their lives. This can include stopping someone from seeking help when they need it, or making someone's mental health problems worse. A key priority of Fife's Mental Health and Wellbeing Strategy is to tackle mental health stigma and discrimination, and help to create a culture across Fife where people can talk openly about their mental health, without fear or judgement, and where individuals, families and carers feel supported to seek help when they need it. Some of the key actions we will take to reduce discrimination, harassment, and victimisation are: 1. "Change the conversation" by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.

	2. Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups. 3. Identify the main factors that harm mental health and wellbeing and take public health steps to improve mental health for everyone. 4. Make sure that people with complex and overlapping needs can get support from all services by adjusting those services to fit their needs. 5. Include people with lived experience. Create chances for learning, working together, new ideas, and research. This will help reduce stigma, raise awareness about mental health, and lead to ongoing improvements. 6. Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services. 7. Use data and evidence to make changes that help create a fair and effective mental health system.
Advancing equality of opportunity	Across Fife many communities face additional and multiple disadvantages, for example fewer employment opportunities, increased social and digital exclusion, increased poverty, and housing which is overcrowded and/or poorly maintained. An increased responsibility for caring can be a disadvantage to many people, particularly women, and carers who also have a disability or a long-term health condition. These circumstances can have a negative impact on people's health and wellbeing, including the health conditions they experience, the care and support that is available to them, and how long they are likely to live. Fife's Mental Health and Wellbeing Strategy aligns with the direction of the national Mental Health and Wellbeing Strategy and aims to ensure that the care and support we provide is person-centred, and community based wherever possible. Some of the key actions we will take to advance equality of opportunity are:

	1. Create clear and easy-to-follow care pathways that connect mental health, social care, and physical health, making it simpler for people to get the support they need. 2. Use a "no wrong door" approach, meaning no one will be turned away or have their referral rejected. People will always be guided to the right help. 3. Promote working together to provide better services. Help professionals work across different areas. Organise and plan care based on what people need, in local communities and places. 4. Make sure we have a strong, well-supported workforce that can give the best care to help people recover. 5. Offer more types of online mental health therapy to help people build their strength and mental wellbeing. 6. Make sure everyone can access services, whether they use digital tools or need other options. 7. Make our digital systems work better together to provide care that focuses on the whole person.
Fostering good relations	Effective communication can improve understanding and support better relations between individuals and groups who share a protected characteristic, and those who do not. Fife's Mental Health and Wellbeing Strategy is supported by a Communications Plan that aligns with national campaigns to promote better mental health and promotes an inclusive, whole system approach. Some of the key actions we will take to foster good relations are: 1. Support new digital tools that help people access therapy, learn about mental health, and connect with others online. 2. "Change the conversation" by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.

	3. Make mental health services and supports easier to access by improving community-based mental health services with lessons learned from previous projects that involved people's input. 4. Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings. 5. Help people meet their basic needs and support people with the basics for good mental health, support them to take control of their mental health, and help them find their way through the mental health system when needed. 6. Build stronger, healthier communities by using local resources and planning services that fit the needs of the community. 7. Fight social isolation to help vulnerable people connect with others and build relationships by working together with communities.

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	We recognise that socio-economic disadvantage can impact negatively on people's mental health and wellbeing. For example, low income and reduced access to resources, can affect an individual's ability to: • have safe, good quality, accessible housing, • access their local community and families for support, • access nutritious food, and know how to prepare/cook fresh produce, • buy fuel to heat homes and cook nutritious meals • access to health and social care services. All of these factors can create stress and anxiety, contributing to a negative impact on an individual's physical and mental health. Fife's Mental Health and Wellbeing Strategy supports ethical commissioning through the Partnership's Commissioning Strategy (2023 to 2026) and a commissioning approach

	which actively promotes positive health and wellbeing choices, supports independence, and builds resilience through self-care and self-management. This approach can enable individuals to effectively utilise the support, information and other resources that are available, and can reduce negative impacts, including poor mental health. However, it is also recognised that some individuals may not be able to improve or increase their own self-care and self-management. This could be due to external circumstances that they are unable to change, or because they are currently overwhelmed or unwell. Fife Health and Social Care Partnership will continue to provide high quality, person-centred, care and support, enabling individuals to achieve their best possible mental health and wellbeing.
Inequalities of outcome	Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic and other vulnerable groups, can lead to improved health outcomes for individuals, their families and carers. The Mental Health and Wellbeing Strategy supports collaborative working with our community-based service partners to ensure that everyone in Fife, particularly those most at risk of experiencing mental health challenges, are able to access a network of local high-quality mental health and wellbeing support. We will also continue to raise awareness of the value of lived experience, and champion peer support, including increased investment in peer practitioners within Fife mental health services.

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.

An Equality Impact Assessment is required.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected Characteristics and the Mental Health and Wellbeing Strategy for Fife

The Mental Health and Wellbeing Strategy for Fife aligns with Scotland's national priorities to improve mental health outcomes and reduce inequalities. This Equality Impact Assessment explores how the Strategy may impact individuals across the nine protected characteristics defined in the Equality Act 2010, using evidence from the Scottish Government's Mental Health Equality Evidence Report (2023), national Equality Impact Assessment's including the EQIA for Scotland's Suicide Prevention Strategy, and related guidance including an evidence synthesis of literature on the concept of intersectionality (i.e. how different aspects of a person's identity - such as race, gender, disability, sexual orientation, age, and socioeconomic status - interact and overlap to shape their experiences, especially in relation to discrimination, privilege, and access to resources).

Evidential analysis indicates that:

- Minority ethnic people, women and girls, disabled people, and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus) individuals experience higher levels of poor mental health due to multiple inequalities. Therefore, these groups are likely to benefit most from both targeted and broad actions.
- The recent COVID-19 pandemic and cost of living crisis have worsened existing inequalities.
- There is a lack of comprehensive data on mental health conditions and service impact. At a national level there is a need for better data on socio-economic, geographic, and protected characteristics.

Further narrative for each protected characteristic is included below.

1. Age

Mental health needs vary significantly across age groups:

- **Children and young people** face challenges such as adverse childhood experiences and trauma, which can impact long-term wellbeing. Early intervention and trauma-informed approaches are essential. Children and young people can be vulnerable during transitions, especially in their teenage years; social media and bullying are key concerns.
- **Older adults** often experience isolation, bereavement, and physical health issues, which can exacerbate mental health conditions. Loneliness and barriers to accessing services are more pronounced in this group, especially in rural areas.

2. Disability

People with disabilities are disproportionately affected by mental health inequalities. They often face:

- Limited access to tailored services.
- Higher rates of mental health conditions due to social exclusion and stigma. The Mental Health and Wellbeing Strategy must ensure accessible, inclusive services and promote co-production with disabled individuals.
- There is a higher risk of suicide among disabled and autistic individuals; and an identified need for accessible support.

3. Gender Reassignment

Trans and non-binary individuals experience elevated risks of poor mental health due to discrimination, lack of inclusive services, and social isolation. The Mental Health and Wellbeing Strategy should:

- Promote gender-affirming care.
- Train staff in inclusive practices.
- Ensure safe spaces for support.

4. Marriage and Civil Partnership

While this characteristic is less directly linked to mental health outcomes, relationship status and caregiving responsibilities can influence access to support networks. The Mental Health and Wellbeing Strategy will consider:

- Support for carers and partners.
- Relationship counselling and family support services.

5. Pregnancy and Maternity

Perinatal mental health is a key focus:

- Women may experience anxiety, depression, or trauma during and after pregnancy.
- Suicide is a leading cause of maternal death and perinatal mental health support is crucial.
- The Mental Health and Wellbeing Strategy supports perinatal mental health services and parenting programmes to improve outcomes for mothers and infants.

6. Race

Ethnic minority communities face:

- Higher barriers to accessing culturally appropriate mental health services.
- Increased exposure to social determinants such as poverty and discrimination. The Mental Health and Wellbeing Strategy must embed anti-racist practices and ensure representation in service design.

7. Religion or Belief

Faith communities can be both protective and challenging in mental health contexts. The Mental Health and Wellbeing Strategy should:

- Respect religious beliefs in care provision.
- Collaborate with faith-based organisations to improve outreach.

8. Sex

Gender differences in mental health prevalence and service access are well-documented:

- Women are more likely to experience anxiety and depression. Women and girls can be disproportionately affected by poverty, violence, and caregiving responsibilities.
- Men may face stigma in seeking help. The strategy should address gender-specific needs and promote inclusive messaging.
- Men are more likely to die by suicide; women are more likely to attempt suicide, therefore gender-specific support is needed.

9. Sexual Orientation

Individuals who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus) are at higher risk of mental health issues due to societal stigma and discrimination. The Mental Health and Wellbeing Strategy must:

- Ensure inclusive services.
- Provide targeted support and safe spaces

Intersectionality and Data Collection

Improved data collection and analysis are essential to:

- Identify gaps in service provision.
- Monitor outcomes across diverse groups.
- Inform continuous improvement.

Across Fife, service design and delivery across our Mental Health Services are being shaped by the lived experiences of individuals with intersecting protected characteristics, ensuring that diverse voices, such as disabled LGBTQIA+ people and ethnic minority carers, are central to co-production efforts. Their insights are vital in identifying barriers, informing inclusive practices, and creating services that are truly responsive and equitable for all.

In summary, the Mental Health and Wellbeing Strategy for Fife must be inclusive, trauma-informed, and responsive to the diverse needs of individuals across all protected characteristics. By embedding equality into every stage of planning and delivery, the Mental Health and Wellbeing Strategy can contribute to reducing mental health inequalities and improving outcomes for all. Detailed impact analysis and mitigations for each equality group are included in the tables below.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	Fife Adult Mental Health Services provide comprehensive general mental health services for adults and older people of all ages. The Child and Adolescent Mental Health Service (CAMHS) provides support for children and young people up to 18 years of age who are experiencing persistent, complex or severe mental health difficulties. Support is based on assessed need, and where possible, individual preferences. The Mental Health and Wellbeing Strategy and supporting Delivery Plans include actions that will provide positive impacts for people of all ages. For example, increased use of community settings, peer support, digital tools and therapies, and self-help options.	Potential issues: • failure to consider differential knowledge or experience of using digital tools and technologies, particularly for older people during service planning and delivery. • arranging appointments, or offering support that is only available during school hours, or in locations with limited public transport options. • some older people may be reluctant to seek or accept help with their mental health. Potential issues for older people include retirement, bereavement, being a carer, families and relationships, finance, and poor health including	Mitigations include: • providing easy-read versions, and information that is accessible to individuals with a range of competences, reading skills, and different levels of capacity. This includes existing information, for example publications specifically designed for children and young people. • utilising an appropriate range of formats for services and support (including digital tools and therapies, leaflets, guidance, appointments, letters, and other communications) for example options might include digital, telephone and face-to-face (whenever a range of options is possible).

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		long-term conditions or loss of mobility.	ensuring that appointments, events, and support are provided in locations that are accessible and suitable for the intended audience.
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	The Strategy will ensure that everyone, including those living with a disability or caring for someone with a disability, have access to high-quality information and local support, in the right place, and at the right time.	Failure to consider and mitigate the specific barriers faced by people with mental and physical disabilities when planning, commissioning, and providing mental health services could have a negative impact for individuals, families and carers, and local communities. Potential issues: arranging appointments or offering support in locations which are difficult to access, for example no wheelchair access, or using meeting rooms which are located	Mitigations include: - arranging appointments, events and support options in locations with disabled access and appropriate facilities such as induction loops, interpreters, or extra staff assistance if required. - ensuring that digital tools and therapies are available in accessible formats and suitable for assistive technologies. - providing easy read versions.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		a long distance from the car park. • using websites or providing online documents that do not meet accessibility standards.	• increasing the number of peer support practitioners. • providing advice and information in formats that align with the needs of the target audience.
Gender Reassignment	Some individuals who are proposing to undergo, undergoing, or have undergone a process to reassign their sex can experience mental health issues, including anxiety, depression and other conditions. Fife's Mental Health and Wellbeing Delivery Plans include actions to provide care, treatment and support for people at key points in their life, and to provide them with knowledge and tools to help them look after their own mental health. This will have a positive impact for people with the protected characteristic of gender reassignment by	Potential issues: • arranging appointments and other activities in venues that do not provide suitable facilities for transgender people, for example buildings which only provide gender-neutral or single sex, toilets, signage, and other amenities. • providing forms or surveys which do not include appropriate options for pronouns and gender (natal, identified, and expressed).	Mitigations include: • arranging activities in venues that provide appropriate facilities and signage for transgender people. • considering and discussing privacy options with individuals to identify their preferences.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	encouraging and enabling better mental health and wellbeing.	failure to consider and/or provide appropriate privacy, for example in public waiting/meeting areas, or in personal correspondence (e.g. letters).	
Marital Status (Marriage and Civil Partnerships)	The Mental Health and Wellbeing Strategy provides an integrated framework for mental health services and support across Fife. This applies equally to individuals who are married or in a civil partnership, and those who are not.	No negative impacts are expected for this equality group as a direct result of the implementation of the Mental Health and Wellbeing Strategy.	No specific mitigations are required for this equality group because the Mental Health and Wellbeing Strategy applies equally to individuals who are married or in a civil partnership, and those who are not.
Pregnancy and Maternity	NHS Fife provides a Specialist Perinatal Mental Health Service for women and their partners/families in both the antenatal and postnatal stages. The Partnership's Mental Health and Wellbeing Strategy aligns with the specialist support provided by partner bodies to ensure that women are not treated unfavourably because	Potential issues: arranging appointments and events in venues that have limited access or facilities for women who are pregnant or breastfeeding.	Mitigations include: - providing a range of access options, including online/digital, telephone, face-to-face so that individuals can select their preferred option(s). - ensuring community venues have safe spaces where women

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	they are pregnant, breastfeeding, or have given birth, when they are accessing mental health services and/or support.		can breastfeed if they wish to. collaborating with partner agencies to link patient appointments, for example using staggered appointments to reduce travel time.
Race (All Racial Groups including Gypsy/Travellers)	Improved access to mental health services and support will enable more people to identify the help that they need to achieve better mental health and wellbeing. It will also enable them to build resilience so that they can manage potential issues in the future. Overall, this supports better health outcomes and can extend healthy life expectancy for individuals.	Potential issues: - providing limited access options, for example digital-only appointments, or failure to provide information in different languages. - arranging face-to-face appointments/activities in venues that may be difficult for some individuals to access, or at times that may be restrictive.	Mitigations include: - ensuring that interpretation services, including interpreting tools and face-to-face interpreters, are available if/when required. - providing advice and information in alternative formats and languages. - organising activities in appropriate locations and offering tailored opportunities where required.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
			• In line with Scottish Government guidance, NHS Fife will develop and deliver against their own anti-racism plans, covering both workforce and racialised healthcare inequalities with mental health being highlighted as a key area of focus.
Religion, Belief, and Non-Belief	A perceived stigma of mental illness in some religious communities can prevent individuals from seeking appropriate care and support. The Mental Health and Wellbeing Strategy will have a positive impact by promoting awareness, education and support for individuals who may be at risk or facing challenges with their mental health in relation to their religion or belief/non-belief systems.	Potential issues: • arranging meetings or events on specific days or at times that are likely to be restrictive for particular religious groups. • holding events in religious venues, for example churches or denominational schools. • providing information and materials that contain content that	Mitigations include: • providing information and advice for religious groups that promotes increased awareness and understanding of mental health issues and the support that is available. • ensuring that community-based support is available in suitable locations and offering tailored

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		could be perceived as discriminatory towards particular groups.	opportunities where required. providing advice and information in formats that align with the needs of the target audience.
Sex (Women and Men)	In Fife, women have a life expectancy of 81 years, and men have a life expectancy of 77 years. People with lifelong mental illness are more likely to die 15 to 20 years prematurely because of physical health problems. Improved access to mental health services and support will enable more people to identify the help that they need to achieve better mental health and wellbeing. It will also enable them to build resilience so that they can manage potential issues in the future. Overall, this supports better health outcomes and can extend healthy life expectancy for some individuals.	Potential issues: - gender bias in mental health diagnosis leading to misdiagnosis or underdiagnosis. - social and cultural gender stereotypes which encourage mental health stigma and discrimination.	Mitigations include: providing advice and information that raises awareness and promotes understanding about the causes of mental health issues, potential challenges, common misconceptions, and signposts sources of care and support.
Sexual Orientation	Individuals who identify as	Potential issues:	Mitigations include:

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
(Heterosexual, Gay, Lesbian and Bisexual)	LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus) are more likely to develop a mental health problem or experience poor mental health, due to their life experiences. The health inequalities experienced by LGBTQIA+ people are well-documented and deeply concerning. For example, 45% of trans young people and 22% of cis LGBTQIA+ young people have attempted suicide, compared to 13% of girls and 5% of boys in the general population. LGBTQIA+ individuals are also disproportionately affected by homelessness, with 24% of homeless youth identifying as LGBTQIA+, and 69% of them citing parental rejection as a key factor. Furthermore, 23% of LGBTQIA+ people have witnessed anti- LGBTQIA+ remarks by healthcare staff, and 42.8% of LGBTQIA+ women have experienced sexual	failure to identify and address the negative impacts produced by stigma and discrimination related to sexual orientation. Individuals may have a range of different experiences (e.g. physical harm or social exclusion) and different responses including distress, feelings of shame, hopelessness, isolation or reluctance to ask for/accept support, care and treatment. Reluctance to seek and accept help could delay recovery and/or exacerbate current issues.	- providing mental health support, counselling, education and resources that are tailored to the specific needs and circumstances of the individual and, where relevant, their family. - promoting peer support and open, supportive approaches which focus on dignity, respect, and positive encouragement.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	violence — more than double the national average for women. These figures underscore the urgent need for tailored approaches that recognise the unique challenges faced by LGBTQIA+ communities in MH services The Mental Health and Wellbeing Strategy includes actions to tackle mental health stigma and discrimination and promotes open, supportive approaches which focus on dignity, respect, and positive encouragement, regardless of sexual orientation.		

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

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	Fife's Armed Forces Community includes at least 45,000 to 50,000 people. This includes approximately 1,000 serving personnel, 500 reservists, 21,000 veterans, and their families. (family numbers are not consistently recorded so this number may be higher). The Mental Health and Wellbeing Strategy aligns with the Armed Forces Covenant Duty which places specific requirements on the Fife partner bodies. This includes thinking about: - the special duties of, and things given up by, the armed forces. - the idea that it is good to remove problems that happen to service people because	Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services. Potential issues experienced by members of the Armed Forces Community include: - disability - mobility - post-traumatic stress disorder (PTSD) - mental health challenges - alcohol and drug issues - debt - loneliness - family and relationship problems - multiple short-term employment history or gaps in employment, particularly for partners/spouses seeking employment - lack of local knowledge about the services,	Work is underway to raise awareness in Fife partner agencies of the Armed Forces Covenant and what this means for the Armed Forces Community. This includes: - Fife services are now included in the Forces Connect App, and a new area has been set up on the Partnership's website. - e-learning modules are being developed to raise employee awareness of potential issues and enable them to identify when and how to provide support for	

	they are or were in the armed forces. the idea that special help for service people, and their families, can be fair because of how being in or having been in the armed forces impacts them.	support, or grants etc. that are available in Fife. Employees and other colleagues may be unaware of the Armed Forces Covenant, how to identify members of the Armed Forces Community, and the services and support that are available across Fife.	members of the Armed Forces Community.	
Carers	Many carers are included in the protected characteristics groups highlighted above. This includes carers who are in protected characteristics groups themselves, and individuals who care for other people that are in protected characteristics groups. The Carers (Scotland) Act 2016 identifies 'young carers' as children and young people who are aged under 18 years old, a pupil at school, and who provide care for another person. The Mental Health and Wellbeing Strategy recognises the additional	There are more than 35,000 unpaid carers in Fife. However, many people do not identify themselves as unpaid carers, they are unaware of the support that is currently available, and/or they don't know about their rights, for example protection from discrimination under the Equality Act 2010, and the right to a carer needs assessment under the Carers (Scotland) Act 2016. Carers may also be disadvantaged by changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with employment or school, a breakdown in the caring role, economic hardship, or a negative	The Mental Health and Wellbeing Strategy aligns with the Partnership's Carers Strategy (2023-2026). This approach ensures that all carers, their requirements, and potential impacts on their mental health and wellbeing, as well as their capacity to undertake their caring role, are considered in all service planning and decision-making. Carers can identify their needs and preferences in an Adult Carer Support Plan or a Young Carer	

	challenges faced by many young carers including increased stress, tiredness, isolation, loneliness, and less time for their own activities including homework, interests, and social relationships. Improved outcomes for this group can include better educational attainment, improved mental and physical health, and more time for friends, hobbies and other interests.	impact on the carer's own health and wellbeing. This may be particularly challenging for carers who also have a disability or a long-term health condition.	Statement. In line with the Partnership's Waiting Well Policy, some individuals will be signposted to self-help and other appropriate resources. Ongoing discussion and collaboration with partners and community groups that have experience of engaging with and supporting carers, for example Fife carers Centre and Fife Young Carers.	
Care Experienced and Care Leavers	The Mental Health and Wellbeing Strategy will ensure that individuals who have experienced care or are care leavers, will receive the necessary support, resources and services to meet their specific needs. This could include addressing issues such as trauma or mental health issues, and building resilience to support the transition to independent living.	Potential issues: insufficient resources and/or funding to meet the demand for services and support.	Mitigations include: discussion and collaboration with partners and community groups that have experience of engaging and supporting care experienced individuals and care leavers.	

	Improved outcomes for this group can include better educational attainment, enhanced emotional wellbeing, and increased stability in their lives.		• promoting peer support and open, supportive approaches which focus on dignity, respect, and positive encouragement. • providing a range of suitable support options including age-appropriate digital tools and therapies. • Support for initiatives aimed at supporting individuals who have experienced care or are care leavers including, The Promise, Getting it Right for Everyone (GIRFE), and Education Maintenance	

			Allowance (EMA).	
Privacy (including information security, data protection, and human rights)	Fife Health and Social Care Partnership has robust procedures in place to ensure compliance with legislative requirements including data protection and privacy rights.	No negative impacts are expected in relation to privacy as a direct result of the implementation of the Mental Health and Wellbeing Strategy. Fife Health and Social Care Partnership, and the partner organisations involved in delivering the Mental Health and Wellbeing Strategy have robust information security, privacy and data protection policies in place.	No specific mitigations are required because Fife Health and Social Care Partnership, and the partner organisations involved in delivering the Mental Health and Wellbeing Strategy have robust information security, privacy and data protection policies in place	
Economy	The Partnership's Medium-Term Financial Strategy (2023-2026) includes appropriate mitigations for potential economic impacts. The annual Delivery Plans for the Mental Health and Wellbeing Strategy are aligned to the Medium-Term Financial Strategy.	The annual Delivery Plans for the Mental Health and Wellbeing Strategy are aligned to the Medium-Term Financial Strategy	The Partnership's Medium-Term Financial Strategy (2023-2026) includes appropriate mitigations for potential economic impacts.	

As part of the 'Mental Health and Wellbeing in Primary Care and Community Settings Project', Fife Health and Social Care Partnership commissioned Fife Centre for Equalities to facilitate engagement with communities from all protected characteristics. An evidence report was produced with findings and recommendations, this report is included in Appendix 1.

- 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
Legislative requirements, benchmarking, stakeholder input, strategic priorities and delivery plans.	Strategic Plan 2023-2026
	Carers Strategy 2023-2026
	Commissioning Strategy 2023-2026
	Medium-Term Financial Strategy 2023-2026
	Mental Health and Wellbeing Strategy 2024-2028
	Prevention and Early Intervention Strategy 2024-2027
Ongoing engagement with stakeholder groups.	Participation and Engagement Report Phase 1
	Mental Health and Wellbeing in Primary Care and Community Settings: Fife Equalities Report
Equality outcomes.	Equality Outcomes and Mainstreaming Report
Benchmarking and information.	Academic research

If this proposal will impact on children/young people's rights either directly or indirectly, please complete Part 3. If this proposal will have no impact on children/young people's rights, please provide an explanation below and continue to Part 5.

A Children's Rights and Wellbeing Impact Assessment (CRWIA) is required.

Part 3 – Children’s Rights & Wellbeing Impact Assessment

Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)	Several rights in the United Nations Convention on the Rights of the Child (UNCRC) align closely with children’s mental health and their right to be heard and taken seriously: Rights Related to Mental Health 1. Article 3: The best interests of the child must be a primary consideration in all decisions affecting them, including mental health care and support. 2. Article 6: Every child has the right to life, survival, and development, which includes mental, emotional, and psychological wellbeing. 3. Article 24: Children have the right to the highest attainable standard of health and access to health services, including mental health care. 4. Article 27: Children have the right to an adequate standard of living to support their physical, mental, and social development. Rights Related to Being Heard and Taken Seriously 1. Article 12: Every child has the right to express their views freely in all matters affecting them, and their views must be given due weight in accordance with their age and maturity. 2. Article 13: Children have the right to freedom of expression, including seeking, receiving, and imparting information and ideas. 3. Article 17: Children have the right to access information from diverse sources, which is particularly relevant for understanding and addressing mental health issues.

	4. Article 19: Children must be protected from all forms of physical or mental violence, neglect, or exploitation, ensuring a safe environment to support mental health. These rights collectively emphasise the importance of ensuring children's mental health is prioritised, their voices are heard, and they are treated as active participants in decisions that affect their lives, including about their mental health.
What impact will the policy/procedure/strategy/practice have on children's rights?	☐ Negative ☒ Positive ☐ Neutral
Will there be different impacts on different groups of children and young people?	Yes, Fife's Child and Adolescent Mental Health Service (CAMHS) provides support for children and young people up to 18 years of age who are experiencing persistent, complex or severe mental health difficulties. Complex mental health difficulties can include: • acts of self-harm and/or thoughts of suicide • eating disorders and disordered eating such as food restriction, self-induced vomiting, purging or significant reduction in body weight • extreme distress or acute agitation • increased, persistent anxiety • persistent mood disturbance • persistent, obsessive or repetitive behaviours that interfere with daily function • unusual behaviour or confusion, "voices" or other abnormal experiences/disturbed thinking. CAMHS is a multi-disciplinary service which includes Child and Adolescent Psychiatry, Mental Health Nursing, Clinical Psychology, Child

	Psychotherapy, Occupational Therapy, Systemic Psychotherapy, Art Therapy and Social Work. Support is based on assessed need, and where possible, individual preferences. This means that the support and services provided, and the impact on the child or young person's mental health and wellbeing, and their longer-term outcomes, will be unique to each individual. Fife Children's Services Partnership Strategy, outlined in the Fife Children's Plan 2023 to 2026 also aims to deliver improved outcomes for children, young people, and their families. This work is firmly aligned with the principles of The Promise, GIRFEC (Getting it Right for Every Child), and the UNCRC (United Nations Convention on the Rights of the Child), ensuring that all actions are guided by a commitment to children's rights, wellbeing, and achieving the best possible future for every child in Fife through the Child Wellbeing Pathway. The Plan sets out a multi-agency approach to ensure children, young people, and their families have equitable access to timely and appropriate mental health supports and services. Through collaboration with education, health, and community partners, the Partnership are committed to implementing a 'No Wrong Door' approach, enhancing professional capacity with targeted training, and robust data analysis to inform and improve service delivery and outcomes. This strategic focus aligns with reducing stigma, promoting early intervention, and ensuring supports are accessible and responsive to the evolving needs of children and young people.
What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?	Work is already underway to reduce waiting times for referral to CAMHS, and additional support has been developed to support children and young people while they are waiting for their CAMHS appointment. This includes 'Things to Try' which has an A-Z of topic pages, websites and apps aimed at supporting children and young people's mental health and wellbeing.

	The annual Delivery Plans for the Mental Health and Wellbeing Strategy will include ongoing improvement actions for CAMHS.
How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?	Fife's Mental Health and Wellbeing Delivery Plans include actions to provide care, treatment and support for people at key points in their life, and to provide them with knowledge and tools to help them look after their own mental health. This will have a positive impact for children and young people by encouraging and enabling better mental health and wellbeing, and building skills and resilience which can provide benefits throughout their whole life. Planned actions include: 1. Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups. 2. Make sure that people with complex and overlapping needs can get support from all services by adjusting those services to fit their needs. 3. Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages and in different settings. 4. Build stronger, healthier communities by using local resources and planning services that fit the needs of the community. 5. Focus on those who are at higher risk of mental distress or crisis and would benefit from early intervention and prevention. 6. Support new digital tools that help people access therapy, learn about mental health, and connect with others online. 7. Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services

How will the policy/procedure/strategy/practice promote the Rights of the Child?	Article 24 says that children and young people have a right to know about the health services they have access to, and they should get good quality healthcare. Information about physical and mental health should be easily available, and children and young people should know about the services they can use if they have difficulties with either their physical or their mental health. Young people have the right to get information about their health in private, without a parent or guardian's knowledge. While as a child it might have been in their best interests for a parent or guardian to make decisions about their health, young people should be able to choose which services they need. The Mental Health and Wellbeing Strategy promotes the Rights of the Child, particularly Article 24, by providing relevant information (for example through the CAMHS 'Things to Try' website) and by ensuring that children and young people are involved in decisions about their care and support. The annual Delivery Plans include ongoing improvement actions to ensure the provision of high quality, person-centred mental health services and support.
Have you engaged with children & young people in the development of this policy/procedure/strategy/practice?	☒ Yes – Please complete Part 4 ☐ No – please explain why

Please record the evidence used to support the children's rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people's views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
Legislative requirements, benchmarking, stakeholder input, strategic priorities and delivery plans.	Strategic Plan 2023-2026
	Carers Strategy 2023-2026
	Commissioning Strategy 2023-2026
	Medium-Term Financial Strategy 2023-2026
	Mental Health and Wellbeing Strategy 2024-2028
	Prevention and Early Intervention Strategy 2024-2027
	Childrens Services Plan
	Director of Public Health Annual Report 2023
Ongoing engagement with stakeholder groups.	Participation and Engagement Report Phase 1
Equality outcomes.	Equality Outcomes and Mainstreaming Report
Benchmarking and information.	Academic research

Part 4 – Children’s Rights & Wellbeing – Engagement and Participation of Children and Young People

Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
	Building on the work of the ‘Our Minds Matter Framework’, the activities included in the Participation and Engagement Phase 2 were designed to ensure accessibility for children and young people, for example an ‘easy read’ survey and face-to-face sessions with targeted groups. This is a link to the Framework https://www.fife.gov.uk/kb/docs/articles/health-and-social-care2/help-for-young-people/emotional-wellbeing.	
2.	A chance to be involved	Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?
	During the Phase 2 consultation an easy read version of the online survey was developed to ensure that the questions were clear, accessible and relevant for all individuals.	

	The Participation and Engagement Team are very experienced and ensured that all of the activities, including the face-to-face sessions/discussions were appropriate for the individuals involved.	
3.	Remember it's my choice	How did you make sure you gave children and young people choices?
	The Participation and Engagement Team are very experienced and ensured that all of the activities, including the face-to-face sessions/discussions were appropriate for the individuals involved.	
4.	Value Me	How did you make sure that children and young people know their views have been taken seriously and have made an impact?
	The Phase 2 Engagement Report (due February 2025) will inform the final versions of the Mental Health and Wellbeing Strategy and Year One Delivery Plan. Once approved, these documents will be published on the Partnership's website.	
5.	Support Me	How did you identify and overcome any barriers to participation?
	The Participation and Engagement Team are very experienced and ensured that all of the activities, including the face-to-face sessions/discussions were appropriate for the individuals involved.	
6.	Work Together	How well did working together achieve aims of participation?
	The Phase 2 Engagement Report (due February 2025) will inform the final versions of the Mental Health and Wellbeing Strategy and Year One Delivery Plan. Once approved, these documents will be published on the Partnership's website.	
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
	The Phase 2 Engagement Report (due February 2025) will inform the final versions of the Mental Health and Wellbeing Strategy and Year One Delivery Plan. Once approved, these documents will be published on the Partnership's website.	

What impact has the engagement/participation made?

The Phase 2 Engagement Report (due February 2025) will inform the final versions of the Mental Health and Wellbeing Strategy and Year One Delivery Plan. Once approved, these documents will be published on the Partnership's website.

Part 5: 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
The Equality Impact Assessment will be reviewed and updated once the Mental Health and Wellbeing Strategy and Year One Delivery Plan are finalised and approved.	Karen Marwick Head of Complex and Critical Care Services.	September 2025
The Equality Impact Assessment will be reviewed and updated annually. This will align with the development of the Annual Reports and Delivery Plans for Year Two and Year Three of the Strategy.	Karen Marwick Head of Complex and Critical Care Services.	September 2026 September 2027

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA 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: 19 th August 2025	Date sent to Compliance Team: FOI.IJB@fife.gov.uk
Senior Officer Name: Karen Marwick	Designation: Head of Complex and Critical Care Services

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2024.010
Date checked and initials	19/12/2024 CH/AS

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.011
2	Report Title	Mental Health and Wellbeing Strategy 2026 to 2029
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	29 th September 2025
4	Date Direction Takes Effect	29 th September 2025
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 related to Mental Health Services delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022).
8	Full Text of Direction	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.
9	Budget Allocated by IJB to carry out Direction	Already delegated within extant budgets available to IJB.
10	Performance Monitoring Arrangements	Direction will be reviewed annually.

11	Date Direction will be reviewed	September 2026.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	29th September 2025
Agenda Item No:	8.1
Report Title:	Finance Update
Responsible Officer:	Lynne Garvey, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board 15th September 2025
- Local Partnership Forum 16th September 2025

Following the LPF meeting, Staffside colleagues formally asked that the following be noted:

In their opinion *“It appears that savings from primary and preventative*

care are being used to fund the overspend in other areas. This underspend is coming from vacancies in services and management are being advised to not put jobs through for VMF. This is having a significant impact on our members and from other papers presented at LPF there is increased absence due to work related stress etc, mandatory training compliance is low, probably due to workload pressures as a result of vacancies. Therefore, this shift of monies, to help other services/balance the books, is having a significant effect on the health and wellbeing of our staff"

- Finance Performance & Scrutiny Committee 17th September 2025

3 Report Summary

3.1 Situation

The attached report details the financial position (projected outturn) of the delegated and managed services. The forecast for Fife Health & Social Care Partnership at 31 July 2025 is currently a projected overspend of £5.477m.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).

The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Service and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.

3.3 Assessment

As at 31 July 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £5.477m

- Currently the key areas of overspend are: –
- Primary Medical Services
- Service Level Agreements
- Mental Health & Psychology
- Care at Home
- Older People Residential

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.

Given the continued projected overspend there is a requirement to develop further recovery actions to ensure financial balance by the end of the financial year. Although recovery actions are reflected in the report today, further work

will be progressed, and this will be reported to the next meeting of the Finance, Performance and Scrutiny Committee.

3.3.1 Quality / Customer Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

Any recovery plan actions will be developed in conjunction with clinical and medical colleagues. 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

3.3.2 Workforce

We recognise and value our workforce and all they do every day to support and care for the people of Fife. This is underpinned by our workforce strategy focusing on how we Plan, Attract, Train, Employ and Nurture our Workforce aligned to our strategic plan.

The design Principles that we are committed to and apply to all of our change and transformation programmes are:

- Staff will be involved in changes that affect them;
- Rationale for change will be transparent;
- Reduce barriers to integrated working and help the services that work together to be a team together;
- Improve pace and scale of integration in Fife;
- Deliver safe and effective care;
- Deliver best value, best quality & outcomes;
- Be sustainable within available resource through transforming care.
- Focus not only on what we do but how we do it placing emphasis on supporting cultural change.

We will support our workforce with a focus on communication, fairness, consistency, training and health and safety.

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a recurring basis. A Savings Tracker and Risk register will be completed and kept up to date.

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk.

3.3.5 Equality and Diversity, including Health Inequalities

An understanding of how the recovery actions impacts on equality and diversity, including Health Inequalities is important to us and will be considered as part of our assessment process. Aligned to the IJB

strategic plan the impact on localities and health inequalities is considered as part of all development work

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[Climate Fife 2024 Strategy and Action Plan](#)

3.3.7 Other Impact N/A

3.3.8 Communication, Involvement, Engagement and Consultation

As we move towards recovery of the financial position there will be engagement with various stakeholders as relevant.

Individual plans will fulfil our responsibilities to engage with the people we support, families, carers, partners Staff side, Trade Unions and our workforce on each of the programmes of work as relevant.

In addition, all of the proposals will be developed in conjunction with clinical and professional colleagues and consideration of key standards and legislative requirements. Quality and customer care is a priority for the IJB and work will continue throughout the delivery of the programmes to ensure high quality services are delivered to the people of Fife.

It is important to us to ensure that any communication is carried out in a supportive way with plain language and simple messaging.

4.4 Recommendation

- **Assurance** – IJB are asked to be assured that there is robust financial monitoring in place
- **Decision** - IJB are asked to note and approve the projected outturn position for delegated services for 2025-26 financial year as at 31st July 2025 as outlined in Appendices 1-4 of the report; and
- **Decision** - Approve the Directions to NHS Fife and Fife Council for additional allocations.

List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at July 2025

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

6 Implications for Fife Council

There will be financial implications for Fife Council should the Partnership exceed its budget, necessitating the requirement for the Risk Share Agreement.

7 Implications for NHS Fife

There will be financial implications for NHS Fife should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

8 Implications for Third Sector

There will be full participation and engagement with the third sector in relation to those recovery actions that will impact on the sector.

9 Implications for Independent Sector

Where recovery actions will impact on the independent sector full participation, engagements and discussions will be a priority and that any new ways of operating will be co-produced.

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	✓

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**Fife Health
& Social Care
Partnership**



Finance Report

Projected Outturn as at 31st July 2025

FINANCIAL MONITORING

PROJECTED OUTTURN AS AT JULY 2025

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 projected financial position of the Health and Social Care Partnership. A summary of the projected outturn, which is an overspend of £5.447m 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 £30.689m since May (£53.927m 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	10.020
Budget at May	764.799
FHS (Family Health Services)	27.709
GMS Reduction	-0.767
Dementai - Post Diagnostic Support	0.330
Unscheduled care funding	0.361
Pay Award	2.735
Misc income	-1.234
Medical Pay Award	0.225
Weight management	0.537
Psychology	1.090
Vol orgs	-0.600
Other	0.090
Action 15 - Fife Council	0.213
Budget at July	795.488

Directions for the £30.689m increase in funding since May is 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.

Tripartite discussions are well advanced in this area and there is unlikely to be any risk to the IJB in relation to non-compliance with the direction.

Directions will be issued throughout 2025-26 whereby any additional funding made available by partners will require a formal direction from the IJB. As per paragraph 3 above additional funding has been made available by Scottish Government to deliver safe, effective services which is required to be approved by IJB prior to any formal notification to partner bodies. See appendix 2 for more detail.

5. Financial Performance Analysis of Projected Outturn as at 31st July 2025

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £5.447m overspend. This is shown in Table 2 below.

Fife Health & Social Care Partnership									
Provisional Outturn as at July 2025									
Objective Summary	Budget May	Budget July		Forecast Outturn May	Forecast Outturn July		Variance as at May	Variance as at July	Movement in Variance
	£m	£m		£m	£m		£m	£m	£m
Community Services	169.371	170.334		174.535	172.287		5.164	1.953	(3.211)
Hospitals and Long Term Care	70.107	71.715		69.177	72.657		(0.930)	0.942	1.872
GP Prescribing	87.784	87.784		88.786	87.920		1.002	0.136	(0.866)
Family Health Services	105.190	132.289		105.572	132.950		0.382	0.661	0.279
Children's Services	19.424	20.230		19.204	20.010		(0.220)	(0.220)	0.000
Homecare Services	70.502	68.843		72.010	69.847		1.509	1.004	(0.504)
Older People Nursing and Residential	61.843	62.325		61.842	62.444		(0.001)	0.118	0.119
Older People Residential and Day Care	18.685	18.685		19.435	19.469		0.750	0.784	0.034
Older People Fife Wide/ Hospital Discharge	1.683	1.683		1.657	1.676		(0.026)	(0.007)	0.019
Occupational Therapy & ICASS	5.706	5.706		6.147	6.359		0.441	0.653	0.212
Adults Fife Wide	10.040	9.300		10.018	8.805		(0.022)	(0.495)	(0.473)
Adult Supported Living	32.891	32.891		30.365	30.176		(2.526)	(2.714)	(0.188)
Social Care Fieldwork Teams	24.988	27.134		24.580	26.448		(0.408)	(0.687)	(0.279)
Adult Placements	79.410	77.345		79.695	81.551		0.286	4.206	3.921
Social Care Other	(5.706)	-7.360		-5.706	-8.778		0.000	(1.418)	(1.419)
Business Enabling/Professional	11.249	14.938		11.069	15.499		(0.180)	0.561	0.742
Housing	1.633	1.646		1.633	1.646		0.000	0.000	0.000
Total Health & Social Care	764.799	795.488		770.020	800.965		5.221	5.477	0.257

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

	Budget M2	Forecast Outturn M2	Variance as at M2	Budget M4	Forecast Outturn M4	Variance as at M4	Movement M2-M4
Primary Care & Preventative	270.763	270.811	0.048	301.318	299.776	-1.542	-1.590
Complex & Critical Care	225.177	223.461	-1.716	227.881	229.603	1.722	3.438
Community Care	229.144	232.130	2.986	230.886	233.303	2.417	-0.569
Professional & Business Enabling	24.541	24.969	0.428	28.530	29.684	1.154	0.727
Other	15.173	18.649	3.475	6.873	8.599	1.726	-1.750
Total HSCP	764.799	770.020	5.221	795.488	800.965	5.477	0.257

5.1 Financial Analysis

The projected financial position at July is an overspend of £5.447m. The overspend is mainly due to:

Primary Medical Services £0.661m overspend

PMS are projecting and overspend of £0.661m. This is mainly due to premises costs, high levels of sickness and Maternity, 2 GP practices transferring from 2c to 17j in Oct which is a one-month delay from M2 position.

Service Level Agreements (SLAs) £3.367m

SLAs are projecting a year end overspend of £3.367m. This consists of £1.454m of projected slippage in savings delivery due to delays in returning patients to Fife, and £1.913m of overspends including a surcharge for an existing patient who is now deemed to be in delay, overspends on SLAs with Lothian, Tayside and Forth Valley and high costs for a patient not known to Fife at the time of budget setting. Work continues to advance the progression of patients returning to Fife, and to determine whether there is any scope to negotiate a price reduction with out of Fife providers. A deeper dive into the overspends on SLAs with Lothian, Tayside and Forth Valley will be undertaken.

Mental Health and Psychology £2.370 overspend

Mental Health and Psychology budgets are projecting an overspend of £2.370m. The projected overspend includes £0.605m non delivery of savings which will remain under review throughout the year, and an alternative sought if required. The remaining £1.765m overspend is due to inpatient bed numbers which are currently higher than budgeted levels, although 6 beds have been removed an overspend remains. The use of costly locums continues due to difficulties in recruiting to specialist posts; conversion to direct engagement (currently 98%), international recruitment campaigns and pathway programmes aim to reduce this overspend. Supplementary staffing costs remain high due to the acuity of some patients and the subsequent requirement to increase observation levels within inpatient wards.

Care at Home internal £1m overspend

Care at Home hours delivered exceed the budgeted position, due to continued increased demand from both the hospital and community aligned to the ageing population. Work is underway to develop further performance metrics, which will support close scrutiny by SLT to continue. £0.635m additional funding from new allocations for Discharge Without Delay and Hospital at Home initiatives is anticipated and is therefore included in this position.

Older People Residential - £0.784m

There is an overspend within Fife Council internal care homes relating to cleaning & catering recharges. Discussions will continue to ensure close scrutiny and actions taken to reduce spend wherever possible.

Inflation for Adults nursing - £0.500m

Adults nursing increase was included in the budget; however, the agreed rate was 0.84% higher than anticipated and therefore is now reflected in the position as a pressure.

Projected non achievement of full delivery savings in current year - £3.165m

Discussed in detail at focussed PRUs we have identified that Transforming Care and Transportation Transformation will not deliver in full in the current year, we are assured however that these will deliver in full next year.

The main offsetting underspends are

Supported Living and Community Support - £2.7m underspend

Underspends remain in supported living and community support due to vacancies and difficulty in recruitment.

Learning Disabilities - £0.958m underspend

Underspends in Learning Disabilities from vacant posts, many of these posts are specialist and difficult to recruit to.

Primary and Preventative Care - £1.5m underspend

Various underspends across the service from vacant posts and a projected stretch target on medicines efficiencies

Reduction in expenditure - £0.500m

The projected outturn position includes a reduction in expenditure in areas such as printing, travel and supply stocks.

Use of reserves available - £0.782m

To partially offset overspends due to non-delivery of savings

Although the overall movement from the May position is not significant (£0.257m) there are various favourable and adverse movements as follows:

0.458	increase in Mental Health overspend including £0.082m reduction in delivery in Mental Health saving
0.500	increased pressure due to inflation for adults nursing
3.165	projected part non delivery in year of Transforming Care and Transport savings
-0.866	improvement in prescribing costs position from M2, due to updated information on cost and volume being available
-0.600	projected overachievement of target for Medicines Efficiencies
-0.233	reduction in expected costs as old accruals are removed
-0.635	projected funding received from Scottish Government new allocations for Discharge Without Delay and Hospital at Home initiatives
-0.782	projected use of reserves to mitigate overspends in Social Care
-0.500	reduction in expenditure on travel, printing etc
-0.250	small improvements across codes
0.257	Total Movement

6. Savings

Savings approved by the IJB for 2025-26 total £29.424m. £24.200m is currently on track to be delivered (82% delivery). Further detail on savings on track to be delivered is included in Appendix 3.

The savings projecting an element of non-delivery in the current financial year are:

Saving	£m
Transport Review	0.250

Reprovision of out of area care packages	1.454
Transforming Overnight Care	2.915
Mental Health Redesign	0.605
TOTAL	5.224

The main areas of risk in relation to savings at this point in time relate to

a) Timing of reporting - Our increased scrutiny through Progress Reporting Update (PRU) meetings continue to take place on a weekly basis whereby responsible officers provide assurance to SLT around delivery and are given the necessary support to progress within the required timescales.

Although transforming care is not projecting to deliver in full this year, assurance has been provided at PRU that the saving is deliverable in full. The value of the delivery has been decreased as a result of PRU discussions, and an alternative is actively being sought by way of recovery plan.

b) Scale of delivery - Additional resources have been made available to some of our savings' projects, this provides greater focus and momentum to expedite delivery in a proactive way. We have also introduced focussed PRU meetings, dedicated to those savings which pose greatest risk of delivery, with an aim to further strengthen our ability to deliver savings in full.

Appendix 3 also includes additional narrative captured through the PRU process which should provide assurance to committee in relation to progress.

7. Reserves

Reserves brought forward to April 2025 were £1.712m, as part of the updated budget direction presented at M2, £0.782m was to be transferred to reserves available for use as shown in Table 4 increasing the balance held to £2.494m

Table 4

Reserves Balances	Balance @ July 2025
Earmarked Reserves	0.574
Reserves Committed	1.138
Reserves Available for use	0.782
Total Reserves	2.494

The IJB are asked to approve the request to draw down the £0.782m reserves available for use, to negate the overspend position, and partly offset the non-delivery of the Transforming Care saving.

Further details of reserves are shown in Appendix 4.

8. Recovery Actions

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.

Per the HSCP integration scheme – the process for resolving budget variances in year (overspend) is detailed below

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

Various recovery actions are reflected in the position today such as use of reserves, further savings delivery potential in prescribing etc however there still remains an overspend.

The Director of Health & Social Care has sent an email to staff to further strengthen grip and control; it is expected that this will generate further reductions in spend between now and the end of the year with a high-level estimate of £0.500m reflected in the position reported today.

Further recovery actions are currently being developed and will be presented to the next meeting of this committee.

9. Risks

During 2024-25 funding of £200m was made available by Scottish Government in relation to Agenda for Change cost pressures associated with the reduction in working week, review of B5-6 nursing roles and protected learning time. Fife received in excess of £15m, and this funding was allocated on a non-recurring basis while the scale and implementation of the reforms were better understood. The IJB received £0.011m of this funding in 2024-25 with the balance allocated to NHS. It is essential that all costs are recognised and recompensed in 2025-26 to ensure the financial sustainability of the IJB. Discussions continue with the Director of Finance NHS Fife, but it is likely that funding will only be agreed for the reduction in working week effective from 1st April 2026.

Early indication from the August position suggests that there will be an increased overspend on SLAs and Out of Fife Placements due to increases in rates backdated to April, a possible change to the SLA with Lothian where a 2 year average will be applied, and a patient in delay not moving in the expected timeframe – these movements are likely to cost c£1.3m. There is also an update of tariff claw back within prescribing, this has been set at 3.62% but from July this will be 0% and we will lose the benefit of around £85k per month, this has just been announced by Scottish Government. The detail of these is being worked through but early indications suggest a worsening of the position by some £2m.

There is a risk of further slippage on delivery of savings given we are early in the new financial year, and we continue with the Progress Reporting Updates and have recognised the need to schedule these more frequently to ensure sustained grip but also to look at substitute in year savings if required.

Recovery discussions continue as new updated financials become available, and we will work closely with SLT and our partners to mitigate the overspend.

10. Key Actions / Next Steps

There will be continued close monitoring of the projected outturn position during 2025-26.

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 weekly recruitment panel.

It is intended that the escalation tool will be utilised more frequently for budgets that may be at risk of over-spending. A summary of the key metrics, both qualitative and quantitative is under development. SLT will be able to use this information, to take a proactive approach to decision making.

The financial regulations clearly articulate the governance in relation to areas of overspend and this too will enable risks to be clearly articulated and effective financial management arrangements to be put in place.

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 will continue.

Financial sustainability is a priority, and we recognise the valuable contribution that our key stakeholders can provide.

Audrey Valente

Chief Finance Officer

17th September 2025

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.009
2	Report Title	Additional Funding 2025-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	29 th September 2025
4	Date Direction Takes Effect	29 th September 2025
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 delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHs Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	Budget Allocated by IJB to carry out Direction	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
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. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	Date Direction will be reviewed	28 th January 2026

	30.476	Total Additional Budget to be spent on NHS Services
Portfolio/ Service	Budget £M	Narrative
Primary Care & Preventative	30.555	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.
Child Health	0.806	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	0.146	The Immunisation Service helps to protect the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity and live healthier lives.
Sexual Health	0.102	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Rheumatology	0.098	
Fife Public Dental Service	0.255	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain treatment from a general dental practice, may have additional needs or require specialised services.
Health Promotion + Improving Health	0.100	The Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing, helping to reduce health inequalities. This covers the life course from early years and children to adults and older adults. We provide training, a range of services and information and resources. We lead on and work in partnership on projects and campaigns and activities aimed directly at communities.
Allied Health Professional Services Fife-wide	1.205	AHP Services Fife-wide provides services covering Nutrition & Dietetics, Physiotherapy, Podiatry, Occupational therapy and Speech & Language Therapy, these services all contribute and are critical to supporting early intervention and prevention activities to promote health and wellbeing ensuring a life course approach.
Urgent Care Service Fife (UCSF)	0.730	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	0.006	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	0.007	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	0.000	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	27.100	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	2.918	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Care Of the Elderly Inpatients	1.123	Covers the strategic and operational management of medicine of the elderly wards (including GP-led wards) across Fife - St Andrews Community Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and Queen Margaret Hospital. This includes the provision and development of what is a complex and evolving model across health and social care.
Icass Division	0.238	Integrated Community Assessment and Support Service (ICASS) is multiple services which aims to improve the health and wellbeing of people in Fife by enabling individuals to stay independent in their own home or in their community wherever possible. The ICASS services and functions are as follows -

		Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team). Assessment and Rehabilitation Centres - Developing into Community Frailty Team The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife. Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided. Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation. Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided. Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.
Community Nursing Services	0.596	Specialist Community Services include the Cardiac Rehabilitation & Heart Failure Service, Diabetes Service, Respiratory Service, Complex Care Service, Managed Clinical Network Team, Diabetic Eye Screening Service, ME Service, and the Tissue Viability Service. All of these specialised community services ensure that complex care is delivered safely in the community to decrease unnecessary admissions and assist in early discharges from acute settings.

Specialist Inpats + Outreach	0.651	Specialist In-patients and Out-Reach Services encompasses the following services: Fife Specialist Palliative Care - specialist in-patient hospice, community out-reach service, SPOA (Single point of access - professional to professional line), children's and families service, adult counselling services and the acute hospital support team. Stroke rehabilitation services are provided from Letham Ward, Cameron Hospital and Queen Margaret Hospital Ward 6. The Fife Rehabilitation Service consists of the Sir George Sharp Unit at Cameron Hospital which delivers neurorehabilitation and multi-disciplinary out-reach services
Management + Admin	0.191	Management + Admin support to Integrated Community Care Teams
Fife Equipment Loan Store Service	0.006	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Community Flow and Integrated Discharge Hub	0.113	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay
Integrated Complex & Critical Care	3.362	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	2.433	Mental Health Services provides a portfolio of services including the following. Drug & Alcohol Addiction Services, Child & Adolescent Mental Health Services to the Community. Community and In-Patient Adult and Older Adult Mental Health Services, Community and In-Patient Rehab Services, Community and In-Patient Forensic Mental Health Services. Mental Health Occupational Therapy and Physiotherapy Services. Admin support to Mental health services.
Learning Disability Services	0.326	Learning Disability provides Community and In-Patient Learning Disability services. Forensic Learning Disability services to in-patients, including the Regional Learning Disability Unit, Daleview Ward. Epilepsy Nursing service. Occupational Therapy services
Psychology Service	0.603	Psychology Service provides a range of psychological interventions and therapy services to meet mental health needs across the lifespan as well as specific services in the following areas - physical health settings, learning disabilities, maternity, neonatal and perinatal care, paediatrics, physical rehabilitation, psychiatric rehabilitation, addictions, forensic, staff support and services for military veterans
Prof & Business Enabling	0.249	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
Other	-6.608	HSCP allocations awaiting distribution & Board Vol Orgs

Appendix 2

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.010
2	Report Title	Additional Funding 2025-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	29 th September 2025
4	Date Direction Takes Effect	29 th September 2025
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 delegated Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHs Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	Budget Allocated by IJB to carry out Direction	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
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. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	Date Direction will be reviewed	28 th January 2026

	0.213	Total Budget to be spent on Fife Council Services
Portfolio/ Service	Budget £M	Narrative
Integrated Complex & Critical Care	0.213	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adults Fife Wide	0.213	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management.

APPENDIX 3 – Savings Tracker

OPPORTUNITIES	Total savings to be delivered	Projected to be delivered	Projected non achieved	Status from PRU	Narrative - Update from PRU
Medicines Efficiencies	1.844	1.844	0.000	Green	On track to deliver - rebates, script switch and medicines wastage. Risk of medicines going into short supply.
Locum Savings	1.953	1.953	0.000	Amber	Reduction in locum usage from Direct Engagement, recruitment to substantive posts from 'grow your own' initiatives and international recruitment
Transport Review	1.000	0.750	0.250	Red	Scoping and review underway of all vehicles, usage/idle time - TOC in place to use idle vehicles. Review of transport policy and taxi usage underway. Mileage trend analysis ongoing. Corporate review on leasing underway by Fife Council. Review of all uses of taxis underway.
Recovery Plan others (Small Value)	0.067	0.067	0.000	Green	On track
Nurse Supplementary Staffing	1.000	1.000	0.000	Amber	Further successful NQP's recruitment event, now 41wte for MH, 30 CCS, 7 for LD Services. Come September, this will support reduction in supplementary staffing. Planned summer school and robust NQP Induction to ensure support and retention of NQP's. All recruitment efforts underway with RtP advert, Open university applications, EHNC routes and further scoping of Band 4's A reduction in the use of surge beds is also required - 6 removed from Mental Health inpatient wards in July - yet to see related reduction in supplementary staffing
Reprovision of out of area care packages	2.330	0.876	1.454	Red	Delays in reprovision of packages and bringing patients back to Fife have resulted in the projected non achievement of 62% of this saving. Work in underway to review all other patients and find substitute savings
Mental Health Redesign	4.192	3.587	0.605	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. Reduction in surge beds, will reduce bank staff usage. Work is underway to identify a solution to the £0.523m undelivered brought forward saving.
Assessment and Rehabilitation Centres (ARCs) Redesign	0.300	0.300	0.000	Green	On track
Transforming Business Administration Project, Digital Programme	0.495	0.495	0.000	Amber	This saving will continue to be tracked and scrutinised via VMF panel. Digital advances will also assist to deliver this saving. Work continues with NHS.
Community Rehabilitation & Care	1.000	1.000	0.000	Green	SBAR has been approved by NHS and capital funding has been allocated to allow this to progress. Staff are well informed.

Review of Respite care	1.000	1.000	0.000	Green	Greater planned use of internal respite units underway which reduces costs of external provision
Income Generation MOW/Comm Alarms/ Rents/ Financial Assessment (0.095 not accepted)	1.125	1.125	0.000	Green	On track
Income - Charging for services - to be funded	0.500	0.500	0.000	Green	On track
Nursing & Residential - reprovision of care home beds	2.500	2.500	0.000	Amber	Budget buys 1992 beds, if we can remain within this number the saving will be achieved. Continues to be demand led and regular scrutiny at a weekly multi-disciplinary panel continues
Commissioning of Adult Care Packages	2.250	2.250	0.000	Green	40% of the saving has been delivered to date. Work continues to review staffing requirements and commissioned care. Dedicated staff member is assisting in progress.
Commissioning Centre of Excellence	0.068	0.068	0.000	Green	On track
Group Homes	0.050	0.050	0.000	Green	On track
Transforming Overnight Care	5.915	3.000	2.915	Amber	41% of total cases - reviews completed. Team now working within localities, Senior Practitioners driving work however all staff involved. Assurance this can be delivered in full next year. Part year saving this year.
Home First and Community Care Services Transformations Programme (SHC)	1.835	1.835	0.000	Green	On track to deliver, full year effect of reduction in hours at year end will ensure 100% of this saving
TOTAL	29.424	24.200	5.224	82%	

Appendix 4

Earmarked Reserves	Opening Balance April 2024	Allocated in Year	Additions in Year	Closing Balance at March 2025
	£m	£m	£m	£m
GP Premises	0.183	-0.183		0.000
Mental Health R&R	1.222	-0.700		0.522
Community Living Change Plan	1.144	-1.144		0.000
Anti-Poverty	0.047	-0.047	0.052	0.052
FVCV	0.900	-0.900		0.000
Total Earmarked	3.496	-2.974	0.052	0.574
Community Alarms - Analogue to Digital	1.235	-0.264		0.971
Housing - adaptations			0.167	0.167
Committed Balance	1.235	-0.264	0.167	1.138
Uncommitted Balance			0.782	
Total Reserves	4.731	-3.238	1.001	2.494



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2025
Agenda Item No:	8.2
Report Title:	Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2025
Responsible Officer:	Lynne Garvey, Director Fife Health & Social Care Partnership
Report Author:	Audrey Valente, Fife HSCP Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Leadership Team
- Audit & Assurance Committee - Friday 27th June 2025
- Audit & Assurance Committee - Friday 19th September 2025

3 Report Summary

3.1 Situation

The report presents the audited annual accounts to financial year end 31st March 2025.

The 2024-25 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information. The Annual Accounts provide an overview of financial performance in 2024-25 for the IJB.

3.2 Background

The attached document provides the draft provisional outturn, which has been audited, of the delegated and managed services of Health & Social Care Partnership.

3.3 Assessment

The outturn position as at 31 March 2025 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	770,799	773,818	3,019	0.39%
Set Aside Acute Services	58,672	58,672	0	

The IJB reported total budgeted income of £829.471m for the financial year 2024-25, which was made up of £770.799m integrated budget and £58.672m relating to set aside.

The IJB reported total expenditure for the financial year 2024-25 of £832.490m, which comprised of £773.818m spend on integrated services and £58.672m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £7.354m but these costs were borne by the Health Board.

The core position for the HSCP was an overspend of £34.017m primarily driven by:

- Prescribing costs
- Hospital and Long-Term care
- Adult and older people's social care, including Care at Home, Care Homes, Adult Placements

This overspend was partially funded through the planned use of reserves, with the remaining balance apportioned between partners in line with the Integration Scheme: 62% NHS Fife and 38% Fife Council.

Overspend at March 2025	34.017
Funded by reserves	3.019
Funded by risk share	30.998

The Medium-term Financial Strategy clearly sets out the agreed budget for 2024-25. The approved Direction at March 2024 states the budget allocated to each partner to deliver the functions delegated to them in accordance with the integration scheme. For 2024-25, the Direction required a budget transfer from one partner to another, which was completed in January 2025.

During the year, £3.019m of reserves were used as planned, offsetting the £3.019m deficit reported in the Comprehensive Income and Expenditure Statement as of 31 March 2025.

In addition, an Annual Governance statement is included within the Annual Accounts.

3.3.1 Quality / Customer Care

There are no quality/customer care implications to this report

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

As per 3.1 above, a deficit of £3.019m was reported in the comprehensive income and expenditure statement as at 31 March 2025. The risk share agreement was required to fund the Year End overspend at March 2025.

3.3.4 Risk / Legal / Management

There are no Legal implications for this report although the Statement of Annual Accounts is a formal requirement of the IJB as a legal entity.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed as there are no EqIA implications arising directly from this report.

3.3.6 Environmental / Climate Change

There are no environmental/climate change impacts associated to this report.

3.3.7 Other Impact

No other impacts anticipated from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

There has been regular dialogue with Director of Finance for Fife Council and NHS Fife and their teams in development of these unaudited annual accounts.

4 Recommendation

- **Assurance** – for members' information
- **Discussion** – note the IJB's audited Annual Accounts and External Annual Audit Report
- **Decision** – approve and sign the audited Annual Accounts

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Integration Joint Board Audited Annual Accounts for the Financial Year to March 2025

Appendix 2 – Fife Integration Joint Board 2024-25 Annual Audit Report

Appendix 3 – Letter of Representation

6 Implications for Fife Council

Fife Council are currently holding reserves on behalf of the IJB.

7 Implications for NHS Fife - No implications for NHS Fife

8 Implications for Third Sector - No implications for NHS Fife

9 Implications for Independent Sector - No implications for NHS Fife

10 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	No Direction Required	✓
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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Fife Health & Social Care Partnership

Fife Integration Joint Board Audited Annual Accounts

For the Financial Year to 31 March 2025

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MANAGEMENT COMMENTARY

Introduction

Welcome to the financial statements for Fife Integration Joint Board (IJB) for the year ended 31 March 2025. The statements have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). This commentary highlights the key messages regarding the IJB's performance during the 2024-25 financial year and provides insights into potential risks and issues that may affect the IJB in the future.

Our Plans for the Future: Principal Risks and Uncertainties

The level of funding that the IJB will receive from the Scottish Government for its core activities is likely to decrease in real terms due to existing commitments and national financial challenges. The legacy of higher inflation continues to exacerbate these challenges, as any increase in costs will need to be managed internally within the IJB. To address this, the IJB approved the Medium-Term Financial Strategy in March. This strategy, along with the budget assumptions from March 2025, will be updated based on all available intelligence, and an updated budget gap will be reported to the Board towards the end of 2025. This will undoubtedly influence the level of future changes being planned.

Economic circumstances over the past few years have created a level of uncertainty. Inflationary pressures, increasing demand for services, and constrained funding from the Scottish Government could amplify the financial challenges faced by the IJB. Despite strong financial management, including a Medium-Term Financial Strategy and a financial Risk Register to support future budget decisions, the largest financial risk is likely to be the funding envelope received from Partners, who also face financial pressures. Other pressures facing the IJB include achieving savings, strategic growth, and the lack of reserves. Moving forward, the IJB will need to consider all options to reconfigure services and potentially use alternative operating models to provide services in a more cost-effective way, ensuring best value.

Role and Remit

Fife IJB was established as a body corporate by order of Scottish Ministers in October 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. Fife IJB is responsible for the planning and operational oversight of a range of integrated services of Fife Council and Fife NHS, striving to fulfil the vision to enable the people of Fife to live independent and healthier lives.

The IJB is the decision-making body that meets regularly to discuss, plan, and agree how health and social care services are delivered in Fife. It oversees the development and preparation of the Strategic Plan for services delegated to it, allocates resources in accordance with the plan, and ensures that national and local Health and Wellbeing Outcomes are met. Fife Health and Social Care Partnership (HSCP) is directed to deliver services based on decisions made by the IJB. These directions govern the delivery by outlining what the partners are required to do, the budget allocated, and how the delivery will be monitored. The scope of services delegated to the IJB is detailed in the Integration Scheme.

Purpose and Objectives

The primary purpose of integration is to enhance the wellbeing of individuals who use health and social care services, especially those with complex needs. The Integration Scheme aims to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers. Fife Council and NHS Fife are committed to working collaboratively to meet these aims and outcomes. The 9 National Outcomes are:



We are responsible for planning the future direction of, and overseeing the operational delivery of, integrated health and social care services for the people of Fife. These services are delegated to Fife IJB by NHS Fife and Fife Council and are primarily delivered by Fife HSCP, in collaboration with our partners in the Third and Independent Sector. The services are structured to foster a collaborative, systems approach to service design and delivery, encompassing operational delivery, professional standards, and business enabling and support services.



These services are provided in a way which, so far as possible:

- Is integrated from the point of view of service users.
- Considers the needs of service users in different parts of Fife and their unique characteristics and circumstances.
- Respects the rights of service users.
- Maintains the dignity of service users.
- Encourages participation by service users in their communities.
- Protects and enhances the safety of service users.
- Improves service quality and is planned and led locally with community engagement, including service users, caregivers, and health and social care providers.
- Anticipates and prevents needs from arising.
- Optimises the use of available facilities, people, and other resources.

Strategic Plan

The IJB sets out its vision and future direction for Fife's health and social care services in the Strategic Plan for Fife (2023 to 2026). This plan outlines how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. The IJB's long-term vision is to enable the people of Fife to live independent and healthier lives.

The Strategic Plan has five strategic priorities:



These priorities provide a framework for all the work we do to support people and communities across Fife. This includes collaborations with other health and social care providers, particularly our partners in the third and independent sectors, and the many thousands of carers who work hard to make a difference every single day.

The Strategic Plan is supported by annual delivery plans which provide a framework for the programme of work that is planned and delivered each year. The delivery plans are monitored regularly, and an annual update on progress is provided to the IJB every March.

Our Year Two Annual Report, approved by the IJB in March 2025, includes an overview of our performance towards the implementation of the Strategic Plan and an update on all 77 actions planned for 2024. Overall, the Partnership is making good progress in challenging times and is on track to implement the strategic priorities within expected timescales. Significant changes, both nationally and locally, particularly financial pressures and workforce availability, have led to some activities evolving to address new requirements or being replaced with more effective alternatives.

These are some of our key achievements over the last year:

- Take Home Naloxone Programme: The programme remains on track with over 50 training sessions conducted within Fife localities. The Harm Reduction Worker in Fife has trained 671 people in overdose awareness between April 2024 and January 2025.
- Fife Distress Brief Intervention (DBI) Service: Launched in December 2023 and delivered by Scottish Action for Mental Health (SAMH), the service has been rolled out across Fife, with suicide data informing prioritization of pathways. Outcome data shows high levels of engagement and a significant increase in access to DBI.
- Postgraduate Teaching Programme for Consultant Psychiatrists: Supported by the Deanery for Doctors, this programme now includes robust supervision arrangements to enhance recruitment and sustain retention levels.
- Child-Friendly Complaints Process: Actions have been identified to develop a partnership approach to creating a child-friendly complaints process and governance processes for Children's Rights Impact Assessments.
- ScotCOM Undergraduate Medical Program: Developed in partnership with NHS Fife and St Andrews University, the program is now complete and will go live in January 2026.
- Fife's Care at Home Collaborative: Continues to develop and mature, with high attendance and active engagement at meetings. The annual workplan evolves to address key themes and priorities for care at home providers in Fife.
- One Stop Shops for Substance Use: Continued operations in Levenmouth, Kirkcaldy, and Cowdenbeath localities, with a new group established for women in Methil, regularly attended by 25 women per week.

The Strategic Plan for Fife (2023 to 2026), the Delivery Plans and the Annual Reports are all available on our website here: www.fifehealthandsocialcare.org/about-us/publications/.

Operational Performance 2024-25

During 2024–25, demand for our services remained high, placing considerable pressure on both our systems and finances. To meet the health and social care needs of the most vulnerable in our communities, we must maximise the impact of our limited budgets and resources. This requires redesigning services and adopting innovative, more efficient approaches.

Robust financial management remains a top priority. We have enhanced our decision-making capabilities through new dashboards that track key metrics such as care bed usage, hours of care delivered at home, discharge waiting times, and budget volatility.

These tools provide real-time insights and will guide future planning and resource allocation.

We are also exploring ways to improve efficiency by streamlining systems and processes. This includes better coordination across services and the development of alternative delivery models that maintain quality while reducing costs.

In the final quarter of the year, we introduced regular meetings to scrutinise the delivery of savings. Senior leaders and responsible officers now meet weekly to review progress on savings targets and are held accountable for outcomes. These meetings have already shown positive results.

Throughout 2024–25, the Chief Officer met regularly with the Chief Executives of NHS Fife and Fife Council. These meetings have strengthened whole-system collaboration and ensured joint ownership of key decisions. In addition, close engagement with the Medical Director, Nurse Director, and Chief Social Worker has supported strong clinical and care governance.

Although Fife's population grew over the past year, projections indicate an overall decline by 2043. However, the number of older residents is expected to rise significantly, which will likely increase demand for our services. Preparing for this demographic shift is essential to ensure long-term sustainability.

We aim to deliver integrated care through greater co-production and multi-agency collaboration, transforming how people think about their health and wellbeing. By focusing on prevention, early intervention, and supported self-management, we can help individuals avoid or reduce the impact of certain health conditions and enjoy better health for longer.



373,210 People living in Fife (decrease of 0.005% since 2022)
17% aged 0-15, 61% aged 16-64 years, 22% aged 65 and over
(Fife population expected to decrease to 364,164 by 2043 - however older age groups will increase and only younger age groups expected to decrease)



Life expectancy is 80.9 years for females and 76.6 years for males in Fife (similar to Scottish averages)
Healthy life expectancy is 54.5 years for females and 58.6 years for males in Fife (Scottish average 61.07 for females and 60.39 for males)



Alzheimer's and dementia are the highest cause of death in females

Heart disease is the highest cause of death in males

Our Workforce

Driving Excellence - Our ambition is to become one of the best performing Health and Social Care Partnerships in Scotland by 2025. This commitment is reflected in our iMatter survey results, which consistently exceed national averages and have returned to—or surpassed—pre-COVID levels. iMatter, a national survey across NHS Boards and Health and Social Care Partnerships, captures valuable insights into the employee experience and helps shape our organisational culture.

The HSCP Workforce Strategy & Plan 2022–2025 outlines key strategic actions to strengthen our workforce. These include:

- Enhancing access to funding pipelines to support workforce, strategic, and financial planning
- Implementing a Care Academy model in partnership with Fife College, offering a coordinated approach to workforce development and access to sector-specific funding opportunities

Legislative Compliance: Health and Care Staffing Act - In preparation for the implementation of the Health and Care (Staffing) (Scotland) Act 2019, the HSCP completed a comprehensive self-assessment. This ensures readiness for compliance by the statutory deadline of 30 June 2025, reinforcing our commitment to safe and effective staffing.

Fife HSCP continues to advance its Equality, Diversity, and Inclusion (EDI) agenda, guided by the EDI Action Plan 2024–2027.

Our Wellbeing Action Plan 2024-25 was developed in partnership with the Wellbeing Group, employer partners, and third sector leads. It includes practical support such as Mentally Healthy Workplace Training, delivered to over 150 managers and supervisors across the HSCP. This initiative underscores our commitment to fostering a supportive and resilient workforce.

Key Performance Indicators

Performance relating to Fife HSCP includes both national and local performance measures, as well as targets. Many of these measures are regularly included and referenced in reports submitted to the IJB Committee and NHS Fife. Our performance is reported in our Annual Performance Report and quarterly performance reports to the IJB.

The Ministerial Strategic Group for Health and Community Care (MSG), in consultation with Integration Authorities and a wide range of stakeholders, has developed a core set of indicators to enable comparability between partnerships within Scotland. There are 23 indicators in total:

- Health and Care Experience Survey: The first 9 indicators are based on this survey, which is completed every 2 years.
- Rolling Annual Review: 10 indicators are reviewed on a rolling annual basis and cover health activity, community, and deaths information.
- Unavailable Data: The remaining 4 indicators cannot be reported as national data is not available or there is not yet an agreed national definition.

Within the 10 indicators reviewed annually that fall within health activity, there are 6 national Ministerial Strategic Group (MSG) indicators, 4 of these can be reviewed quarterly.

MSG 1a - Emergency admissions took a significant dip during the pandemic however other than a bit of seasonal variation; Emergency Admissions have been continually rising and have surpassed pre-pandemic levels. The comparison year on year from December 2022 to December 2024 highlights an 11.06% increase. This trend is mixed across Scotland with the rate per 100,000 18+ for Fife ranking 7th out of the 32 local authorities.

MSG 2a - Unscheduled bed days in acute specialties followed a similar trend of continual increase and reached a peak in January 2024 with a rate per 100,000 18+ of 7893. Since then, there has been a steady decrease with a rate of 6825 in December 2024. Once again, the trend is mixed across Scotland with the rate per 100,000 18+ for Fife being 5.41% lower than the Scottish average.

MSG 3a - Accident and Emergency attendances dropped dramatically during the pandemic, however, have gradually increased year on year since, with some seasonal variation. The comparison from March 2023 to March 2025 shows a 5.83% increase. The rate per 100,000 18+ for Fife is 4.26% lower than the Scottish average for attendances.

MSG 4 - Bed days lost to delayed discharges within Fife hit a peak in September 2021, this dropped in 2022 and further in 2023. The bed days lost seems to be settling in 2024 with a comparison from September 2022 to September 2024 having an 2.93% decrease. Fife's 18+ bed days rate per 100,000 is 7.58% lower than the Scottish average, Scotland being significantly higher than pre-pandemic levels.

As it takes time to refresh the MSG indicators nationally, a set of local key performance indicators is currently being monitored, with plans to expand them over time to provide a broader picture of performance. A new scorecard will be introduced in 2025, with portfolio scorecards also under development as part of this exercise. This move will allow for greater analysis and scrutiny of performance.

Performance across the Partnership continues to be variable, reflecting the complex mix of services within each portfolio and the current challenging national landscape for health and social care.

Performance Report Scorecard - April 2025							
Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Internal Indicators	Assessment Beds - Length of stay upon discharge	42 Days	Mar-25	60			An average of 60 days in March, 18 days more than target, however 8 days less than 12-month average to March.
	STAR Beds Length of stay upon discharge	42 Days	Mar-25	63			Average length of stay is 63 days. It is 29% more than this time last year, and 9% more than 12-months average to March.
	START Length of stay upon discharge	42 Days	Mar-25	38			The average of 38 days in March 2025 is under the Target of 42 days and the lowest recorded for March in the past 4 years.
	Nursing & Residential Long Term Care Population		Mar-25	2,461	N/A		There were 2,461 individuals residing at month end in Long Term Care, the lowest population recorded in 23 months
	Demand for new Care at Home Services Number of waiting		Mar-25	194	N/A		There were 194 people waiting at month end, equating to 1,364 hours, the highest in 26 months.
	Demand for new Care at Home Services Number of hours		Mar-25	1,364	N/A		
	Older People - Weekly hrs Externally Commissioned Care at Home		Mar-25	17,258	N/A		Weekly hours 17,258, this is 9% lower than the 12-month average to March.
	Weekly Hrs Care at Home Internal Services		Mar-25	12,827	N/A		Last week in March 12,827 hours were provided, 9% higher than March 2024.
	Adults - Weekly hrs Externally Commissioned packages of Care		Mar-25	3,902	N/A		Last week in March 3,902 hours were provided to 251 adults for Care at Home.
	Adults - Weekly Hrs Externally Commissioned Supported Living		Mar-25	45,386	N/A		Last week in March 45,386 hours were provided to 741 adults under Supported Living arrangements.
	Technology Enabled Care - Total Number Provided in Month		Mar-25	9,115	N/A		In March 2025 there were 9,115 clients, 10% more than March 2024 and the largest since recording in April 2021.
	Technology Enabled Care Total Number New Services in Month		Mar-25	267	N/A		

Key:

Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	

Length of Stay Prior to Discharge: The average length of stay prior to discharge from a Community Hospital in Fife reduced from 39.5 days in February 2024 to 35.8 days in February 2025, a drop of 9.2%, meeting the service target of 42 days. This rate fluctuates mainly due to the lack of capacity in the service users' home of choice, impacting wait times. We continue to monitor this and use assessment beds in care homes to step down from hospital, as well as expanding care at home packages to minimize the length of stay.

Mental Health Services: The CAMHS (Child and Adolescent Mental Health Service) wait time indicator states that at least 90% of clients will wait no longer than 18 weeks from referral to treatment. As of January 2025, 98.8% have waited less than 18 weeks, with all children and adolescents on the waiting list waiting less than 18 weeks. In December 2024, Fife was 5.6% above the Scottish average. The service has adopted many positive strategies to achieve this success.

Psychological Therapies: The wait time indicator for Psychological Therapies states that at least 90% of clients will wait no longer than 18 weeks from referral to treatment. As of January 2025, 74.8% have waited less than 18 weeks, with 2,314 patients currently on the waiting list, a 1.3% decrease from January 2024. Service redesign and evaluation are ongoing, and the service continues to progress improvements in line with the Scottish Government's Psychological Therapies and Interventions specification.

Care at home services: Demand for care at home services has increased with 44 people waiting in January 2024 to 175 in January 2025 (based on commissioning information at a point in time). This equates to a demand of 887 (72.3% increase) hours more of care in January 2025 compared to January 2024.

The Partnership will continue to collaborate with partner agencies on new strategies and transformation programmes to support innovation and improvement. National Indicators show Fife's performance compared to the Scotland rate, and we are committed to improving against the Scottish average.

Financial Performance 2024-25

The outturn position as at 31 March 2025 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	770,799	773,818	3,019	0.39%
Set Aside Acute Services	58,672	58,672	0	

For 2024–25, the IJB reported a total budgeted income of £829.471m:

- £770.799m from the integrated budget
- £58.672m from set aside funding

Total expenditure for the year was £832.490m, broken down as follows:

- £773.818m on integrated services
- £58.672m on set aside services

Set Aside Services

The Acute Set Aside services budget was delegated to the IJB but remains operationally managed by NHS Fife. Although there was an overspend of £7.354m on these services, the additional cost was absorbed by the Health Board. As a result, the IJB's financial responsibility remained at the budgeted £58.672m, achieving a break-even position for set aside services.

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

HSCP Core Financial Position

The Medium-term Financial Strategy clearly sets out the agreed budget for 2024-25. The approved Direction at March 2024 states the budget allocated to each partner to deliver the functions delegated to them in accordance with the integration scheme. For 2024-25, the Direction required a budget transfer from one partner to another, which was completed in January 2025.

The core financial position for the Health and Social Care Partnership (HSCP) showed an overspend of £34.017m, primarily driven by:

- Prescribing costs
- Hospital and Long-Term care
- Adult and older people's social care, including Care at Home, Care Homes, Adult Placements

This overspend was partially funded through the planned use of reserves, with the remaining balance apportioned between partners in line with the Integration Scheme: 62% NHS Fife and 38% Fife Council.

Overspend at March 2025	34.017
Funded by reserves	3.019
Funded by risk share	30.998

Cost Pressures

Key financial pressures in 2024–25 included:

- **Increased Demand for Services:** Driven by an ageing population and more complex care needs, resulting in higher demand for adult packages, homecare, and residential care.
- **Staff Recruitment Challenges:** Difficulty recruiting staff, particularly in mental health services, led to reliance on higher-cost locum and agency staff.
- **Prescribing Costs:** Significant increases in both volume and cost. The Optimisation Oversight Group continues to provide governance to manage this budget effectively.
- **Cost-of-Living Increases:** Rising costs in pay, energy, fuel, and food impacted service delivery, with external providers requiring additional support.

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

To address financial challenges, the IJB approved a savings plan targeting £39.033m in savings for 2024–25. Of this:

- 52% was achieved during the year
- The remaining savings will be carried forward and have been included in the 2025–26 budget setting process

Reserves Position

At the start of 2024–25, the total reserves balance was £4.731m, consisting of:

- £3.496m earmarked reserves
- £1.235m committed reserves
- No general reserve

During the year, £3.238m of reserves were used as planned, and £0.219m was added to the balance, a net movement of £3.019m, offsetting the £3.019m deficit reported in the Comprehensive Income and Expenditure Statement as of 31 March 2025.

The IJB's reserves policy aims to hold 2% of the budget in general reserves. However, no uncommitted balances will be carried into 2025–26. The remaining £1.712m is expected to be fully utilised in the next financial year.

Earmarked Reserves	Opening Balance April 2024	Allocated in Year	Additions in Year	Closing Balance at March 2025
	£m	£m	£m	£m
GP Premises	0.183	-0.183		0.000
Mental Health R&R	1.222	-0.700		0.522
Community Living Change Plan	1.144	-1.144		0.000
Anti-Poverty	0.047	-0.047	0.052	0.052
FVCV (Flu Vaccine / Covid Vaccine)	0.900	-0.900		0.000
Total Earmarked	3.496	-2.974	0.052	0.574
Community Alarms - Analogue to Digital	1.235	-0.264		0.971
Housing – adaptations			0.167	0.167
Committed Balance	1.235	-0.264	0.167	1.138
Total Reserves	4.731	-3.238	0.219	1.712

Value for Money

Delivering value for money remains a core priority for the Partnership. All service redesign, procurement, purchasing, and commissioning activities are required to adhere to the best value principles and procurement guidance issued by relevant statutory bodies.

Ensuring that expenditure is effectively managed within available financial resources is essential. This approach supports alignment with the three-year financial strategy and underpins our long-term goal of achieving financial sustainability.

Financial Management and Risk Outlook

The financial year 2024–25 has presented continued challenges, driven by sustained high demand for services and the ongoing impact of the cost-of-living crisis. Looking ahead, the Partnership anticipates further financial pressures, including:

- Level of contributions from both Fife Council and NHS Fife
- Rising inflation and increased costs for energy, supplies, and pay
- Demographic pressures, particularly from an ageing population

In response to these challenges, a savings package of £40.624m has been agreed as part of the 2025–26 budget setting process. These savings are essential to closing the projected budget gap and will be progressed through the Medium-Term Financial Strategy (MTFS).

The following tables provide:

- The budget gap for 2025-26
- A high-level summary of the savings approved by the IJB in March 2025

	2025-26
	£m
Cost of Continuing	740.149
Pressures	41.276
Funding Available	740.848
GAP	40.577

Opportunities to close Gap	2025-26
Efficiencies	4.097
Income Generation	1.625
Service Redesign	2.630
Transformation	3.995
Previously Approved	15.277
Volatile Budgets	13.000
TOTAL	40.624

In May 2025, partners agreed to add additional funding totalling £14m (£8.5m Sustainability Funding from NHS, and £5.5m additional funding from Fife Council) this allowed us to remove our volatile budgets saving and ensure our discussions are focused on delivery of services and remaining within the budget envelope.

During 2024-25 funding of £200m was made available by Scottish Government in relation Agenda for Change cost pressures associated with the reduction in working week, review of B5-6 nursing roles and protected learning time. Fife received in excess of £15m, this funding was allocated on a non-recurring basis while scale and implementation of the reforms were better understood. The IJB received £0.011m of this funding in 2024-25 with the balance allocated to NHS. It is essential that all costs are recognised and recompensed in 2025-26 to ensure the financial sustainability of the IJB.

Strengthening Financial Oversight

Strong financial management will be critical in navigating the challenges ahead. To support this, an escalation tool has been developed to enhance scrutiny of volatile IJB budgets. This tool will:

- Monitor demand against set budgets
- Provide early warnings of potential overspends
- Enable timely intervention and decision-making

The Health and Social Care Partnership (HSCP) remains committed to:

- Containing or reducing costs wherever possible
- Maximising the use of all available funding streams
- Reviewing all areas of expenditure
- Taking immediate corrective actions to address emerging financial pressures

It is imperative that every effort is made to control costs and operate within the overall budget envelope. To further support financial oversight, weekly progress reporting

meetings, introduced in Quarter 4 of 2024–25, will continue into 2025–26. These meetings have proven effective in:

- Tracking the delivery of savings
- Promoting collaboration across teams
- Identifying and addressing barriers to implementation

The MTFS has been refreshed for 2025–26 to reflect the evolving financial landscape and to address new and emerging pressures. This includes the implementation of the agreed £40.624m savings package to close the projected budget gap. (This has reduced after additional funding was received from Partners)

The most significant medium- to long-term financial risks facing the IJB include:

- **Economic Crisis:** Ongoing inflationary pressures, rising energy costs, and increasing pay demands.
- **Ageing Population:** Growing demand and complexity of care needs, coupled with constrained resources.
- **Recruitment Challenges:** Continued difficulty in recruiting staff, leading to reliance on higher-cost locum and agency workers.
- **Transformation Programme Risks:** Potential delays or underperformance in delivering planned transformation benefits.
- **Workforce Sustainability:** Challenges in maintaining a stable workforce across both internal services and external care providers.
- **Prescribing Budget Volatility:** While prescribing decisions are made locally, drug costs and new treatments are nationally determined, creating uncertainty—exacerbated by factors such as Brexit.
- **Financial Variability:** Exposure to financial impacts from local and national decisions or unexpected changes in service demand.
- **Non-compliance with IJB Directions:** Risk that partners may not fully implement IJB directions.
- **Sustainability of External Providers:** Concerns around the financial viability of external care providers, particularly in relation to safe staffing and the impact of the Employer National Insurance Contributions (ENIC).

Acknowledging Our Workforce and Achievements

The financial year 2024–25 has been exceptionally challenging, requiring the delivery of significant savings amidst rising demand and financial pressures. Despite these difficulties, the Health and Social Care Partnership (HSCP) has continued to:

- Deliver essential care and support to our communities
- Embrace new ways of working
- Advance integration across health and social care
- Tackle complex and evolving challenges

These achievements would not have been possible without the dedication, resilience, and professionalism of our staff. We would like to formally recognise and express our sincere gratitude for their tireless efforts in sustaining critical services and supporting those who rely on them most.

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Lynne Garvey
Chief Officer

Date.....

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David Ross
Chair of the IJB

Date.....

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Audrey Valente
Chief Finance Officer

Date.....

STATEMENT OF RESPONSIBILITIES

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

The Integration Joint Board is required to:

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

I confirm that these Audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 29 September 2025.

Signed on behalf of the Fife Integration Joint Board

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David Ross
Chair of the IJB

Date

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2025, and the transactions for the year then ended.

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Audrey Valente CPFA
Chief Finance Officer

Date

REMUNERATION REPORT

Introduction

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

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

Remuneration: IJB Chair and Vice Chair

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

In December 2024, there was a transition in the leadership of the Integration Joint Board (IJB). Arlene Wood, Non-Executive Director of the Fife NHS Board, stepped down from her role as Chair and assumed the position of Vice Chair. Concurrently, David Ross, Leader of Fife Council, moved from Vice Chair to take up the role of Chair

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2024-25 or prior years.

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

Remuneration: Officers of the IJB

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

Following the resignation of the Chief Officer in July 2024, to ensure continuity in leadership, an interim arrangement was agreed from July to November 2024, prior to a permanent appointment of the new Chief Officer by the IJB in consultation with NHS Fife and Fife Council. The remuneration of the Chief Officer was set by NHS Fife and Fife Council. The Chief Officer is employed by NHS Fife and is seconded to the Integration Joint Board in accordance with section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Finance Officer is employed by Fife Council.

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

2023-24 Total (£)	Senior Employees Salary, Fees & Allowances	2024-25 Total (£)
111,590	N Connor Chief Officer 1 st April 2024 to 23 rd July 2024	36,335 FYE (115,355)
0	F McKay Interim Director HSCP 5 th July 2024 to 3 rd November 2024	48,529 FYE (147,044)
0	L Garvey Chief Officer 1st November 2024 onwards	51,883 FYE (112,210)
89,211	A Valente Chief Finance Officer	101,408
200,801	Total	238,155

There were no payments to officers in 2024-25 or prior years in relation to bonus payments, taxable expenses, or compensation for loss of office.

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

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

Pension Benefits for Fife Council

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

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

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

Actual Pay 2024-25	Contribution Rate 2024-25	Actual Pay 2023-24	Contribution Rate 2023-24
Up to and including £27,000	5.50%	Up to and including £25,300	5.50%
Above £27,001 and up to £33,000	7.25%	Above £25,301 and up to £31,000	7.25%
Above £33,001 and up to £45,300	8.50%	Above £31,001 and up to £42,500	8.50%
Above £45,301 and up to £60,400	9.50%	Above £42,501 and up to £56,600	9.50%
Above £60,401	12.00%	Above £56,601	12.00%

Pension Benefits for NHS

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

The valuation carried out as at 31 March 2016 confirmed that an increase in the employer contribution rate from 14.9% to 20.9% was required from 1 April 2019 to 31 March 2023. The UK Government since confirmed that these employer rates would remain in place until 31 March 2024. In addition, member pension contributions over the period to 30 September 2023 have been paid within a range of 5.2% to 14.7% and have been anticipated to deliver a yield of 9.6%. The valuation carried out as at 31 March 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% will be required from 1 April 2024 to 31 March 2027. In addition, member pension contributions since 1 April 2024 have been paid within a range of 5.7% to 13.7% and have been anticipated to deliver a yield of 9.8%.

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

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31-03-24 £	For Year to 31-03-25 £		Difference from 31-03-24 £	As at 31-03-25 £
N Connor Chief Officer	23,126	8,175	Pension Lump Sum	2,291 4,378	40,913 107,340
F Mckay Interim Director HSCP		10,429	Pension Lump Sum		55,000 65,000
L Garvey Chief Officer		11,541	Pension Lump Sum		34,019 83,756
A Valente Chief Finance Officer	21,587	21,858	Pension Lump Sum	6,000 7,000	52,000 75,000
Total	44,983	52,003	Pension	8,291	181,932
			Lump Sum	11,378	331,096

Note: A Valente amounts based on all LGPS membership not just current employment.

Exit Packages

There were no exit packages paid in 2024-25 (2023-24, none).

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Lynne Garvey
Chief Officer
Date

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David Ross
Chair of the IJB
Date

ANNUAL GOVERNANCE STATEMENT

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

Scope of Responsibility

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

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

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

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

2024/25 Governance Framework and System of Internal Control

In November 2024, a new Chief Officer was appointed on a permanent basis, this appointment superseded the interim arrangements which had been put in place to ensure continuity in Leadership.

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

The IJB has 3 Committees supporting the Board: -

The Audit and Assurance Committee chaired by a member of the IJB and comprising 3 further IJB members, provides assurance to the IJB that it is fulfilling its statutory requirements. During 2024-25 the Audit and Assurance Committee met 6 times.

The Quality and Communities Committee (QCC) chaired by a member of the IJB and comprising a further 11 members of the IJB providing assurance to the IJB on the quality and safety of services as defined in the integration scheme. The QCC met on 6 times during the financial year.

The Finance, Performance and Scrutiny (FPS) Committee chaired by a member of the IJB and comprising 6 further IJB members review the financial position and monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme. The FP&S Committee met on 6 occasions during 2024-25.

In addition to the above individual Governance Committee meetings an extraordinary, combined committee was convened during 2024-25 to allow all members the opportunity to discuss, scrutinise and agree a financial recovery plan for 2024-25.

The main features of the governance framework in existence during 2024-25 were:

- Bi-monthly meetings of the IJB and associated Governance Committees together with Development Sessions for IJB members.
- Code of Conduct and Register of Interests for all IJB members.
- Bi-monthly Strategic Planning Group and Local Partnership Forum meetings.
- Chief Officer in post for the duration of 2024-25.
- Chief Finance Officer (CFO) in post for the duration of 2024-25.
- Liaison between IJB internal audit and Fife Council and NHS Fife internal audit functions.
- Tripartite Director of Finance Meetings with Chief Finance Officer.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2024-25 this included the following:

- Provision of regular financial reports to the IJB.
- Approval and adoption of a financial recovery plan.
- Approval and adoption of Annual Internal Audit Plan.
- Provision of Deep Dive Reviews of Strategic Risks.

Overview of Areas for Improvement and Development during 2024-25

Areas for improvement to further strengthen the IJB's governance arrangements and systems of internal control were identified within the IJB Annual Accounts for 2023-24. A progress update on these actions is detailed below: -

Improvement Area	Action Undertaken
Continuation of review of all strategies which support the Strategic Plan	<i>Ongoing</i> A number of supporting strategies were approved by the IJB during 2024-25 these were Prevention and Early Intervention and Digital Strategy. Work continues to progress the development of the Mental Health Strategy.
Strong financial management to contain costs given the ongoing financial challenges	<i>Complete</i> An escalation Tool has been developed to enable informed decision making and highlight areas where budget is likely to be exceeded

	Weekly Progress Update Meetings have been implemented. This includes responsible officers providing updates on delivery of savings to SLT, highlighting any progress/barriers/dependencies ensuring savings delivery is being driven forward.
Continuous development of management information enabling proactive financial decisions by budget holders	<i>Complete</i> Work has progressed to produce management information to allow effective decision making aligned to the actions by budget holders.
Improved consistency in financial practices across partners ensuring financial transactions are recorded accurately and timeously.	<i>Complete</i> There is an increased frequency of meetings with partners to ensure there is mutual understanding and consistency of practice.
Continue sustained focus on compliance with the issuing and delivery of Directions to partners	<i>Complete</i> Directions was the focus of an IJB Development Session held in February 2025. This provided an opportunity for members to gain a collective understanding on the issuing and monitoring of Directions. A report on the current status of Directions is now presented to the Audit and Assurance Committee and the IJB on a quarterly basis.
Improve the integrity of the data recorded within the social work/social care case management system	<i>Complete</i> Social care/work case system can now be reconciled to the financial ledger
Refresh of publication scheme	<i>Complete</i> The Publication Scheme was updated in April 2024.
Annual refresh of Scheme of Delegation to incorporate recommendations from Internal Audit reports	<i>Complete</i> The Scheme of Delegation was updated in September 2024.
Implementation of Risk Appetite into Committee Reporting	<i>Ongoing</i> A revised SBAR reporting template is in development and will incorporate Risk Appetite.
Development of on-line member induction training	<i>Ongoing</i> A new member induction program continues to be developed.

Overview of Areas for Improvement and Development for 2024-25

Following consideration of the adequacy and effectiveness of the IJB governance arrangements, in addition to the ongoing continuous improvement actions from 2024-25, further actions will be progressed in 2025-26 to strengthen the good governance controls. These actions are detailed in the table below: -

Key Actions for 2025-26
• Review of Code of Corporate Governance Manual • Review approach to strategic planning process for 2026 onwards including annual reporting • Implementation of budget escalation tool to enhance financial budgetary controls to allow early reporting to partners • Revised reporting Committee template (SBAR) includes impacts and implications to enable informed decision making • Progress draft Clinical and Care Governance Strategic Framework document for approval • Implement reporting framework on effectiveness of partner bodies arrangements for counter fraud and corruption • Continuous review of Committee and IJB workplans to ensure alignment with Terms of Reference and remit as per Integration Scheme

Roles and Responsibilities

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

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

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

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

Review of Adequacy and Effectiveness

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

Planned use of earmarked and committed reserves were utilised in year. Despite efforts to reduce the overspend and take recovery action in year, an overspend remained at year end. To reach a balanced financial position for 2024-25, partners were required to provide funding as per the risk share agreement contained within Section 8.2 of the Integration Scheme.

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

The Council continues to replace social work/social care legacy systems. The focus in 2024-25 has been to move external providers onto the new system, cleansing the data as it transferred. Care home providers have now been in the system for a full year and parallel running of manual spreadsheets has ceased. Care at Home has systematically been moved over, provider by provider, throughout 2024-25 and this data will be reliable for financial forecasting in 2025-26. Work will continue in the coming year to ensure the data is utilised to allow continued improvement of financial forecasting processes.

A suite of whole system measures will be implemented to strengthen controls and reduce risk where possible. A key component to the success of this mitigation is the 4 weekly meetings between the Chief Finance Officer and Directors of Finance from both NHS Fife and Fife Council which took place in 2024-25, these were positive and successful for open communication and will therefore continue in the coming year.

The annual internal audit assurance report offers reasonable assurance in respect of Fife IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2025.

Conclusion and Opinion on Assurance

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

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

It is our opinion that reasonable assurance, subject to the matters noted above, can be placed upon the adequacy and effectiveness of the Fife Integration Joint Board's system of governance.

.....

Lynne Garvey
Chief Officer

David Ross
Chair of the IJB

Date **Date**

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services commissioned for the year in accordance with the integration scheme.

2023-24				2024-25		
Gross Expenditure	Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£000	£000	£000		£000	£000	£000
77,071	-	77,071	Hospital	75,319	-	75,319
146,181	-	146,181	Community healthcare	149,423	-	149,423
209,972	-	209,972	Family Health Services & Prescribing	218,152	-	218,152
17,737	-	17,737	Children's Services	18,732	-	18,732
285,256	-	285,256	Social Care	310,374	-	310,374
1,737	-	1,737	Housing	1,466	-	1,466
304	-	304	IJB Operational Costs	352	-	352
50,920	-	50,920	Acute Set Aside	58,672	-	58,672
789,178	-	789,178	Cost of Services	832,490	-	832,490
-	(756,190)	(756,190)	Taxation and Non-Specific Grant Income	-	(829,471)	(829,471)
-	-	32,988	(Surplus) or Deficit	-	-	3,019
		32,988	Total Comprehensive Income and Expenditure			3,019

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

Movement in Reserves Statement

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

Movements in Reserves During 2024-25	General Fund Balance £000	Total Reserves £000
Opening Balance at 1st April 2024, brought forward	(4,731)	(4,731)
(Surplus)/ Deficit on provision of services	3,019	3,019
Total Comprehensive Income and Expenditure	3,019	3,019
Balance as at 31 March 2025, carried forward	(1,712)	(1,712)
Movements in Reserves During 2023-24	General Fund Balance £000	Total Reserves £000
Opening Balance at 1st April 2023, brought forward	(37,719)	(37,719)
(Surplus)/ Deficit on provision of services	32,988	32,988
Total Comprehensive Income and Expenditure	32,988	32,988
Balance as at 31 March 2024, carried forward	(4,731)	(4,731)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2025. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2024 £000		Notes	31 March 2025 £000
5,009	Short Term Debtors	6	1,728
5,009	Current Assets		1,728
278	Short Term Creditors	7	16
278	Current Liabilities		16
4,731	Net Assets		1,712
4,731	Usable Reserve: General Fund	8	1,712
4,731	Total Reserves		1,712

The Statement of Accounts present a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2025 and its income and expenditure for the year then ended.

The audited accounts were issued on 29 September 2025.

.....

Audrey Valente - CPFA
Chief Finance Officer

Date

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the Integration Joint Board's transactions for the 2024-25 financial year and its position at the year-end of 31 March 2025.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024-25, supported by International Financial Reporting Standards (IFRS).

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

1.2 Accruals of Income and Expenditure

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

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

1.3 Funding

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

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

1.4 Cash and Cash Equivalents

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

1.5 Employee Benefits

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

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

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

1.6 Material Items of Income and Expenditure

There are none noted at this time.

1.7 VAT

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

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

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

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

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

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

2.1 Set Aside

The funding contribution from NHS Fife includes £58.672m in respect of 'set aside' resources relating to acute hospital and other resources. The IJB has responsibility for the consumption of, and level of demand placed on, these resources, however the responsibility for managing the costs of providing the services remain with NHS Fife. Therefore, the overspend incurred by the service has not been included in these accounts and is borne by NHS Fife.

2.2 Public Sector Funding

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

3. Events After the Reporting Period

The Chief Finance Officer issued the draft accounts on 27th June 2025. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2025, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Income Analysis by Nature

2023-24 £000		2024-25 £000
286,993	Services commissioned from Fife Council	311,840
501,881	Services commissioned from Fife NHS Board	520,298
271	Other IJB Operating Expenditure	314
33	Auditor Fee: External Audit Work	38
(756,190)	Taxation and Non-Specific Grant Income	(829,471)
32,988	(Surplus) or Deficit	3,019

5. Taxation and Non-Specific Grant Income

2023-24 £000		2024-25 £000
(535,816)	Funding Contribution from NHS Fife	(583,334)
(220,374)	Funding Contribution from Fife Council	(246,137)
(756,190)	Taxation and Non-specific Grant Income	(829,471)

The funding contribution from NHS Fife shown above includes £58.672m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

6. Debtors

31 March 2024 £000		31 March 2025 £000
1 5,008	NHS Fife Fife Council	8 1,720
5,009	Debtors	1,728

7. Creditors

31 March 2024 £000		31 March 2025 £000
277	NHS Fife	-
-	Fife Council	-
1	External Audit Fee	16
278	Creditors	16

8. Usable Reserve: General Fund

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

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

2023-24		2024-25		
Balance at 31 March 2024		Transfers Out 2024/25	Transfers in 2024/25	Balance at 31 March 2025
£000		£000	£000	£000
(1,222)	Mental Health	700		(522)
(1,144)	Community Living Change Plan	1,144		-
(183)	GP Premises	183		-
(47)	Anti-Poverty	47	(52)	(52)
(900)	FVCV	900		-
(3,496)	Total Earmarked	2,974	(52)	(574)
(1,235)	Contingency/ Committed	264	(167)	(1,138)
(4,731)	General Fund Reserve Total	3,238	(219)	(1,712)

9. Related Party Transactions

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

Transactions with NHS Fife

2023-24 £000		2024-25 £000
(535,816)	Funding Contributions received from NHS Fife	(583,334)
501,881	Expenditure on Services Provided by NHS Fife	520,298
135	Key Management Personnel: Non-Voting Board Members	157
17	External Audit Fee	19
(33,783)	Net Transactions with NHS Fife	(62,860)

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

Balances with NHS Fife

31 March 2024 £000		31 March 2025 £000
1	Debtor balances: Amounts due from NHS Fife	8
277	Creditor balances: Amounts due to NHS Fife	-
278	Net Balance with NHS Fife	8

Transactions with Fife Council

2023-24 £000		2024-25 £000
(220,374)	Funding Contributions received from Fife Council	(246,137)
286,992	Expenditure on Services Provided by the Fife Council	311,840
136	Key Management Personnel: Non-Voting Board Members	157
16	External Audit Fee	19
66,770	Net Transactions with Fife Council	65,879

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

Balances with Fife Council

31 March 2024 £000		31 March 2025 £000
5,008	Debtor balances: Amounts due from Fife Council	1,720
-	Creditor balances: Amounts due to Fife Council	-
5,008	Net Balance with Fife Council	1,720

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

10. External Audit Fee

The IJB has incurred costs of £37,795 in respect of fees payable to Azets regarding external audit services carried out in 2024-25 (2023-24 £36.960).

11. Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March 2025.

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

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

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

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Fife Integration Joint Board as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

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

Conclusions relating to going concern basis of accounting

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Fife Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on Fife Integration Joint Board's current or future financial sustainability. However, we report on Fife

Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

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

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of Fife Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of Fife Integration Joint Board;
- inquiring of the Chief Financial Officer concerning Fife Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

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

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

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

Reporting on other requirements

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

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

Other information

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

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

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

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

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

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial

statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

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

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

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of our report

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

Chris Brown, (for and on behalf of Azets Audit Services)

Quay 2

139 Fountainbridge

Edinburgh

EH3 9QG

Date:

A large, abstract geometric pattern on the left side of the page, consisting of a solid blue triangle pointing right, and a series of overlapping light grey and green triangles pointing right, creating a sense of movement and depth.

Fife Integration Joint Board

2024/25 Annual Audit Report to Members of the Fife
Integration Joint Board and the Controller of Audit

September 2025

DRAFT

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Key messages

Financial statements audit

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

	legislation and applicable accounting standards have been made appropriately.
Audit adjustments	We have not identified any material adjustments or unadjusted differences to the unaudited annual accounts. We identified some minor disclosure and presentational adjustments during our audit, which have been reflected in the final set of financial statements.
Accounting systems and internal controls	We applied a risk-based methodology to the audit. This approach requires us to document, evaluate and assess the IJB's processes and internal controls relating to the financial reporting process. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where we identify any control weaknesses, we include them in this report. We identified no significant weaknesses in accounting and internal control systems during our audit.

Wider scope of public audit and best value

Financial Management Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.	Auditor judgement Risks exist to the achievement of operational objectives The IJB was faced with an uncertain and challenging financial position alongside an increase in demand for services throughout 2024/25. The IJB reported a core overspend of £34.017million which was funded through utilisation of £3.019million of IJB reserves and the implementation of the risk share agreement in line with the Integration Scheme. Utilising the risk share agreement presented further financial challenge to both partner bodies. The position has worsened compared to 2023/24, and is consistent with the Audit Scotland report on Integration Joint Boards: Finance bulletin 2023/24, which highlighted that the weakening financial health of IJBs is a challenge nationally. The IJB, working alongside its partner bodies, continues to demonstrate good collaboration and partnership working to tackle the financial and demand driven challenges within the system.



Financial Sustainability

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

Auditor judgement

Significant unmitigated risks affect achievement of corporate objectives



The IJB’s medium term financial plan shows a budget gap of £121.755million over the period 2025/26 to 2027/28 alongside a challenging savings target of £40.624million in 2025/26, rising to £40.862million in 2027/28.

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

The IJB has a good focus on achieving its savings targets in the medium to longer term through the establishment of Progress Report Updates (PRU). These provide early intervention for savings areas that have a risk of not being achieved and require recovery actions.

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

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

Vision, Leadership and Governance

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

Auditor judgement

Effective and appropriate arrangements are in place



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

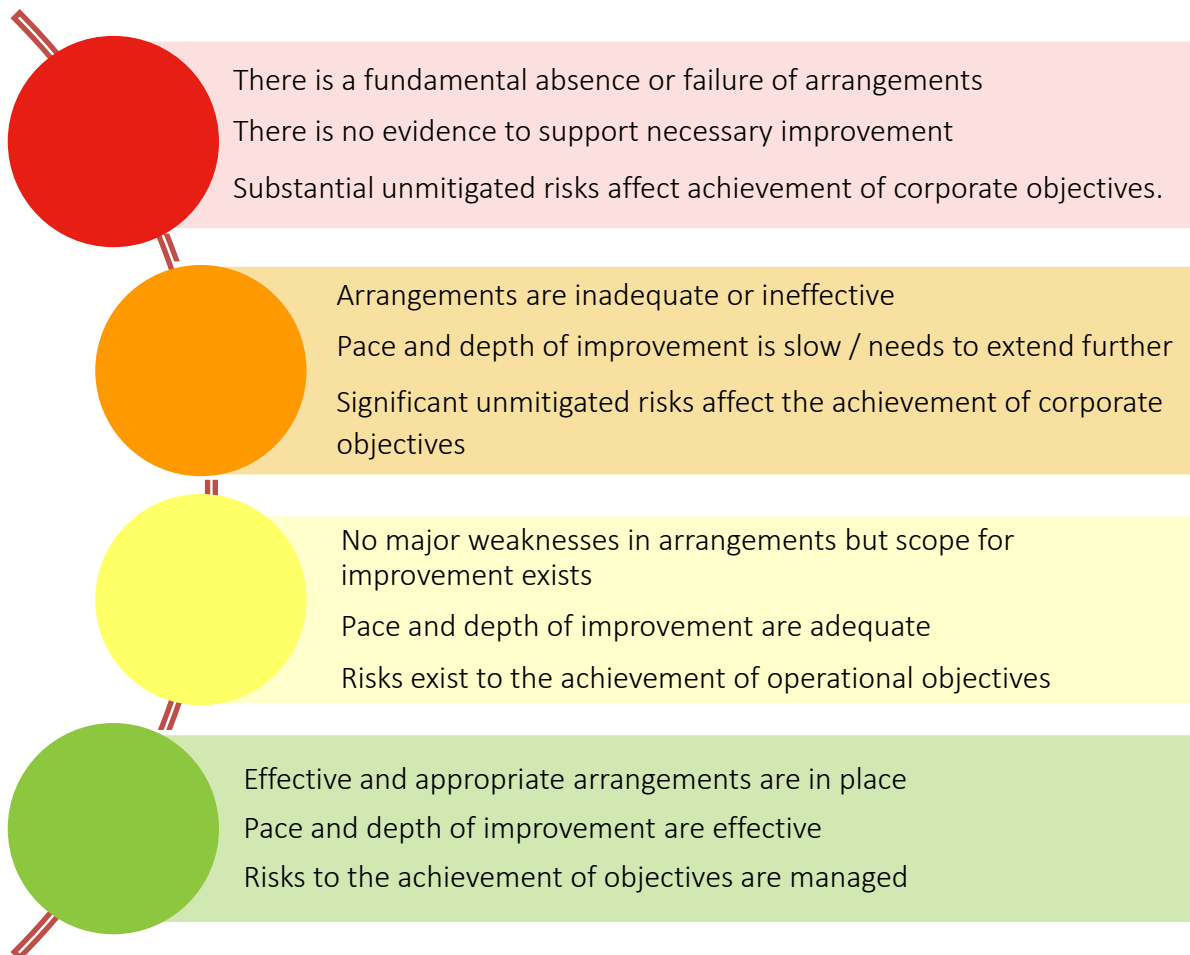
Our assessment has been informed by a review of the corporate governance arrangements in place and the information provided to the Board and Committees.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Strategic Plan for Fife 2023-26 and to prepare for the development of the next iteration the IJB's Strategic Plan.

Use of Resources to Improve Outcomes Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.	Auditor judgement Risks exist to achievement of operational objectives Whilst an established and appropriate performance management framework is in place at the IJB, the pandemic exacerbated what were already tough core service delivery challenges. The IJB continues to develop its performance reporting to allow for greater analysis and scrutiny of performance and has committed to improve areas of poor performance by working with partner agencies on new strategies and transformation programmes. As described in the Financial Sustainability section, there is a risk that the scale of savings required to enable the IJB to achieve a financially sustainable position may impact on its ability to deliver services to a high quality. This also presents a risk of deterioration in the IJB's performance. Good progress continues to be made across actions identified under all five workforce pillars within the year three workforce action plan.
Best Value The IJB has a specific responsibility to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions.	Auditor judgement Effective and appropriate arrangements are in place We are satisfied that the IJB has organisational arrangements in place to secure Best Value.

Definitions

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



Introduction

Scope of audit

The annual external audit comprises the audit of the financial statements, the wider-scope audit and Best Value audit responsibilities set out in Audit Scotland's Code of Audit Practice. [Code of Audit Practice 2021 | Audit Scotland](#)

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

Responsibilities

The IJB is responsible for preparing annual accounts, including financial statements, which show a true and fair view of the results for the year and position at the year end, and for implementing appropriate internal control systems. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist. Communication in this report of matters arising from the audit or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting, on the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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

Auditor independence

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

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

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

Adding value

All our clients demand of us a positive contribution to meeting their ever-changing business needs. We add value by being constructive and forward looking, by identifying areas of improvement and by recommending and encouraging good practice. In this way we aim to

promote improved standards of governance, better management and decision making and more effective use of public money.

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

Openness and transparency

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

Financial statements audit

Our audit opinion

Opinion	Basis for opinion	Conclusions
Financial statements	We conduct our audit in accordance with applicable law and International Standards on Auditing. Our findings / conclusions to inform our opinion are set out in this section of our annual audit report.	The annual accounts were considered by the Audit and Assurance Committee on 19 September 2025 and approved by the Board on 29 September 2025. We have issued unqualified opinions in our independent auditor's report. Our audit work is substantially complete and there are currently no matters which would require modification of our audit report.
Going concern basis of accounting	When assessing whether the going concern basis of accounting is appropriate, the anticipated provision of services is more relevant to the assessment than the continued existence of a particular public body. We assess whether there are plans to discontinue or privatise the IJB's functions. Our wider scope audit work considers the financial sustainability of the IJB.	We reviewed the financial forecasts for 2025/26. Our understanding of the legislative framework and activities undertaken provides us with sufficient assurance that the IJB will have continued provision of service for at least 12 months from the signing date. Our audit opinion is therefore unqualified in this respect.
Opinions prescribed by the Accounts Commission:	We plan and perform audit procedures to gain assurance that the audited part of the Remuneration Report, the Management Commentary	Pending completion of our work as set out on page 3, we have concluded that: the audited part of the Remuneration Report has been

Opinion	Basis for opinion	Conclusions
- The audited part of the Remuneration Report - Management Commentary - Annual Governance Statement	and the Annual Governance Statement are prepared in accordance with relevant legislation and guidance.	properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014. - the information given in the management commentary is consistent with the financial statements and has been properly prepared in accordance with relevant statutory guidance. - the information given in the Annual Governance Statement is consistent with the financial statements, our understanding of the organisation gained through our audit and has been prepared in accordance with the Delivering Good Governance in Local Government Framework.
Matters reported by exception	We are required to report on whether: - adequate accounting records have not been kept; or - the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or - we have not received all the information and explanations we require for our audit.	We have no matters to report.

An overview of the scope of our audit

The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in March 2025. The plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk (the significant risk areas). Planning is a continuous process, and our audit plan is subject to review during the course of the audit to take account of developments that arise.

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

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

Quality indicators

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

Metric	Grading (Mature / developing / significant improvement required)	Commentary
Quality and timeliness of draft financial statements	Mature	We received the unaudited financial statements of a good standard in line with our audit timetable. Revisions were provided promptly where required.
Quality of working papers provided and adherence to timetable	Mature	We received working papers of a good standard in line with our audit timetable. Further information was provided promptly where required.
Timing and quality of key accounting judgements	Mature	We did not identify any issues with the timing and quality of key accounting judgements.
Access to finance team and other key personnel	Mature	We received full access to the finance team and other key personnel. All audit queries and requests were responded to in a timely manner.
Quality and timeliness of the - audited part of the Remuneration Report - Management Commentary - Annual Governance Statement As well as the quality and timeliness of supporting	Mature	We identified disclosure changes in relation to the audited part of the Remuneration Report, Management Commentary and Annual Governance Statement. See Appendix 2 for further details.

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

Significant risk areas and key audit matters

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

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

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

Our opinion on the annual report and accounts is not modified with respect to any of the risks described below.

The table below summarises each significant risk. Detail behind each risk and the work undertaken is set out on the following pages.

Risk area	Financial statement / Assertion level risk	Fraud risk	Planned approach to controls	Level of judgement / estimation uncertainty	Outcome of work
Management override of controls	Financial statement	Yes	Assess design & implementation	Low	Our work has not identified any significant issues in respect of this risk.
Fraud in revenue recognition	Assertion level	Yes	Assess design & implementation	Low	Having considered the risk factors set out in ISA 240 and the nature of the revenue streams at the IJB, we determined that the risk of fraud arising from revenue recognition can be rebutted.
Fraud in non-pay expenditure recognition	Assertion level	Yes	Assess design & implementation	Low	Having considered the risk factors set out in ISA 240 and the nature of the non-pay

Risk area	Financial statement / Assertion level risk	Fraud risk	Planned approach to controls	Level of judgement / estimation uncertainty	Outcome of work
					expenditure streams at the IJB, we determined that the risk of fraud arising from non-pay expenditure recognition can be rebutted.

Significant risks at the financial statement level

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

Risk area	Management override of controls
Significant risk description	Auditing Standards require auditors to treat management override of controls as a significant risk on all audits. This is because management is in a unique position to perpetrate fraud by manipulating accounting records and overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk is nevertheless present in all entities. Due to the unpredictable way in which such override could occur, it is a risk of material misstatement due to fraud and thus a significant risk.

Risk area	Management override of controls
	Specific areas of potential risk include manual journals, management estimates and judgements and one-off transactions outside the ordinary course of the business. This was considered to be a significant risk and Key Audit Matter for the audit. Risk of material misstatement: High
How the scope of our audit responded to the significant risk	Key judgement There is the potential for management to use their judgement to influence the financial statements as well as the potential to override controls for specific transactions. Audit procedures • Agreeing balances and transactions to Fife Council and NHS Fife reports/ledger/correspondence. • Receiving assurances from constituent body auditors in relation to financial information provided, controls in place and results of testing at constituent bodies. • Reviewing financial monitoring reports during the year. • Reviewing the consolidation adjustments made to arrive at figures in IJB. • Evaluating the rationale for any changes in accounting policies, estimates or significant unusual transactions.
Key observations	We did not identify any indication of management override of controls from our audit work.

Materiality

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

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

Our initial assessment of materiality for the IJB financial statements was £14.7million. On receipt of the 2024/25 unaudited financial statements, we reassessed materiality and updated it to £16.649million due to the increase in expenditure. We consider that our updated assessment has remained appropriate throughout our audit.

Materiality £million	
Overall materiality for the financial statements	16.649
Performance materiality (75% of materiality)	12.487
Trivial threshold	0.832
Materiality	Our assessment is made with reference to the IJB’s gross expenditure. We consider this to be the principal consideration for users of the financial statements when assessing financial performance. Our assessment of materiality equates to approximately 2% of gross expenditure as disclosed in the 2024/25 unaudited annual accounts.

Performance materiality

Performance materiality is the working level of materiality used throughout the audit. We use performance materiality to determine the nature, timing and extent of audit procedures carried out. We perform audit procedures on all transactions, or groups of transactions, and balances that exceed our performance materiality. This means that we perform a greater level of testing on the areas deemed to be at significant risk of material misstatement.

Performance materiality is set at a value less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of the uncorrected and undetected misstatements exceed overall materiality.

Trivial misstatements

Trivial misstatements are matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

In addition to the above, we consider any areas for specific lower materiality.

We have applied a lower materiality threshold for disclosures within the Remuneration Report to Senior Officer Remuneration Tables. Due to the public interest in senior remuneration disclosures, we apply specific audit procedures to this work and set a lower materiality level for this area.

We design our procedures to detect errors in specific accounts at a lower level of precision which we have determined to be applicable for senior remuneration disclosures. We evaluate errors in the remuneration report for both quantitative and qualitative factors against this lower level of materiality. We will apply heightened auditor focus on the completeness and clarity of disclosures in this area and will request amendments to be made if any errors would alter the bandings reported for any individual.

Audit differences

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

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

Internal controls

As part of our work, we considered internal controls relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. Our

audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we report these in this report. These matters are limited to those which we have concluded are of sufficient importance to merit being reported.

We did not identify any control weaknesses during our audit.

Follow up of prior year recommendations

We followed up on progress in implementing actions raised in the prior year as they relate to the audit of the financial statements, wider scope and Best Value. Full details of our findings are included in Appendix 3.

Other communications

Other areas of focus

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

Area of focus	Audit findings and conclusion
Adjustments / transactions identified as having been made to meet an agreed system position / target	

Accounting policies

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

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

The accounting policies, which are disclosed in the financial statements, are in line with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the UK (the 'CIPFA Code') 2024/25 and are considered appropriate.

Presentation and disclosures

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

Key judgements and estimates

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

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

Fraud and suspected fraud

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

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

Non-compliance with laws and regulations

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

The Local Authority Accounts (Scotland) Regulations 2014

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

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

Written representations

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

Related parties

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

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

Wider scope of public audit and best value

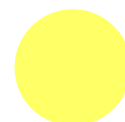
Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The wider-scope audit specified by the Code of Audit Practice broadens the audit of the accounts to include consideration of additional aspects or risks in areas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

Financial management

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

Auditor judgement

Risks exist to the achievement of operational objectives



Significant audit risk

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

Financial management (extract from 2024/25 External Audit Plan)

In March 2024, the IJB approved the 2024/25 financial plan which showed a projected budget gap of £39.066million, to be bridged by an ambitious savings target of £39.033million.

The latest forecast (November 2024) projected a forecast deficit of £34.863million at March 2025, alongside an anticipated delivery of only 59% of the IJB's 2024/25 savings target.

The IJB no longer holds any useable reserves which can be utilised to reduce the forecast year end overspend position. In line with the Integration Scheme, it will therefore be likely that the risk share agreement will require to be implemented for the second consecutive year, to fund the overspend position.

There is therefore a continued risk that achieving a balanced outturn position will present significant further financial challenge to the IJB and its partner bodies.

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

Financial performance 2024/25

Throughout 2024/25 the IJB has continued to face an uncertain and challenging financial position alongside an increase in demand for services.

In line with the previous years, deficit positions were forecast in each Finance Update report presented to the IJB in 2024/25 in which the IJB identified the following key financial pressures contributing to the overspend position:

- **Increased Demand for Services:** Driven by an ageing population and more complex care needs, which resulted in higher demand for adult packages, homecare, and residential care.
- **Staff Recruitment Challenges:** Difficulty recruiting staff, particularly in mental health services, which led to reliance on higher-cost locum and agency staff.
- **Prescribing Costs:** Significant increases in both volume and cost.
- **Cost-of-Living Increases:** Rising costs in pay, energy, fuel, and food impacted service delivery, with external providers requiring additional support.

The outturn position as at 31 March 2025 for the services delegated to the IJB was as follows:

	Budget £000	Actual £000	Variance £000
Delegated and Managed Services	770,799	773,818	3,019
Set Aside Acute Services	58,672	58,672	-

This position was achieved after implementation of the risk share agreement, in line with the Integration Scheme, to fund the core overspend position of £34.017million. Utilising the risk share agreement presented further financial challenge to partner bodies as NHS Fife was required to request significant brokerage from Scottish Government and Fife Council had to utilise reserves to ensure financial balance. The remaining overspend was funded through utilisation of £3.019million of IJB reserves.

This is a worsened position compared to 2023/24, and is consistent with the Audit Scotland report on Integration Joint Boards: Finance bulletin 2023/24, which highlighted that the weakening financial health of IJBs is a challenge nationally. As also outlined in Audit Scotland's bulletin, the increasing demand for services is one of the key financial pressures impacting on the health and social care sector, which Fife IJB has identified is primarily due to a significantly ageing population.

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

- Introduction of the new system Liquidlogic to provide better quality management information to allow weekly monitoring of the position of cost pressures, alongside supporting with management decisions.
- Scrutiny panels over assigning care packages to allow greater scrutiny and control over ensuring that the most appropriate care packages are provided.
- Increased public communications and other early intervention tools in relation to areas including Medicines.
- Increased tripartite communication between NHS Fife, Fife IJB and Fife Council, where the Directors of Finance meet with the CFO of the IJB monthly.

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

Savings plan

In March 2024, the Board approved a balanced budget for 2024/25 through planned delivery of a savings target of £39.033million.

The IJB delivered £20.355million (52%) of the 2024/25 savings target. This represents a similar position to the previous year where the IJB only delivered 53% of its savings target. This failure to deliver savings targets places substantial additional pressure on the future financial position of the IJB and therefore requires careful management.

The table below shows performance against the approved savings plan. The main areas that were not achieved relate to previous agreed savings and remodelling of mental health services.

Exhibit 2: 2024/25 savings plan

Savings Theme	Target £m	Actual £m	(Under)/over achieved £m
Previously Agreed Savings	15.213	7.434	(7.779)
Income Generation	0.500	0.500	0
Efficiency	12.020	8.763	(3.257)
Service Redesign	6.400	2.208	(4.192)
Commissioning	3.200	0.700	(2.500)

Savings Theme	Target £m	Actual £m	(Under)/over achieved £m
Reserves	1.700	0.750	(0.950)
Total	39.033	20.355	(18.678)

Source: Finance Report Provisional Outturn as at March 2025 - May 2025

Reserves position

The utilisation of reserves to fund the IJB's 2023/24 overspend position resulted in the IJB holding an actual closing reserves balance at 31 March 2024 of £4.731million, which is below the IJB's minimum policy to hold 2% of budget in reserves. The IJB's reserves balances continues to deteriorate. After allocating reserves for 2024/25 commitments and partial funding of the 2024/25 overspend, the closing reserves balance at March 2025 was £1.712million. None of this balance is available for general use. The IJB now holds no contingency reserves to support the mitigation of the financial impact of unforeseen circumstances which further increases the risk to its financial sustainability.

Prevention and detection of fraud and irregularity

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

Financial sustainability

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

Auditor judgement

Significant unmitigated risks affect achievement of corporate objectives



Significant audit risk

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

Financial sustainability (extract from 2024/25 External Audit Plan)

The IJB continues to face major risks to achieving financial balance and the need to focus on transformational change is becoming increasingly essential to medium and longer term financial sustainability. The lack of reserves puts additional pressure on the resources required to progress with transformation plans.

The IJB's latest medium term financial plan was approved in March 2024. The plan shows a cumulative budget gap of £48.459million over the period 2024/25 to 2026/27. The identified gap is to be mitigated by a challenging savings target of £39.033million in 2024/25, rising to £52.267million in 2026/27. In recent years the IJB has not achieved its savings targets in full.

Work is currently ongoing to review planning assumptions to reflect the current financial environment in which the IJB operates, as part of developing the 2025/26 budget and revised medium term financial plan. The 2025/26 budget is due to be approved by the IJB in March 2025. It is essential that medium term financial plans reflect an achievable and sustainable financial position for the IJB and these are developed through working alongside its partner bodies.

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

2025/26 Financial Plan

The 2025/26 financial plan was presented to the IJB in March 2025 for scrutiny and approval. The financial plan shows a forecast funding gap of £40.577million.

Delegated budgets from partners total £740.848million for 2025/26 (2024/25: £674.525million). This includes an additional funding allocation, beyond the Scottish Government requirement, of £4.400million from Fife Council. In July 2025, a further funding direction was agreed and issued to the Board which identified an increased budget of £755.561million after further funding of £14million being passported from partners and a funding transfer being made to IJB reserves.

Set against this, the projected cost of delegated services for 2025/26 is £781.425million, with the most significant increases arising from:

- Pay inflation (£10.081million)
- Pharmacy Inflation (£3million)
- External providers: living wage and funding requirements (£11.448million).

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

Savings plan

Delivery of savings is a fundamental component of achieving a balanced budget. For 2025/26, identified savings of £40.624million were approved by the IJB to bridge the identified 2025/26 forecast funding gap. The £14million additional funding from partners, off-set by unachieved savings from 2024/25, subsequently reduced the 2024/25 savings target to £29.424million.

The IJB did not meet its savings target for the financial years 2022/23 to 2024/25, and only 52% of the savings target was achieved in 2024/25. The 2025/26 savings target represents a level higher than in previous years where the IJB has faced challenges delivering savings targets in full. It is important that the IJB closely monitors the delivery of savings identified to ensure that achievement of savings does not impact on its quality of service delivery.

During the final quarter of 2024/25, monthly Progress Report Updates (PRU) were established to further support financial oversight and allow the IJB to have a greater focus on achieving its savings targets. The PRU meetings focus on how savings targets are progressing with the aim of providing early intervention for savings areas that have a risk of not being achieved and require recovery actions.

The Finance Update report presented to the IJB in July 2025 highlighted that 93% of 2025/26 target savings were on track to be delivered, which represents a significantly improved position compared to this stage in previous years.

Medium Term Planning

The IJB approved its medium term financial plan (2025/26 to 2027/28) alongside the Medium Term Financial Strategy 2025/28 (MTFS) in March 2025. The updated MTFS is aligned to the 2023-2026 Strategic Plan, supporting strategies, the workforce strategy and refreshed participation and engagement strategy. Key risks and uncertainties set out in the plan include:

- Economic Crisis: Ongoing inflationary pressures, rising energy costs, and increasing pay demands.
- Ageing Population: Growing demand and complexity of care needs, coupled with constrained resources.
- Recruitment Challenges: Continued difficulty in recruiting staff, leading to reliance on higher-cost locum and agency workers.
- Transformation Programme Risks: Potential delays or underperformance in delivering planned transformation benefits.
- Workforce Sustainability: Challenges in maintaining a stable workforce across both internal services and external care providers.
- Financial Variability: Exposure to financial impacts from local and national decisions or unexpected changes in service demand.

The financial plan shows a budget gap of £121.755million over the period 2025/26 to 2027/28 alongside a challenging savings target of £40.624million in 2025/26, rising to £40.862million in 2027/28.

	2025/26 £million	2026/27 £million	2027/28 £million
Cost of continuing exiting service provision	740.149	763.230	786.485
New Cost Pressures	41.276	41.276	41.276
Funding available	740.848	763.867	787.222
Total gap	40.577	40.639	40.539

Source: Revenue Budget 2025-26 and Medium Term Financial Strategy 2025-28- March 2025

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

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

- Community Rehabilitation & Care
- Transforming Care
- Commissioning of Adult Care Packages
- Home First and Community Care Services Transformations Programme

The IJB's transformation team measures improvements in both outcomes and quality of services and tracks financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services. The Finance Update report presented to the IJB in July 2025 highlighted that all savings identified from transformational services are on track to be achieved during 2025/26.

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

The IJB has recognised that the level of challenge associated with the financial plan is substantial and that this also reflects the challenging financial environments of both NHS Fife and Fife Council. On this basis, the financial sustainability of the IJB remains a significant risk for 2025/26 and beyond and it is crucial that a whole system approach continues to be taken to manage the level of financial risk and challenge going forward.

Vision, leadership and governance

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

Auditor judgement

Effective and appropriate arrangements are in place



Governance arrangements

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

Lynne Garvey, the IJB's previous Head of Community Care Services was appointed as the Chief Officer for the IJB from November 2024. Audrey Valente, Chief Finance Officer, is due to retire in October 2025, and Tracy Hogg, who previously held the role of Finance Manager, has been appointed to this position.

The Board continued to hold bi-monthly development sessions during 2024/25. The sessions covered topics including:

- Balancing performance, finance, quality & workforce
- A focus on Finance
- Governance and the 2025/26 Budget.

From review of the Board development sessions, we have concluded that they provide board members with the information and platform to continue to discharge their responsibilities effectively.

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

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

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

During 2024/25, the IJB continued to deliver Systems Leadership Programmes for senior and middle managers to help roll out the systems leadership ethos across the health and social care partnership. Two further programmes for the Extended Leadership Team and Integrated Leadership Team are planned for September 2025 which have already gained significant interest throughout the partnership due to the positive feedback received from the previous programmes.

Board and Committee meetings

Committee meetings have continued to be held virtually rather than in person, and the preferred mechanism is through MS Teams, in line with the sector and the IJB's partner bodies. During 2024/25, Board meetings have continued to adopt a blended approach and development sessions have remained in-person.

Throughout 2024/25, the Board has been able to maintain all aspects of board governance, including its regular schedule of Board and Committee meetings.

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

Strategic Plan for Fife 2023-2026

The IJB approved its Strategic Plan for Fife 2023-2026 in January 2023. The strategic plan was developed using a partnership approach and aligns to both Fife Council's 'Plan for Fife' and NHS Fife's 'Population Health and Wellbeing Strategy'.

The strategy recognises the challenges within health and social care including the impact of the COVID-19 pandemic on the demand for services, inequalities within the health population and the way in which the IJB has adapted the way it works internally and with partner organisations.

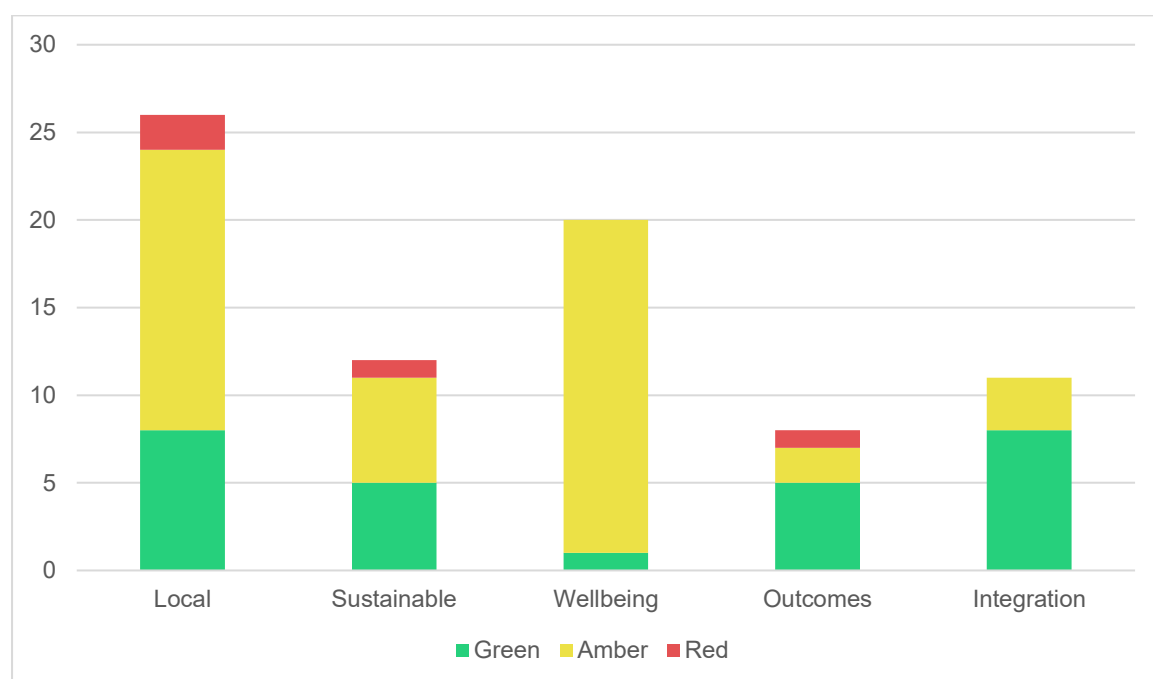
The strategy takes cognisance of the IJB's overarching vision, mission and values, and is structured under five strategic ambitions:

- Local - A Fife where we will enable people and communities to thrive;
- Integration - A Fife where we will strengthen collaboration and encourage continuous improvement;
- Outcomes - A Fife where we will promote dignity, equality and independence,
- Wellbeing - A Fife where we will support early intervention and prevention; and
- Sustainable - A Fife where we will ensure services are inclusive and viable.

The Strategic Plan 2023- 2026 is supported by annual delivery plans which set out the programme of work for each year and highlight the improvements that require to be made to further improve health and social care services in Fife. The Delivery Plan 2024 was approved by the IJB in March 2024 and consists of 77 separate actions.

The year two annual report was presented to the March 2025 IJB meeting alongside the year three delivery plan. The report highlighted that 35% of actions were completed during 2023/24 (green RAG status), 60% were partially completed (amber RAG status) and 5% were delayed (red RAG status). This position represents a decrease in performance compared to the year one delivery plan. All red actions have either been carried forward into the 2025 delivery plan or have been updated and replaced with new relevant actions, for example, in response to national changes.

Exhibit 3: RAG Status of year two delivery plan grouped by strategic ambition



Source: Strategic Plan 2023-2026 Year Two Report 2024 - March 2025

The IJB is beginning to undergo preparations for the development of the next iteration of its Strategic Plan. A report was presented to the Strategic Planning Group in July 2025 which included the expected activity and timeline. A wide range of engagement has been undertaken on the Strategic Plan internally and externally, and this is due to move to a more consultative approach with the draft strategy from October 2025.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Strategic Plan for Fife 2023-26 and to prepare for the development of the next iteration of the IJB's Strategic Plan.

Internal audit

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

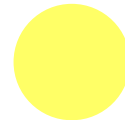
The annual internal audit report was presented to the Audit and Assurance Committee in June 2025. This report confirmed that "The IJB has adequate and effective governance, risk management and internal control arrangements in place and the 2024/25 internal audit plan has been delivered in line with Public Sector Internal Audit Standards". In addition, internal audit has not advised management of any additional disclosure requirements for the governance statement or any inconsistencies between the governance statement and information they are aware of from their work.

Use of resources to improve outcomes

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

Auditor judgement

Risks exist to the achievement of operational objectives



Performance Management Arrangements

Performance management framework

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

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

During 2024/25 and to date, significant work has been undertaken by the IJB to further develop its performance reporting to allow for greater analysis and scrutiny of performance. Reporting improvements include refreshed performance scorecards, an increase to the set of indicators reported on and the inclusion of targets and benchmarks for indicators. This work is expected to continue into 2025/26.

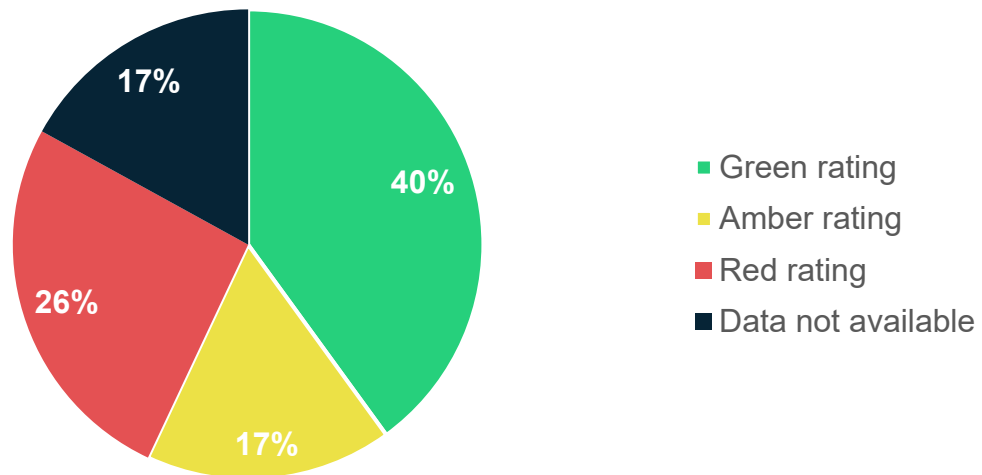
Through review of Board papers, we concluded that performance is given an appropriate level of scrutiny and challenge.

Performance in 2024/25

IJB's have been required by the Public Bodies (Joint Working) Act 2004 to report on the core suite of Integration Indicators within their Annual Performance Reports. The 2024/25 annual performance report compares the IJB's performance against the Scottish average in 23 core

national indicators. As noted in exhibit 4, there was insufficient data available to conclude on performance for four indicators due to national data being unavailable or there being no nationally agreed definition for the indicators.

Exhibit 4: National Indicators – Fife’s performance for 2024-2025 compared to Scottish average



Source: Annual Performance Report 2024-25- July 2025

As exhibit 4 demonstrates, performance continues to be mixed compared to the Scottish average. The IJB performed worse than average in 10 of the core indicators, which is a slight improvement compared to the previous year.

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

- NI 3- Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (51% compared to Scotland rate of 59.6% and prior year comparative of 51%);
- NI 4- Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (53% compared to Scotland rate of 61.4% and prior year comparative of 53%);
- NI 12- Emergency admission rate per 100,000 population (14,360 compared to Scotland rate of 11,559 and prior year comparative of 13,809);
- NI 16- Falls rate per 1,000 population aged 65+ (28.7 compared to Scotland rate of 22.5 and prior year comparative of 28.1);
- NI 17- Proportion of care services graded good or better in Care Inspectorate inspections (73.5% compared to Scotland rate of 81.9% and prior year comparative of 68.7%); and
- NI 18- Percentage of adults with intensive care needs receiving care at home (55.5% compared to Scotland rate of 64.7% and prior year comparative of 59.2%).

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

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

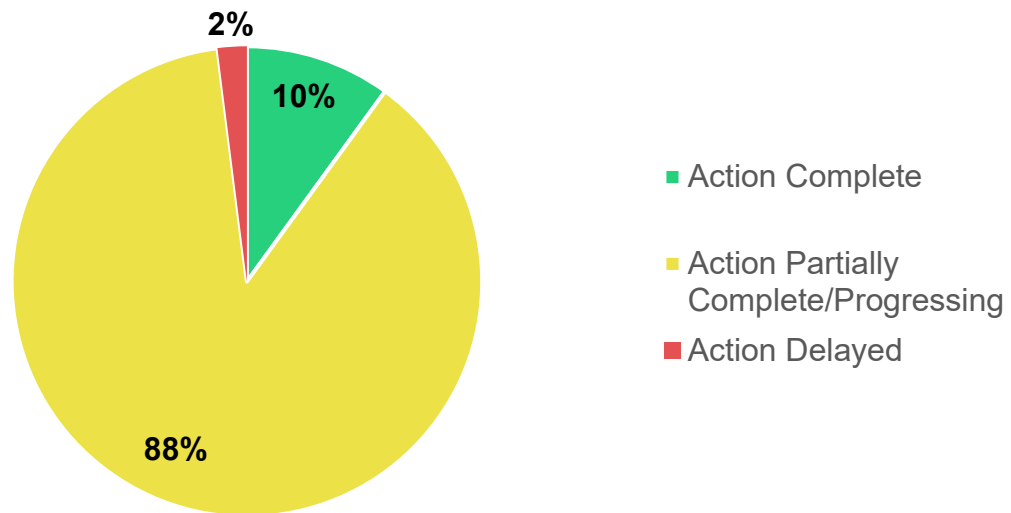
Workforce Planning

The Workforce Strategy 2022-25 was approved by the IJB in November 2022, accompanied by action plans and supporting governance arrangements. The strategy recognises the challenges currently faced within the workforce and the impact of risks to the IJB including factors such as an ageing workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

In line with previous internal audit recommendations, an update report on the year three workforce action plan was presented to the IJB in May 2025. All actions within the plan were presented with a RAG status.

The update report highlighted that good progress is being made across actions identified under all five workforce pillars. As detailed in exhibit 5, 98% of actions as at April 2025 were either complete or partially complete and on track to be delivered as part of the annual report.

Exhibit 5: Workforce Strategy Year 3 Update



Source: Workforce Strategy Action Plan Year 3: Update- May 2025

An annual report on the delivery of the year three action plan is due to be presented to the IJB in November 2025.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Workforce Strategy 2022-25 and that workforce action plans are progressing at a good pace.

The Scottish Government advised in December 2024 that there is no longer a requirement for health and social care partnerships to prepare and submit three year Workforce Strategies. This was to avoid any unnecessary burden being placed on NHS Boards and health and social care partnerships during a time of significant change while they move forward jointly with reform. In place of this, Scottish Government requested that health and social care partnerships completed a reporting template which requested workforce information including hard to fill posts, vacancy management, sickness absence and role diversification. The IJB completed and submitted the reporting template to Scottish Government by the deadline of March 2025.

Due to the Scottish Government changes to workforce strategy requirements, the IJB's approach to workforce planning will be captured through the next iteration of its Strategic Plan. This will then be supported by annual workforce delivery plans to allow the IJB to focus on its workforce priorities, with the first of these expected to be produced by April 2026.

Best value

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

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

We are satisfied that the IJB has organisational arrangements in place to secure Best Value. The IJB approved a best value framework in 2019 and undertake a review against the best value framework on an annual basis. The position statement for 2024/25 is due to be presented to the IJB in November 2025.

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Appendix 1: Responsibilities of IJB and the Auditor

IJB responsibilities

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

Area	IJB responsibilities
Corporate governance	The IJB is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Those charged with governance should be involved in monitoring these arrangements.
Financial statements and related reports	The IJB has responsibility for: • preparing financial statements which give a true and fair view of the financial position of the IJB and its expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation; • maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support the balances and transactions in its financial statements and related disclosures; and • preparing and publishing, along with the financial statements, an annual governance statement, governance compliance statement, management commentary (or equivalent) and a remuneration report that is consistent with the disclosures made in the financial statements and prepared in accordance with prescribed requirements.

Area	IJB responsibilities
	Management commentaries should be fair, balanced and understandable. Management is responsible, with the oversight of those charged with governance, for communicating relevant information to users about the IJB and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely. The IJB is responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of its objectives and safeguard and secure value for money from the public funds at its disposal. The IJB is also responsible for establishing effective and appropriate internal audit and risk-management functions.
Standards of conduct for prevention and detection of fraud and error	The IJB is responsible for establishing arrangements to prevent and detect fraud, error and irregularities, bribery and corruption and also to ensure that its affairs are managed in accordance with proper standards of conduct.
Financial position	The IJB is responsible for putting in place proper arrangements to ensure its financial position is soundly based having regard to: • Such financial monitoring and reporting arrangements as may be specified; • Compliance with statutory financial requirements and achievement of financial targets;

Area	IJB responsibilities
	• Balances and reserves, including strategies about levels and their future use; • Plans to deal with uncertainty in the medium and long term; and • The impact of planned future policies and foreseeable developments on the financial position.
Best value	The IJB has a specific responsibility to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions. In securing Best Value, the local government body is required to maintain an appropriate balance among: • The quality of its performance of its functions • The costs to the body of that performance • The cost to persons of any service provided by it for them on a wholly or partly rechargeable basis. In maintaining the balance, the IJB shall have regard to: • Efficiency • Effectiveness • Economy • The need to meet the equal opportunity requirements. The IJB should discharge its duties in a way which contributes to the achievement of sustainable development.

Auditor responsibilities

Code of Audit Practice

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

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

Our responsibilities

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

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

Weaknesses or risks, including fraud and other irregularities, identified by auditors, are only those which come to our attention during our normal audit work in accordance with the Code and may not be all that exist.

Wider scope audit work

Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector.

The wider scope audit specified by the Code broadens the audit of the accounts to include additional aspects or risks in areas of financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.



Financial management

Financial management means having sound budgetary processes. Audited bodies require to understand the financial environment and whether their internal controls are operating effectively.

Auditor considerations

Auditors consider whether the body has effective arrangements to secure sound financial management. This includes the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities.

Financial sustainability



Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Auditor considerations

Auditors consider the extent to which audited bodies show regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so it can continue to deliver services.

Vision, leadership and governance



Audited bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.

Auditor considerations

Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. Auditors also consider the effectiveness of governance arrangements for delivery, including openness and transparency of decision-making; robustness of scrutiny and shared working arrangements; and reporting of decisions and outcomes, and financial and performance information.

Use of resources to improve outcomes



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

Auditor considerations

Auditors consider the clarity of arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of inequalities, and deliver continuous improvement in priority services.

Best Value

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

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

Audit quality

The Auditor General and the Accounts Commission require assurance on the quality of public audit in Scotland through comprehensive audit quality arrangements that apply to all audit work and providers. These arrangements recognise the importance of audit quality to the Auditor General and the Accounts Commission and provide regular reporting on audit quality and performance.

Audit Scotland maintains and delivers an [Audit Quality Framework](#).

The most recent audit quality report can be found at [Quality of public audit in Scotland: Annual report 2024-25 | Audit Scotland](#)

Independence and ethics

The Ethical Standards and ISA (UK) 260 require us to report full and fair disclosure of matters relating to our independence. In accordance with our profession's ethical requirements and further to our external audit plan issued confirming audit arrangements we confirm that there are no further facts or matters that impact on our integrity, objectivity and independence as auditors that we are required or wish to draw attention to. We consider an objective, reasonable and informed third party would take the same view.

We confirm that Azets Audit Services and the engagement team complied with the FRC's Ethical Standard. We confirm that all threats to our independence have been properly addressed through appropriate safeguards and that we are independent and able to express an objective opinion on the financial statements.

In particular:

Non-audit services: There are no non-audit services provided to the IJB.

Contingent fees: No contingent fee arrangements are in place for any services provided

Gifts and hospitality: We have not identified any gifts or hospitality provided to, or received from, any member of the IJB, senior management or staff

Relationships: We have no other relationships with the IJB, its directors, senior managers and affiliates, and we are not aware of any former partners or staff being employed, or holding discussions in anticipation of employment, as a director, or in a senior management role covering financial, accounting or control related areas.

Our period of total uninterrupted appointment as at the end of 31 March 2025 was three years.

Audit fees

The total fees charged to the IJB for the provision of services in 2024/25 were as follows. Prior year charges are also shown for comparative purposes:

	2024/25	2023/24
Auditor remuneration (expected fee level)	£37,950	£36,420
Auditor remuneration (above expected fee level)	£3,795	£0
Pooled costs	£950	£1,330
Contribution to Performance Audit and Best Value work (PABV) costs	£7,280	£7,770
Sectoral cap adjustment	(£12,180)	(£12,160)
Extension of wider scope audit to review lessons learned report	N/A	£3,600
Total audit fee	£37,795	£36,960

The audit fees charged reconcile to the fees disclosed in the financial statements.

Appendix 2: Audit differences identified during the audit

We are required to inform the IJB of any significant misstatements within the financial statements presented for audit that have been discovered during the course of our audit.

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

Misclassification and disclosure changes

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

We identified some minor presentational issues in the accounts, and these have all been amended by management. Details of all disclosure changes amended by management following discussions are as below.

No	Detail
1.	Annual Governance Statement – update to include the correct 2024/25 Internal Audit Opinion and other minor amendments.
2.	Remuneration Report – inclusion of Full Year Equivalent salaries, inclusion of full pension scheme narrative to be consistent with partner body disclosures and other minor amendments.
3.	Management Commentary – inclusion of narrative on additional funding received from partners and other minor amendments.
4.	CIES – updates to the presentation of Other IJB: Operating Expenditure to ensure consistent presentation and classification across 2023/24 and 2024/25.

Overall, we found the disclosed accounting policies, significant accounting estimates and the overall disclosures and presentation to be appropriate.

Appendix 3: Follow up of prior year recommendations

As part of our audit work we have followed up on control weaknesses and recommendations either raised in last year's Annual Audit Report or carried forward from prior years.

1. Lessons Learned Exercise	
Recommendation	We recommend that the Audit and Assurance Committee consider requesting Internal Audit to provide independent assurance on the effectiveness of controls identified as part of agreed corrective actions.
Implementation date	March 2025
Complete	A SMART action plan was developed and all actions have been implemented. The action plan was monitored by the Audit and Assurance Committee throughout 2024/25.

2. Financial pressures and identified savings	
Recommendation	Ensure that financial plans and strategies fully reflect pressures and that savings identified remain deliverable.
Implementation date	March 2025
Complete	The Medium Term Financial Strategy 2025/28 appropriately reflects financial pressures which face the IJB. After the receipt of £14million of additional funding r from partner bodies, the 2025/26 savings target was reduced to £29.424million, which is substantially lower than the previous year. The IJB has a good focus on achieving its savings targets in the medium to longer term through the establishment of Progress Report Updates (PRU). These provide early intervention for savings areas that have a risk of not being achieved and require recovery actions.



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Moving forward with confidence



Audrey Valente
Chief Finance Officer

Audrey.Valente@fife.gov.uk

Date: 29 September 2025

Azets Audit Services
Quay 2
139 Fountainbridge
Edinburgh
EH3 9QG

Dear Sirs

Fife Integration Joint Board
Financial Statements for the year ended 31 March 2025

This representation letter is provided in connection with the audit of the financial statements of Fife Integration Joint Board (the 'IJB') for the purpose of expressing an opinion on whether the financial statements present a true and fair view, in all material respects, in accordance with applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

I confirm that to the best of my knowledge and belief, having made such inquiries as I considered necessary for the purpose of appropriately informing myself:

Financial Statements

- i. I have fulfilled my responsibilities for the preparation of the IJB's financial statements in accordance with applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code, for being satisfied that they give a true and fair view and for making accurate representations to you.
- ii. I have complied with the requirements of all statutory directions affecting the IJB and these matters have been appropriately reflected and disclosed in the financial statements.
- iii. The financial statements are free of material misstatements, including omissions.

- iv. I have reviewed and approved all disclosures made in the financial statements and I am not aware of any other matters which require disclosure in order to comply with the requirements of UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code.
- v. No adjustments or uncorrected misstatements were identified during the audit. No unadjusted misstatements were brought forward from prior year.
- vi. The IJB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- vii. I acknowledge my responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error, and I believe that I have appropriately fulfilled these responsibilities.
- viii. The methods, data and significant assumptions used by us in making accounting estimates, including those measured at fair value, are appropriate to achieve recognition, measurement and disclosure that is reasonable in the context of the applicable financial reporting framework. I am satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the 2024/25 Code and adequately disclosed in the financial statements.
- ix. The IJB has no plans or intentions that may materially alter the carrying value and, where relevant, the fair value measurements or classification of assets and liabilities as at 31 March 2025 reflected in the financial statements.
- x. Except as disclosed in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent
 - b. none of the assets of the IJB has been assigned, pledged or mortgaged
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- xi. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of applicable law and accounting standards.
- xii. All events subsequent to the date of the financial statements and which require adjustment or disclosure have been adjusted or disclosed.
- xiii. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code.
- xiv. I have updated our going concern assessment. I believe that the IJB's financial statements should be prepared on a going concern basis; however, my basis for going concern acknowledges that if that situation arose the services would be transferred to

another body. I have not identified any material uncertainties relating to going concern and believe that no further disclosures relating to the IJB's ability to continue as a going concern need to be made in the financial statements.

Information Provided

- xv. I have communicated to you all deficiencies in internal control of which management is aware.
- xvi. All transactions undertaken by the IJB have been recorded in the accounting records and are properly reflected in the financial statements.
- xvii. I have disclosed to you the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xviii. I have disclosed to you all information in relation to known fraud or suspected fraud that I am aware of and that affects the IJB and involves:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xix. I have disclosed to you all information in relation to instances of, or allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xx. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxi. I have disclosed to you the identity of the IJB's related parties and all the related party relationships and transactions of which I am aware.
- xxii. I have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
- xxiii. I have provided you with:
 - a. access to all information of which I am aware that is relevant to the preparation of the IJB's financial statements such as accounting records, and all other records requested;
 - b. additional information that you have requested from us for the purpose of your audit; and
 - c. unrestricted access to persons within the IJB (via remote arrangements where necessary), from whom you determined it necessary to obtain audit evidence.
- xxiv. I acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as I am aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware. I have taken all the steps that I ought to have taken in order to make myself aware of any relevant audit information and to establish that you are aware of that information.

Management Commentary

- xxv. The disclosures within the Management Commentary fairly reflect my understanding of the IJB's financial and operating performance over the period covered by the financial statements.

Annual Governance Statement

- xxvi. I am satisfied that the Annual Governance Statement fairly reflects the IJB's risk assurance and governance framework and I confirm that I am not aware of any significant risks or weaknesses in governance or internal control that are not disclosed within the Statement.

Remuneration Report

- i. I am satisfied that the disclosures within the Remuneration Report have been properly prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Approval

The approval of this letter of representation was minuted by the IJB at its meeting on 29 September 2025.

Yours sincerely

A handwritten signature in dark ink, reading "Audrey Valente". The signature is written in a cursive style with a large, stylized 'V'.

Audrey Valente
Chief Finance Officer



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 8.3

Report Title: Refreshed Performance Approach

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: William Penrice, Service Manager (Strategic Planning and Performance)

1 Purpose

This Report is presented for:

- Information
- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

This summary performance report has been discussed at the Finance, Performance and Scrutiny Committee on 17th September 2025

3 Report Summary

3.1 Situation

The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.

A refreshed Performance Report approach has been agreed, and it is now necessary to begin bringing these reports to appropriate committees and the IJB.

3.2 Background

A new performance reporting approach has been set up.

Changes include:-

- Increased scope of indicators
- Focus on improvement actions being undertaken
- Use of the same high level indicator report across SLT, HSCP Committees and IJB
- Use of the same format at portfolio level within HSCP
- Introduction of performance review and escalation recommendations for SLT to consider
- Use of longer trends
- Use of benchmarking where available (PHS colleagues are assisting with this)
- Much greater focus on governance of indicators, such as presence of targets, benchmarks and SMART improvement actions

It has been the case that a detailed performance report with narrative for all indicators has been provided to Finance, Performance and Scrutiny Committee, while only an Executive Summary has progressed to IJB. It is proposed to improve the Executive Summary and use the same report in all settings.

3.3 Assessment

Collecting narratives for the performance indicators has not been straightforward and it has been decided to omit these for the governance cycle this time. While a first round of collecting these has taken place, we require to address several quality issues in the information being returned. Therefore, the narrative section is not included within this report at this time but will be included in future once improvements in the narrative collection process have been implemented.

3.3.1 Quality / Customer Care

No implications for quality or customer care beyond improving scrutiny of performance in those areas

3.3.2 Workforce

No workforce implications to report

3.3.3 Financial

No financial impact to report.

3.3.4 Risk / Legal / Management

The development of a performance framework ensures a continuous improvement approach to service delivery.

3.3.5 Equality and Diversity, including Health Inequalities

There are no Equality or diversity implications of this report

3.3.6 Environmental / Climate Change

There are no environmental or climate change impacts related to this report.

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

No consultation is required.

4 Recommendation

It is recommended that the Integration Joint Board:

1. Note the progress being made
2. Discuss potential improvements to the reporting format

5 List of Appendices

Appendix 1. Performance Scorecard and Executive Summary

6 Implications for Fife Council - none

7 Implications for NHS Fife - none

8 Implications for Third Sector - none

9 Implications for Independent Sector - none

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	✓
2	Fife Council	

3	NHS Fife	
4	Fife Council & NHS Fife	

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Fife Health & Social Care Partnership



Supporting the people of Fife together

Performance Report

Finance, Performance & Scrutiny Committee

August 2025

Strategic Planning and Performance



Purpose of the Report

This is a standard performance report for the Fife HSCP. It is designed to give an overview of performance across a range of indicators and to identify improvement actions being undertaken and where necessary, recommend performance areas for escalation and further scrutiny and support.

This is a reduced version of the new report as elements of reporting are developed.

Executive Summary

This is the first time this performance report has been presented in this format. It represents a step forward in performance reporting across the HSCP.

A key focus of this new approach is governance surrounding individual indicators. At present there is significant scope to improve this through further development of targets, identifying a fuller range of benchmarking and in some instances obtaining data, this work is ongoing. Where benchmark information is available currently, this is a comparison to the Scottish average.

A collection of key improvement actions is being sought for use in a detailed narrative, further work is needed in this regard to improve the quality of narrative being returned. This work is key to developing a detailed understanding of the indicators, this additional effort will give greater focus on improvement and lead to a clearer picture of what is required to improve performance going forward.

Where appropriate indicators will be recommended for escalation to our senior leadership team (SLT) for further scrutiny with and a joint focus for improvement. Several indicators with an amber RAG status require ongoing monitoring and improvement work to avoid escalation and further scrutiny.

Performance Summary

Explanation of terms used in Summary	
Governance	Whether data (D), target (T) and benchmark (B) have been identified as issues or “Yes” where there are no governance issues
Expected Range	States “Yes” if within an expected range or “No” if not. expected range is plus or minus 1 Standard Deviation of previous data
Target	The target value is stated. Where there is no target, it is stated as “No”.
Benchmark	The benchmark is stated. Where there is no benchmark, it is blank
Current Value	The current figure for this indicator (month and year in brackets). Note that more detail is presented in the appendix
Frequency	M' denotes monthly, 'Q' denotes Quarterly, and 'B' denotes bi-annual and 'A' denotes annual.
Latest Data	Indicates most recent data available.
Trend	Indicates “Same”; “Improving”; or “Declining”. Based on a significant change being noted beyond normal variation
RAG Status	Cell is shaded – Green (on target); Amber (some cause for concern) or Red (not on target)

ID	Performance Indicator	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status
	Assessment Beds - Average Length of stay upon discharge (days)	(B)	No	42		97	M	Jul-25	Declining	
	STAR Beds - Length of stay upon discharge (days)	(B)	Yes	42		56	M	Jul-25	Same	
	START - Length of stay upon discharge (days)	(B)	Yes	42		43	M	Jul-25	Same	
	Nursing & Residential Long Term Care Population	(T) (B)	Yes	-		2479	M	Jul-25	Same	
	LGBF - % of people 65+ with long-term care needs who are receiving personal care at home	(T)	No	-	62.6	62.8	A	2023/24	-	-
	Demand for new Care at Home Services - No. Waiting	(T) (B)	Yes	-		209	M	Jul-25	Declining	
	Demand for new Care at Home Services - No. hrs	(T) (B)	Yes	-		1230	M	Jul-25	Same	
	Weekly Hrs Externally Commissioned Care at Home - Older People	(T) (B)	Yes	-		17938	M	Jul-25	Same	
	Weekly Hrs Care at Home Internal Services	(T) (B)	No	-		12665	M	Jul-25	Same	
	Weekly Hrs Externally Commissioned Care at Home - Adults	(T) (B)	No	-		3598	M	Jul-25	Same	
	Weekly Hrs Externally Commissioned - Supported Living	(T) (B)	Yes	-		35297	M	Jul-25	Same	
	Technology Enabled Care - Total No. Provided in Month (CA&TEC)	(T) (B)	No	-		9223	M	Jul-25	Same	
	Technology Enabled Care - Total No. New Services in Month (CA&TEC)	(T) (B)	Yes	-		260	M	Jul-25	Same	
	Acute/Community Delayed Discharges (Bed Days Lost Avg per day)	(B)	No	50		62	M	Jul-25	Declining	

ID	Performance Indicator	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status
	Mental Health Delayed Discharges (Bed Days Lost Avg per day)	(B)	No	8		14.6	M	Jul-25	Declining	
	LGBF - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	(T)	Yes	-	925	696	A	2024/25	-	-
	CAMHS Waiting Time	Yes	No	90	91.6	97.5	M	Jun-25	Same	
	Psychological Therapies Waiting Time	Yes	Yes	73	78.6	73.8	M	Jun-25	Declining	
	Mental Health Readmissions (28days) - 3Mth Avg	(T) (B)	Yes	-		5	M	Mar-25	Same	
	LGBF - Rate of readmission to hospital within 28 days per 1,000 discharges	(T)	No	-	102.8	121.8	A	2024/25	-	-
	Smoking Cessation - % Achieved (Most Deprived 40% SIMD)	Yes	Yes	100	71.1	71.3	M	Mar-25	Same	
	Drug & Alcohol Treatment Waiting Times	Yes	Yes	90	93.6	92.2	Q	Mar-25	Same	
	Childhood Immunisation (6in1) by 12 Mths	Yes	Yes	95	94.6	94.5	Q	Mar-25	Same	
	Childhood Immunisation (MMR2) by 5 Yrs	Yes	Yes	92	89.2	87.2	Q	Mar-25	Same	
	Infant Feeding 6-8week review	Yes	Yes	33	33.9	30.3	M	Mar-25	Same	
	Developmental Concerns 27-30 months	Yes	Yes	15	16.4	17	Q	Mar-25	Same	
	% of GP Practices managed as a Board Managed 2C Practice	(T) (B)	Yes	-		6	M	Jul-25	Same	
	% of Population Registered with an NHS Dentist	(T)	Yes	-	95.7	84.1	Q	Jun-25	Same	
	% of registered Dental Patients Participating (Contact within 2 years)	(T)	No	-	61.3	64.8	Q	Jun-25	Improving	
	OOH Emergency Dental Service (EDS) Appointments. (Sat/Sun, 3hr sessions)	(T) (B)	No	-		203	M	May-25	Improving	
	Number of Active pharmacy applications	(D) (T) (B)	-	-	-	-	-	-	-	-
	Number of practices providing Community Glaucoma Service	(D) (T) (B)	-	-	-	-	-	-	-	-
	First-time mothers 20yrs or less Programme Uptake Rate	(D) (T) (B)	-	-	-	-	-	-	-	-
	First-time mothers 20yrs or less Programme Attrition	(D) (T) (B)	-	-	-	-	-	-	-	-
	Children starting care offered a health needs assessment within 28 days (The Promise)	(D) (T) (B)	-	-	-	-	-	-	-	-
	Number of SW Referrals passed to Community Teams	(T) (B)	Yes	-		245	M	Jul-25	Same	
	Number of SW Critical Cases allocated within 5 days from point of referral	(T) (B)	Yes	-		244	M	Jul-25	Same	
	No of ASP IRDs completed within 5 days from point of screening	(T) (B)	No	-		9	M	Jun-25	Same	
	Waiting time for double up package of care (community) days	(T) (B)	Yes	-		7.1	M	Jul-25	Same	
	Average waiting time for assessment of need (POSA)	(D) (T) (B)	No	-		89	M	Jul-25	Same	

ID	Quality Indicator	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status
	Falls with Harm (Rate per 1000 OBD Monthly)	(B)	Yes	1.38	-	2.27	M	Jun-25	Same	
	Incidents of TV (Rate per 1000 OBD Monthly)	(B)	No	0.89	-	0.83	M	Jun-25	Same	
	Mental Health Indicators - Ligature (Rate per 1000 OBD)	(B)	Yes	0.76	-	1.01	M	Jun-25	Same	
	Mental Health Indicators - Physical Violence (Rate per 1000 OBD)	(B)	Yes	7.04	-	11.11	M	Jun-25	Same	
	Mental Health Indicators - Restraint (Rate per 1000 OBD)	(B)	Yes	6.44	-	12.72	M	Jun-25	Improving	
	Mental Health Indicators - Self Harm (Rate per 1000 OBD)	(B)	Yes	0.78	-	1.62	M	Jun-25	Same	
	LGBF - Proportion of adult care services graded good or better	(T)	Yes	-	81.9	73.5	A	2024/25	-	-
	Complaints to H&SCP responded to within statutory target	(B)	No	80	-	41	M	Jun-25	Declining	
	Compliments to H&SCP	(T) (B)	Yes	-	-	22	M	Jun-25	-	-
	Information Requests to H&SCP responded to within statutory target	(B)	Yes	80	-	85	M	Jun-25	Same	

ID	Workforce Indicator	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status
	H&SCP Staff Absence (Fife Council Employees)	(B)	No	4	-	10.5	M	Jun-25	Improving	
	H&SCP Staff Absence (NHS Employees)	(B)	Yes	4	-	7.5	M	Jul-25	Declining	

ID	Finance Indicator	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status
	LGBF - Home care costs per hour for people aged 65 or over	(T)	No	-	33.61	45.78	A	2023/24	-	-
	LGBF - SDS (DP + MPB) spend on adults as a % of total adult social work spend	(T)	Yes	-	9	3.5	A	2023/24	-	-
	LGBF - Residential costs per week per resident for people aged 65 or over	(T)	Yes	-	723	1059	A	2023/24	-	-

Integration Joint Board											
Meeting Dates 2025-26	Frequency	Purpose	Owner	28-May-25	30-Jul-25	29-Sep-25	26-Nov-25	28-Jan-26	25-Mar-26	Partner Reporting	
STRATEGIC PLANNING AND DELIVERY											
Dementia Strategy	On Request	Decision	Karen Marwick							Yes	
Mental Health and Wellbeing Strategy	On Request	Decision	Karen Marwick		Delayed	Presented				Yes	
Strategic Plan 2026-2029 Approach	On Request	Decision	Audrey Valente				Scheduled			No	
Reconfiguration of Adamson & St Andrews MIU	On Request	Decision	Lisa Cooper	Presented						Yes	
Review of Short Stay Bed Base in Local Authority Residential Care Homes for Older People	On Request	Decision	Chris Conroy		Presented						
Home First Strategy Update - Community Hospitals Transformation	On Request	Decision	Chris Conroy		Presented						
Strategy Annual Reports											
Strategic Plan - Annual Report	Annual	Assurance	Audrey Valente						Scheduled	No	
Advocacy Strategy	Annual	Assurance	Caroline Cherry				Scheduled			No	
Alcohol and Drug Strategy	Annual	Assurance	Karen Marwick	Delayed	Presented					No	
Carers Strategy	Annual	Assurance	Roy Lawrence		Delayed	Presented				No	
Commissioning Strategy	Annual	Assurance	Audrey Valente	Delayed	Presented					No	
Digital Strategy	Annual	Assurance	Audrey Valente				Scheduled			No	
Local Housing Strategy	Annual	Assurance	Paul Short						Scheduled	No	
Medium Term Financial Strategy	Annual	Assurance	Audrey Valente						Scheduled	No	
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper				Scheduled			No	
Primary Care Strategy	Annual	Assurance	Lisa Cooper				Scheduled			No	
Workforce Strategy (Inc. EDI Update) Annual Report	Annual	Assurance	Roy Lawrence				Scheduled			No	
LIVED EXPERIENCE & WELLBEING											
Single Handed Care	Standing Item	Assurance	Lynn Barker		Presented					No	
What Matters to You	Standing Item	Assurance	Lynn Barker	Presented						No	
Community Led Support	Standing Item	Assurance	Lynn Barker			Presented				No	
INTEGRATED PERFORMANCE & QUALITY											
Finance Update	Standing Item	Decision	Audrey Valente	Presented	Presented	Presented	Scheduled	Scheduled	Scheduled	No	
Revised Budget Direction	On Request	Decision	Audrey Valente		Presented						
Performance Report - Executive Summary	Quarterly	Assurance	Audrey Valente	Presented		Presented		Scheduled		No	
Annual Performance Report 2024-25	Annual	Assurance	Audrey Valente		Presented					No	
File IJB Draft Audited Accounts	Annual	Decision	Audrey Valente			Presented				No	
Annual Review of Best Value	Annual	Assurance	Audrey Valente				Scheduled			No	
RTP Shaping Our Future Together Transformation Framework	On Request	Assurance	Lynne Garvey			Scheduled					
Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)	Annual	Decision	Audrey Valente						Scheduled	No	
GOVERNANCE & OUTCOMES											
Chairs Assurance Statements	Standing Item	Assurance	Vanessa Salmond	Presented	Presented	Presented	Scheduled	Scheduled	Scheduled	No	
Clinical & Care Governance Framework	On Request	Decision	Helen Hellewell							Yes	
Governance Committee Assurance Statements	On Request	Decision	Vanessa Salmond	Presented						No	
Membership Update	On Request	Noting	Vanessa Salmond		Presented					No	
IJB Workplan	Standing Item	Assurance	Vanessa Salmond	Presented	Presented	Presented	Scheduled	Scheduled	Scheduled	No	
Monitoring Progress of Directions	Quarterly	Decision	Vanessa Salmond	Presented		Presented		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								
LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS											
Annual Risk Management Report	Annual	Assurance	Audrey Valente	Presented						No	
Risk Management Progress Report - 6-month update	Annual	Assurance	Audrey Valente				Scheduled			No	
IJB Strategic Risk Register	Annual	Assurance	Audrey Valente	Presented						No	
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence	Presented						No	
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy			Presented				No	
Records Management Annual Report	Annual	Assurance	Audrey Valente			Presented				No	
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Presented					No	
Armed Forces Covenant Duty	Annual	Assurance	Audrey Valente				Scheduled			No	
Public Sector Climate Duties Annual Report	Annual	Assurance	Audrey Valente				Scheduled			No	
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Due Jan 2027)	Biennial	Assurance	Audrey Valente							No	
Community Led Support Annual Report	Annual	Assurance	Roy Lawrence		Delayed	Presented			Scheduled	Yes	
Winter Plan 2025-26	Annual	Assurance	Chris Conroy			Delayed	Scheduled			Yes	
Care Inspectorate Grading Report	Annual	Assurance	Audrey Valente				Scheduled			Yes	
Child Protection Annual Report (Child Protection Committee)	Annual	Assurance	James Ross					Scheduled		Yes	
Pharmaceutical Care Services Report	Annual	Assurance	Lisa Cooper				Scheduled			Yes	
Adult Protection Report (Social Work / Social Care)	Annual	Assurance	Karen Marwick	Presented						Yes	
Chief Social Worker Officer Report	Annual	Assurance	James Ross					Scheduled		Yes	
Spring Booster Campaign	Annual	Assurance	Lisa Cooper	Presented						Yes	
Winter COVID-19 and Flu Vaccine Delivery Campaign	Annual	Assurance	Lisa Cooper						Scheduled	Yes	
Health Care (Staffing) (Scotland) Act Annual Report	Annual	Assurance	Caroline Cherry	Presented							
Director of Public Health Report - Joy Tomlinson	Annual	Assurance	Lynne Garvey			Presented					
File Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled		Yes	



Meeting Title: Integration Joint Board

Meeting Date: 27th September 2025

Agenda Item No: 9.2

Report Title: Monitoring of Directions

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Purpose

This Report is presented to Committee for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Outcomes
- Integration

2 Route to the Meeting

This report has been presented to the Finance, Performance and Scrutiny Committee and was supported for onward submission to the IJB for assurance.

3 Report Summary

3.1 Situation

Services across the Health and Social Care Partnership work together to plan, commission, monitor and deliver services to meet Directions issued by the IJB.

As per the Directions Policy, this monitoring report is provided to the Integration Joint Board to provide assurance on the implementation and monitoring of Directions.

3.2 Background

This IJB Direction Progress Report as at September 2025 (Appendix 1) gives an overview of the current status of both NHS Fife and Fife Council IJB Directions pertaining to both 2024-25 and 2025-26 fiscal years.

3.3 Assessment

As at September 2025, the remaining open directors for the 2024-25 fiscal year are due to be closed following agreement of the annual accounts at the IJB meeting on 29th September 2025.

For the 2025-26 fiscal year, a total of 8 Directions has been issued thus far, 2 are closed as they have been superseded, a further 2 have been closed as fully delivered and 4 remain open.

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.

3.3.1 Quality / Customer Care

N/A

3.3.2 Workforce

N/A

3.3.3 Financial

Gives assurance that finance is being appropriately monitored.

3.3.4 Risk / Legal / Management

There is a legal obligation to deliver on IJB Directions.

3.3.5 Equality and Diversity, including Health Inequalities

N/A

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

N/A

4 Recommendation

- **Note** – Integration Joint Board are asked to note the current status of the open Directions as per Appendix 1
- **Assurance** - Take assurance that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Update of Delivery of Directions for 2024-25 and 2025-26.

6 Implications for Fife Council

There is a legal obligation on Fife Council for the delivery of Directions.

7 Implications for NHS Fife

There is a legal obligation on NHS Fife for the delivery of Directions.

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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Author Job Title: Head of Corporate Governance

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Update of IJB Directions: 2024-25

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2024-001	Revenue Budget 2024-25	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. In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.	CLOSED Outcomes Delivered but not within resources allocated	July 2024 - the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, NHS Fife to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments. May 2025 - the provisional financial outturn position as at 31 March 2025 is £34.017m, the outturn will be validated by External Auditor following completion of Annual Audit process.	Sept 25 - Annual Accounts now validated by External Audit - Direction will be closed pending sign-off by IJB on 29th Sept
2024-002	Revenue Budget 2024-25	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. In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.	CLOSED Outcomes Delivered but not within resources allocated	July 2024 - the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, Fife Council to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments. May 2025 - the provisional financial outturn position as at 31 March 2025 is £34.017m, the outturn will be validated by External Auditor following completion of Annual Audit process.	Sept 25 - Annual Accounts now validated by External Audit - Direction will be closed pending sign-off by IJB on 29th Sept

Update of 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 Directon 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 Directon 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
2025-003	Finance Update 2024-25	NHS Fife ✓	NHS Fife is required to transfer funding of £4.651m, as per risk share agreement.	OPEN Overdue	Sept 25 - Funding transfer remains outstanding.	

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 ✓	- 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	Sept 25 - This Direction Supersedes Direction: 2025.001 Aug 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £8.5m as per Direction issued	Sept 25 - There is a projected overspend at at July 2025. A recovery plan is included within the Finance Update papers and more detail will follow.
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	Sept 25 - This Direction Supersedes Direction: 2025.001 Aug 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £8.5m as per Direction issued	Sept 25 - There is a projected overspend at at July 2025. A recovery plan is included within the Finance Update papers and more detail will follow.

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
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 Directon has actioned and is now complete	Sept 25 - Funding recevied 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	Sept 25 - Work progressing via a number of delivery groups with oversight provided to Home First Oversight Group and SLT.	More detailed update will be provided in Dec 2025.



Meeting Title: Integration Joint Board

Meeting Date: 29 September 2025

Agenda Item No: 10.1

Report Title: Carers Strategy Annual Report 2025

Responsible Officer: Roy Lawrence, Head of Culture, Engagement & Communities

Report Author: Scott Fissenden, Change & Improvement Manager

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

The report has been supported by conversations and meetings with key stakeholders within the HSCP's Unpaid Carers approach including regular liaison the two largest voluntary sector providers (Fife Carers Centre and Fife Young Carers) as well as various internal meetings where progress towards the agreed outcomes is managed.

The Joint Carers Strategy Group (JCSG) meets on a quarterly basis to give overview and oversight of the progress made towards the agreed outcomes, which they helped to shape. **The JCSG endorsed the Annual Report at the session on the 2nd September.**

In developing the approach to this report, a meeting took place on 18th June between the IJB Carers Representative, the Head of Culture, Engagement & Communities and the Change & Improvement Manager. We believe this report reflects the agreements resultant from that meeting and this has been supported by the IJB Carers Representative at the Strategic Planning Group on the 3rd September and the Qualities & Communities Committee on the 5th September.

The Report was also endorsed at the Finance, Performance & Scrutiny Committee on the 17th September.

The report author has also attended various external meetings with national carer organisations (Coalition of Carers in Scotland, Shared Care Scotland, Carers Trust) and Scottish Government Carers Leads meetings to ensure the agreed approach to meeting our duties remains current.

Progress has also been monitored through regular reporting to the NHS ADP.

For members who have already read the Report as part of other Committees, the Report content has not changed as no requests have been made.

3 Report Summary

3.1 Situation

The accompanying report provides members with a progress update towards the outcomes agreed by the IJB in 2023 contained within the Carers Strategy for Fife 2023 – 2026.

We offer a wide range of support to unpaid carers to meet their needs, all of which are available regardless of the extent to which a carer may be providing care support. Our approach has been to base as much of this support easily within reach of where carers are, in their localities, although some partners are only able to delivery support from a single-central location, in which instances we ensure our partners include assistance to ensure carers are able to access these services, thereby removing any barriers to access.

All support is offered on a personalised basis using an Adult Carer Support Plan or Young Carers' Statement as the main tool to focus the discussion on which an outcome plan is developed. Carers may be referred on to other partner organisations in Fife where they have a greater specialism to meet the carer's specific needs, for example referring to Citizen's Advice and Rights Fife (CARF) for income maximisation, or to Change Mental Health for mental health support. Take up of the offer of an Adult Carer Support Plan or Young Carers Statement is variable; some carers consider this approach as intrusive and/or or too much for their needs. Our newly adopted approach is to explain this tool is simply our way of recording their conversation so that we have a record of how we have helped them. In this way we hope to achieve two aims; to reduce the repetitiveness of conversations for the carer (coordinated support); and, to increase significantly the number of plans prepared. When a carer has identified critical needs for support which cannot be met through self-help or the universal support that we commission, they will be entitled to access additional support to meet those unmet eligible needs through a Self-Directed Support option.

This approach, agreed with staff and partners, will strengthen our offer to carers while continuing to place them at the centre of their personal plan. This will remain the cornerstone of the activity in this annual report.

3.2 Background

The report provides assurance that the HSCP is meeting its duties as detailed in the Carers (Scotland) Act 2016. The Act places duties on the authority to prepare and publish a Carers Strategy on a three yearly basis. It stipulates various requirements that shall be followed including:

- Involve carers.
- To provide free-to-access information services to all carers.
- To identify carers and to provide on demand an Adult Carer Support Plan or Young Carers Statement.
- To support carers to meet their unmet eligible support needs.
- To review and publish a local eligibility criterion, taking into account the statutory guidance, and to do so at least every three years. This was presented to the IJB in July 2025 and is now an active approach to assessing need.

The current strategy was developed in 2022/23 and agreed in June 2023; it covers the period to 2026. It was developed with the active engagement of carers, partner stakeholders, colleagues and other interested persons. The engagement resulted in a strategy that includes five interrelated outcomes:

1. Information
2. Coordinated support
3. Breaks from caring
4. Early / upstream identification
5. Supporting young carers in Fife

These priority outcomes accorded with that which we had already agreed in the previous plan and are in common with most other authorities' own plans, and the National Carers Strategy.

Our approach to supporting carers was affirmed in a statement of intent considered and agreed by the HSCP IJB in 2022. This statement remains valid today.

Our delivery of support for carers is based on three main elements:

1. Self-help
2. Guided universal support to meet most needs
3. Additional support to meet unmet eligible needs

In addition to the direct engagement with carers and colleagues to develop our strategy and service to support carers, we have taken an active role in discussions about the plans for carer support including at the national level. Our ambition in doing so is to be fully prepared for the next set of rights which will directly benefit all carers – the right to a break as enshrined in the Care Reform (Scotland) Act 2025.

3.3 Assessment

Overall, there has been positive progress on all aspects of the strategy within the constraints of the financial challenges face by the partnership.

3.3.1 Quality / Customer Care

A great deal has been achieved to support carers in Fife. A sample of the outcomes achieved in the last year for carers includes:

- Our social work team has increased the number of carers supported directly. In the last year 792 were supported, up from 551 the previous year and 186 the year before that. A refreshed model of support will see this increase further over the next year.
- Through our partnership with Crossroads, we offered 200 carers Short Breaks Crisis Prevention support to alleviate the need for more significant critical support. This new support was an investment of £100k.
- We co-funded the Short Breaks Grants Schemes, to the value of £83k, administered by Fife Voluntary Action, which supported 1225 carers to access a break from their caring role.
- Our ongoing support of Fife Carers Centre saw 938 carers supported through the hospital discharge support service. This service has been cited as a model of good practice and demonstrates potential for expansion.
- Through Circles Network, we changed our model of support which resulted in a significant increase in referrals for advocacy support. Last year this was 86 referrals of carers to discuss securing a Power of Attorney, with 21 also supported with grants; so far this year the change has resulted in 81 referrals and 59 secure grants.
- As the largest provider of support to young carers, Fife Young Carers reached 4739 young people with information and awareness raising session, and 528 education staff. Forty-eight young people were supported to attend short breaks, 34 more than the previous year, and 491 were helped with transport to ensure they can access the wide range of support the organisations offer.

While more needs to be done, and improvement plans are included within the Annual Report, as noted above (and in the report) we have had a successful year, with our partners, in supporting carers in Fife.

3.3.2 Workforce

Contained within the report are a range of changes and improvements we have taken to improve the workforce experience and to support their skills and knowledge development. Further work is detailed in the report. The headlines are:

- We have established a specialist team within the Partnership who now deliver Adult Carer Support Plans as their core role. This approach, which was reviewed and remodeled during the year, makes accessing personalised support for carers more easily accessible. This team has been supported with dedicated induction and training support, and regular specialist team discussions to ensure performance and practice is shared, is consistent for carers and improves

- We have established and held a wider workforce partnership collaboration network with staff who have a common function of working directly with carers to prepare Adult Carer Support Plans. This new collaborative model includes staff from Fife Carers Centre. This new collaboration has included greater locality working and reviewing the common paperwork that records carers' outcomes. Further work will take place to strengthen this early positive work
- We have established a multi-agency training working group to develop a training portfolio for carers that supports access to partners' existing resources, understand and share resources and look at where there might be gaps that need to be developed to support our carers
- Now that the local Eligibility Framework (Supporting Carers Framework) has been endorsed by the IJB, we will be investing in training support of our colleagues (and our partners' colleagues) to ensure this is implemented in a meaningful and impactful way. Early discussions include developing a learning package which integrates the good conversation model with how to complete an Adult Carer Support Plan and fully integrate consideration of eligibility within the same piece of work.

3.3.3 Financial

The HSCP receives annual funding of £6.1m from Scottish Government to deliver the duties under the Carers Act. Each year the partnership commissions wide range of organisations to support us in this and in total approximately £3.3m was spent in 2024/25 on support from voluntary sector partners. Most of this funding supports prevention and early intervention work and general information, advice and support, all of which is free at the point of access to carers on a universal basis.

The partnership expended approximately £1.3m on internal staff resources including on the new Social Work Assistants, locality work and participation and engagement activity.

Other significant expenditure relates to short breaks and respite including approximately £450k for the carer's community chest, and £78k supporting 87 carers to access self-directed support to meet their eligible personal identified outcomes.

3.3.4 Risk / Legal / Management

The duties that govern this work as laid down in the Carers (Scotland) Act 2016. A risk assessment was undertaken during the development of the current strategy and agreed as part of that process. There are no additional risks of material consequence that have been added to that risk matrix upon its review. We remain compliant with the requirements of the Act.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

The support for unpaid carers, including young carers, is equally available to all carers, in many instances on a universal basis. Our approach to young remains that they must have every opportunity to be a child first and foremost.

An impact assessment has not been completed because this is an assurance report to the carers strategy for Fife which has an associated

impact statement. The policy and practice have not changed significantly since that assessment was published; it remains current.

3.3.6 Environmental / Climate Change

There are no specific impacts or implications as a result of this report on the environment.

3.3.7 Other Impact

None to report.

3.3.8 Communication, Involvement, Engagement and Consultation

The Carers Strategy for Fife was subject to considerable engagement during its development in 2023. This was conducted with the support of the public engagement teams which receives majority funding from the carers act implementation funds.

During the summer we completed our most recent carers' experience survey. Early results show that this exercise, which included young carers' view for the first time, generated a greater number of responses; 278 adult carers plus 75 young carers. Once the full results of the exercise are available, they will be reported to the Joint Carers Strategy Group who will consider this evidence as part of the information used to prepare the next carers strategy in 2026. The headlines from those who responded to the survey are:

- Growing preference for accessing information online
- Face-to-face interactions hold relationship and value
- Support around legal rights
- Strengthen communication with GP's and professionals
- Increased access to information and support
- Continue to provide information around financial supports and grants
- Improvements in experiences around Adult Carer Support plans
- Increase the offering of information and support around short breaks
- Exploring what breaks during the day may look like

4 Recommendation

- **Assurance:** The IJB are asked to take assurance that the work set out to be delivered in support of the Carers Strategy has had a significant positive impact on carers in Fife and that the HSCP continues to evaluate, improve and innovate with partners to deliver high quality support for carers.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Carers Strategy Annual Report 2025

Appendix 2 – Carers Delivery Plan & Outcomes Map

6 Implications for Fife Council

None specific.

7 Implications for NHS Fife

To continue to support the significant investment and success of the carers' hospital discharge support service, delivered by Fife Carers Centre, in each hospital setting in Fife.

To help raise awareness of carers' rights and needs' for support in primary care settings as part of the improvement plan.

8 Implications for Third Sector

None specific other than noting the support of the third sector as partners in delivery of the agreed priorities.

9 Implications for Independent Sector

None specific.

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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Carers Strategy Annual Report 2025

We care for carers

Reflecting on our work

Caitlyn's poem

"I'm Caitlyn, and I want to open up to you about my journey as a young carer. It all started when I was just a kid, navigating a world of responsibilities far beyond my years. The days blurred together as I juggled school, my own fears, and the profound love I had for the family members I care for; it wasn't easy. There were moments of doubt, exhaustion, and tears, but through it all, there was an unshakeable bond that held me together."

Being a young carer has woven a tapestry of love and sacrifice into the fabric of my days. Each sunrise brings with it a symphony of responsibilities and challenges, but through it all, I find purpose in the tender moments of care and connection. From the gentle touch of a hand to the shared laughter in the midst of chaos, these are the threads that bind us together in a tapestry of compassion.

Every day, I wake up before the sun rises, my heart heavy with the responsibilities that await me. I quietly prepare breakfast, ensuring everything is just right, before gently waking my loved one with a soft smile, hiding my own exhaustion. As the day unfolds, I juggle college work, household chores, and the constant care and support my loved one needs, always putting their needs before my own. There are moments of laughter and love, but also times when I steal away to shed silent tears, overwhelmed by the weight of it all. Yet, through the fatigue and the heartache, I find strength in their smile, knowing that my care makes their world a little brighter. It's a life of silent sacrifices and unspoken love, a testament to the depths of my heart.

In the quiet hours of the night, when the world slumbers, I find solace in the silent strength that carries me through. The weight of the world may rest upon my shoulders, but it is lightened by the love that flows between us, an unspoken language of devotion and resilience. In those moments of vulnerability, I discover the depths of my own heart, forged in the crucible of caregiving.

Fife Young Carers are like guiding stars in the night sky to me, they illuminate my path with their unwavering support and understanding. Their presence is a beacon of hope in the darkest of times, a reminder that we are never truly alone in our struggles. Their empathy is a balm for the wounds of weariness, a reminder that in our shared humanity lies the power to heal and uplift one another.

I extend my gratitude to each of you for your compassion and empathy. Together, let us embrace the tears that flow as tributes to the love that binds us, and may our shared tears be the seeds from which compassion and understanding blossom in the hearts of all who hear our stories.

Big shoutout to the support staff who constantly go above and beyond. I am so lucky to have incredible bonds with so many of the staff members. Your dedication and kindness have been my guiding light in the storm. Thank you for holding me steady when I felt like my world was crumbling, I am forever grateful for everything you've done and continue to do for me I promise you it hasn't gone unnoticed.

And to all the young carers out there, I see you. I feel the weight on your shoulders and the love in your hearts. Your selflessness doesn't go unnoticed. Thank you for your unwavering dedication, your quiet strength, and the sacrifices you make every day. You are the unsung heroes, the pillars of support, and the beacons of love in a sometimes dark and challenging world.

"Thank you for listening to my story."

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“All carers will have access to high quality information and support at a time and place the best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to help them live a happy and fulfilling life alongside their caring role”.

Fife HSCP Carers Strategy 2023-26

Executive Summary

Roy Lawrence, Head of Culture, Engagement & Communities

In this report we highlight some of the key activities and achievements during the first couple of years of this strategy.

The policy context remains challenging. There are more people requiring care and more carers who need to be supported. Since the last census in Scotland there has been a 27% increase in the number of people who identify themselves as a carer; we know there are many more who do not identify as such but who have a caring role as a spouse, partner, parent, family member or friend.

At the same time the financial challenges that individuals and organisations face are getting ever more difficult to balance. This is a perfect storm of circumstances which we are not always able to foresee or control. Nevertheless, we have made major in-roads to support carers, to listen to and act on their views, to harness their positivity and to drive forward change and improvement in services. Much has been achieved; more still needs to be done.



- Carers tell us they need better information. We have invested in our partners' information services, in our internal participation and engagement activities, in local information services through the Wells service, and created more focused support services in social work to provide bespoke information based on each carer's personal needs. Next, we will develop and deliver active campaigns using a variety of media to make sure all carers are aware of the help that they might want to access.
- Carers tell us they want better coordination of the support they receive and that the person they care for accesses. We invested more in specialist support through our partners and increased our internal capacity to meet this demand. We have reviewed and improved how we deliver this service, bringing more colleagues closer to carers in their local area teams. And we plan to do more with a range of proposals that puts decision points closer to the first point where carers access the support they need and make a wider range of support available by self-referral.
- Carers give us a clear message that one of the most important ways we can help them, and the one likely to lead to the greatest benefits, is helping them to take break from their caring role. Whether a one-off or as a regular short break, carers need time for themselves, for their own health and wellbeing, for their other relationships, and to help them relax, refresh and recharge, so that they can continue with their caring role. The new Care Reform (Scotland) Act will help achieve major improvements in the opportunities available; but that is a couple of years away. This year our Carers Community Chest Fund supported 54 local projects which gave carers opportunities to take regular informal breaks from caring. We also introduced a new Short Breaks Crisis Prevention Service which supports carers with up to 20 hours of support on an emergency basis. And we doubled the amount of funding made available to carers directly through Self-Directed Support. It is unclear when the Right to a Break part of the Care Reform Act will be implemented; between now and then we will look to add to the significant local investment we have already made to create new opportunities for carers to take advantage of the breaks they want to. This includes launching round three of the Carers Community Chest in September 2025.

Introduction

Do you know there are more carers in Fife than there are people who work in NHS Fife and Fife Council combined? In fact, there are more than double the number of carers than paid staff. There are 44,222¹ in Fife; this represents a 27% increase in the 11 years since the last official census. And a quarter of the carers surveyed in Fife reported providing more than 50 hours of care per week.

Without carers acting as the glue in our society, people who need help in their homes to live a life of independence, dignity and safety would be much worse off. It is for this very reason that we have put in place a wide range of support to help carers; but too many of them don't know what sort of support is available, or even that support is there to support them in the first place.

In July 2023, following consultation with carers, partners and staff, we published our second Carers Strategy for Fife. Our strategy focuses on providing carers with information, support and services that help them to live well alongside their caring role, and to make the choices and decisions that matter most to them, providing support at the earliest time and in the best place to meet their personal needs. The five themes of the strategy are:

- Information
- Coordinated support
- Breaks from caring
- Early/upstream identification
- Supporting Young Carers in Fife



This annual report marks the conclusion of the second year of the strategy and celebrates the positive and powerful contributions we have made to support carers. During the last year we have achieved much despite the challenges and the need to even more judiciously consider how we spend public money, we made significant additional investments, reached more carers and provided better support through our formidable partnership arrangements with the voluntary sector, and with the help of our own staff.

With one year to go in this strategy period we still have much to do. We re-commit to the statement of intent agreed by the Integration Joint Board in 2023. We will continue with the investments we have already made, including the Carers Community Chest fund; this unique initiative gives grant funding to local projects and groups to be able to support their initiatives which provide carers with support and break from their caring roles. This is local co-production in action and generated 54

¹ Scotland Census 2022, <https://www.scotlandscensus.gov.uk/>.

successful projects and committed about £450,000 to support carers in Fife last year. And in September 2025 we will launch our next round of funding for this positive and groundbreaking initiative.

In the final year of this strategy, we will complete a review and refresh of our approach to supporting carers, strengthening our partnerships with voluntary sector partners and investing in our own team's skills and knowledge. Where possible we will invest more to support carers.

We remain committed to achieving the major improvements that still need to be made, including further work to enhance the opportunities for carers to take a break from their caring role. This is part of our work to prepare for the implementation of the Care Reform (Scotland) Act 2025 which was passed by the Scottish Parliament and received Royal Assent in July 2025.

We have achieved a great deal; we are ambitious to do much more still; but we are realistic about what we can do with the limited resources we have available to us in current circumstances. If we can, we will make further financial investments to support carers. We will continue to work directly with carers to understand their needs and develop the right solutions to meet those needs.

We will continue to put carers at the centre of our work, as we have done until now. Their views will remain central to our decision making and with our partners we will make greater use of the new Carers Forum which provides us with a real opportunity to ensure carers are involved and engaged, not just consulted.

Sue's story

I am Sue. I married Alastair over 40 years ago. I am his sole carer.

Alastair has Parkinson's Disease. Recently we were told he also has Dementia. I have been supported by Fife Carers Centre for several years but re-engaged recently when I was feeling overwhelmed due to Alastair's deteriorating health but also my own feeling of being overlooked and disregarded by the other services involved.

I phoned the Carers Centre and arranged to go in the next day to meet my Carer Support Worker, Debs. I was able to talk in a 'safe space', with someone I know, about how I am feeling. I don't always feel comfortable sharing these feelings with family and friends; I put on a brave face.

I felt so much better in myself after our talk and visiting the Carers Centre. I was referred for the mindfulness sessions over the phone, for 4 weeks. And I learned skills to help me relax and focus on my own health and wellbeing.

We met the following week and reviewed my Adult Carer Support Plan. This enabled me to look at how my caring role had changed and highlight the need for respite support. I asked for this to be shared with social work. I am also exploring paid services.

I have been given details of a new group that has been set up for carers of people living with Parkinson's and I plan to attend Fife Carers Centre Dementia workshops.

Outcome 1: information

When asked carers tell us that often they do not know what support is available, who to ask for it, or what to ask for. Good sources and access to information is the foundation of the support we offer to all carers, free of charge on a universal basis.

Central to this are our partner organisations who offer that support including an Adult Carer Support Plan or a Young Carers Statement.

Key achievements so far:

- Our continued investment in the Locality Support Workers at Fife Carers Centre and our Social Work Assistants Team brings a more personal touch to sharing information with carers based on their personal needs for information. We will increase the visibility of information in a wide range of ways including using paid for media, social media, information on fleet vehicles and general-purpose leaflets and posters in public venues where we know carers attend, such as GPs.
- In partnership with the Fife Carers Centre, we have supported the creation of a Carers' Forum. The forum has met four times in different places across Fife. So far, the number of carers who have attended has been low, but their feedback has been incorporated into our future planning activities. In the next year we plan to review the progress of our various stakeholder groups to determine what is working well and where we can make improvements, including increasing the number of actively engaged carers. As a first step we will host a Carers Meeting Summit with key stakeholders. Our collective ambition will be to ensure all forums are functioning high, maximise the opportunities for carers' voices to be heard and their view's fully considered when planning services, and to ensure our partners' collaborative efforts make greater collective gains for carers.
- In 2024 we reintroduced the annual carer's experience survey and benefitted from 237 responses. The 2025 survey has recently concluded and while the detailed results are not yet available, the headline results include 278 adult carers responding, 90 young carers responding to a bespoke survey, and an average of 61 carers responding to our daily poll during carers week (438 responses in total). The early results for the 2025 survey are being prepared. An initial finding is 67% of respondents say their experience of finding information is easy or neutral. And a third of respondents say the information is meaningful (only 13% more than say it is not meaningful). Once available, we will use this valuable information to inform the production of the next carers strategy, putting carers views at the centre of the plan for improvement, with partners and staff supporting a marked improvement in carers experiences.
- Through our Participation and Engagement Team 1,138 carers have been identified and 171 have joined our engagement network.

Outcome 2: coordinated support

Our partners and staff play a pivotal role in supporting carers and their joint working and collaboration make sure carers have the right support at the right time. However, sometimes accessing support from multiple organisations can be a challenge. Carers tell us they do not like to have to repeat their story and we, the support service sector, need to work more closely to coordinate support. This is our second priority.

Key achievements so far:

- In 2024/25, 792 carers were offered ACSPs by the internal social work team. This continues the early trend of improvement from 551 in 2023-24 and 186 in 2022-23. We have reviewed our approach to providing carers with a one door approach to accessing support in our social work teams. We carried out a performance review for this work in early 2025 in collaboration with senior social work colleagues and re-modelled this to make access easier and quicker for carers. Next year we will again test the efficacy of this model through revised performance metrics to ensure it operates optimally to serve every carer within the published timescales.
- We held two rounds of the new Carers Community Chest Fund. We invested over £450,000 in 54 local projects across all parts of Fife. This gives local groups seed grant funding for a local project they think will help carers. This co-production puts the power in the hands of the carers to innovate to meet their own needs. The funded projects include men's social groups, community cafes; reading and walking groups; school projects for young carers; gaming respite for young carers; garden projects, arts project; Christmas parties for Kinship Carers; and social groups of LGBTQ+ carers. The third round of the Carers Community Chest Fund will open in September 2025.
- At present, the Partnership funds 18 voluntary sector organisations to deliver services to carers. A review process has been agreed whereby every organisation funded to support carers as part of the carers act funding will be involved in discussions about their service to ensure it is maximising the opportunities for carers, including collaborative working with other providers and contributions to meet the wider outcomes noted in our carer's strategy. This review will be completed before the end of the financial year and will include revised relevant performance measures that will be overseen by the Change & Improvement Manager. The exercise will also inform our decisions relating to the next iteration of the carer's strategy, which is due to be published in 2026.
- Following on from a highly successful collaborative event in late 2023, the Participation and Engagement Team developed the concept of the Carer Providers' Forum which is now led by Fife Voluntary Action.
- Fife Voluntary Action host a series of Carers Connect events in different parts of Fife. These events promote services for carers and opportunities for partners to collaborate, share ideas and work together to provide a fuller service to carers.



Colleagues at the Fife Voluntary Action Carers Connect event in Lochgelly, August 2025

Alicia's story

Alicia was introduced to Circles Network's advocacy service by social work.

Alicia's mother-in-law had moved in with Alicia and her husband from abroad as they wanted to care for her. She had lost capacity due to dementia, and they were finding things a bit hard.

Circles Network visited and provided lots of information to Alicia and her husband. They arranged a solicitor's visit, and Alicia was very worried about how they were going to manage financially. They were unsure if they would be entitled legal aid. The solicitor supported them through the process, and they were granted legal aid. We were also able to provide access to financial support with the initial fees. They were both very grateful for all the support given.

Change Mental Health

I'm a carer for my daughter, my granddaughter and my son, who all experience mental health challenges.

I contacted Change Mental Health Carers Support. A worker came to visit me fortnightly where I could discuss in confidence any problems or difficulties I was having. This was really helpful for me as I had no family support nearby. I was advised of other help that was open to me which I hadn't been aware of.

I enjoyed trips out organised by the service which gave me a nice break with other carers who understood my situation. Being a carer for a long time can be very isolating. I have good friends, but they don't always understand how difficult it is to cope with everything yourself. I have learnt over time to access help that is available and that it's not necessary for me to take on everything myself.

As my role as a carer concerns the mental health of my family members things are unpredictable, and it is so good to know there's always somebody I can phone if something really stressful comes up. Some of the issues that I've been helped with are benefit tribunals, information about patients and carers rights. And on a practical level I've been helped financially, for example help to get a fridge and a cooker, and to access Time to Live funding.

I've received great support and enjoyment from The Wednesday Group (a peer support group). We have a chat, exchange views, and sometimes even a laugh. It's something I look forward to each week.

Without Change Mental Health, I would have continued to struggle in isolation. Their services have enabled me to be a better carer and to take care of my own wellbeing too.

Outcome 3: breaks from caring

By far the most frequent request from carers, alongside good information, is a break from their caring role. Carers tell us they need a regular break to be able to cope well and continue in their caring role. Separate legislation is now in place to make this a more common feature for carers in the form of the right to a break from caring, part of the Care Reform (Scotland) Act 2025. We have done a great deal to increase opportunities for a break and we are committed to doing much more as we prepare to implement these new duties.

Key achievements so far:

- In 2024 we innovated our approach to supporting unpaid carers at an earlier stage by introducing a new Short Breaks Crisis Emergency Prevention Service in partnership with Crossroads Fife, with an initial £50,000 investment. This service provides 100 carers with 20 hours of support for carers on the verge of a crisis, with the aim that such an intervention will alleviate the immediate strains in the caring role and hopefully avoid the need for critical support.
- In 2025 we doubled the scope of this new service to £100,000, supporting 200 carers; we aim to scale this up to £150,000 later this year working with Crossroads, supporting 300 carers per year through this specific project for carers with an identified need for such crisis prevention support.
- Through a competitive process, Fife Voluntary Action is delivering the revamped 'Respite' in Fife which provides carers with short breaks by connecting local carers with hospitality, tourism, and leisure businesses that are willing to donate free breaks. These opportunities are free to any carer and add value through the Time to Live and Time for Me grants that Fife Voluntary Action also administer, funded by the Fife HSCP. In the first few months since Respite in Fife launched 26 carers and 17 of their companions have accessed opportunities provided by donating partners who have offered 49 separate 'Respite' break opportunities.
- With colleagues we are preparing for the implementation of the Care Reform (Scotland) Act 2025. Once we have a clearer understanding of the rights for carers, the requirements for us, and the funding that may be available to support this, we will revise our Short Breaks Service Strategy. We have taken a pragmatic and prudent measures to avoid the need to duplicate efforts including consulting with carers and colleagues repeatedly.
- Time to Live and Time for Me grants worth £83,232 were offered to carers through Fife Voluntary Action. This is matched with funding from Shared Care Scotland. In total 1225 carers in Fife successfully applied a grant which is available on a universal basis and does not require a carer to meet the critical threshold of our eligibility criteria.

Self-Directed Support for Carers

Last year the Fife HSCP invested £77,561 to benefit 87 carers to access short breaks using their own self-directed support budget options, averaging £900 per carer. Some examples of how the funds have been used:

- Befriending services
- Overnight respite for supported person and overnight breaks for carer
- Practical support including housework and gardening
- Support for cared for person to give carer a break
- Leisure activities including a fishing permit and spa break

“Joan’s” story - Time to Live grant

Joan looks after her husband who suffers from various mobility issues, cancer and recurring sepsis. He requires assistance with moving around, all aspects of personal care and needs to be monitored regularly due to recurring sepsis which requires urgent treatment. Joan receives no support with her caring role at the moment.

As a result of her caring role Joan is under a great amount of stress and worries in case anything happens to her husband; she has no free time to herself. Joan applied to the Fife Voluntary Action for a Time to Live fund to purchase a sewing machine for quilting as it is something she really enjoys doing this as a hobby. This would allow her to have some time to herself doing something she likes while being on hand to care for her husband if needed.

Since receiving her new sewing machine Joan has said that she now has some “Me time!” which is helping her to not be as impatient and more positive with her husband. It's been good for their mental health. And their daughters have mentioned that she seems to be a lot happier now.

Arden House – support through a Carers Community Fund Project

Arden House received funding from the Carers Community Chest fund to provide additional support to carers. They used a variety of means, including a few planned social events.

One of these involved taking unpaid carers and those that they look after to the Christmas pantomime at the Adam Smith Centre. Ann, a carer who attended the event said:

“I accompanied my husband on the outing to Kirkcaldy. We were taken for a lovely meal before the pantomime which we all thoroughly enjoyed. We enjoyed being part of a group. It made it possible for relatives to take their loved ones and enjoy the whole setting. I would like to send a bit that you to Arden House staff for putting the event on.” Ann added, *“what a fabulous night out. It was like old times. A great night out with my husband with no stress. We totally loved it”*

Fife Voluntary Action Respite Case Study

In Carers Week 2025, Fife Voluntary Action's Respite in Fife teamed up with Dunnikier Community Park Golf to provide carers with a relaxing morning out on the green followed by a delicious afternoon lunch buffet. This was Respite in Fife's first ever event! We welcomed unpaid carers, support workers, and representatives from organisations including PAMIS, Change Mental Health, and Shared Care Scotland.

We wanted to provide carers time to rest, relax, and feel cared for themselves. We were pleased when feedback for the day came back as 100% positive! Carers said:

“I enjoyed getting time to myself, spending time with other adults and a new experience.”

“It was good to be prioritised as being "special". In my family often, my needs come last over.”

We believe that powerful events like can be beneficial in multiple ways. This event not only supported unpaid carers on the day, it also raised awareness of Carers Week, the Respite initiative, and Dunnikier Community Park Golf.

Since the event Respite has seen a surge of break requests, increasing by over 300%! We are dedicated to securing more breaks and putting on future events. And we're already planning another golf event for next year, so watch this space!

Outcome 4: early/upstream identification

Most of our support is available on a universal, free to access basis. This helps us to target those whose needs are not yet critical and by having this priority our investment is able reach more carers.

Key achievements so far:

- We take a proactive approach to identify carers through the assessment and support planning for the person the carer helps. These carers are offered their own support plan conversation that focuses on their personal needs for support.
- The Care Reform (Scotland) Act was approved by Scottish Parliament in July 2025. We have taken part in a range of workshops and consultations to help frame the thinking around this. Now our attention is turning to the practical implications and what actions we will need to take to implement the Act.
- The financial capacity and challenges facing the Fife HSCP have meant we have had to limit the new specialist services launched. However, our funding has been used to launch a new postural support service for carers through NHS Fife.
- Fife Carers Centre deliver a highly commended Hospital Discharge Support Service across all hospitals in Fife. They supported 938 carers through this service which support and advocates for carers of people who are going through the hospital discharge process. Their service is also linked to the Fife Carers Centre locality support which enables carers to benefit from continuity of support following the discharge of the person they care for.
- Circle Network deliver an independent advocacy support service to carers in Fife specifically supporting carers' needs for a Power of Attorney. Last year Circle's Network received 86 carers referrals for information, advice and support, and offered a grant to 21 carers to secure the Power of Attorney. Circle Network agreed to change their approach to the service to ensure carers can access this advocacy before they have an ACSP. This dramatically improved in 2025 with 81 referrals and 59 supported with grants between April and July 2025.
- The Carers Eligibility Criteria has been reviewed and a clear framework for decision making has been developed to support improved assessment and decision-making and will be implemented through 2025-26. Carers were consulted on the new framework for Fife which is now clearly aligned to the national guidance and those frameworks used by most Scottish authorities. Our eligibility threshold remains at '*critical*' for adult carers and '*additional*' for young carers. Those carers whose needs do not meet this threshold are still able to access a wide range of free to access universal supports which are described throughout this report.

Outcome 5: supporting young carers

Young carers and young adult carers have a right to have a normal childhood alongside their friends and peers, but too many of them lack the opportunity due to their caring role. This is the underlying reason we have placed so much emphasis on the investments we have made to support young carers. We aim to help them live a positive life as a child or young person, alongside the important role they play in their homes and among wider families. It is a major investment in our collective future; helping young carers now is likely to pay dividends in their ability to cope, thrive and flourish as adult carers. Therefore, this also links directly to Outcome 4: early/upstream identification.

Our key partners, Fife Young Carers, achieved a great deal in the last couple of years. We were especially delighted as Fife Young Carers were awarded Charity of the Year 2024 by the Scottish Council for Voluntary Organisations. This demonstrates to us that our investment in them is well placed and delivers excellence for the young people of Fife.

Key achievements so far:

- A study support pilot was launched in 2024 but did not generate the outcomes desired. We carried out a full review with Fife's Education Service and have refreshed this model which will launch formally at the start of the 2025/26 academic year with a much clearer focus and performance metrics.
- Fife Young Carers delivered 109 awareness raising sessions in 2024/25 which reached 4739 young people. They also delivered 14 staff training sessions during in-service days and twilight sessions that saw 529 education staff benefitting.
- Last year 32 young carers were supported by Fife Young Carers digital access support including through the hardship fund.
- A new counselling service to support young carers worked directly with 30 young carers and provided 69 sessions for young adult carers and 161 sessions for young carers aged under 18.
- Our funding with Fife Young Carers delivered short break support to 48 young carers through four separate activities. This additional investment supported 34 more young carers to participate in the Young Carers Festival than in previous years.
- During the year, 491 young carers were supported with additional travel help to make sure they can access other support services.
- Lead Scotland and Fife Young Carers provide a joint service to support befriending young carers with 254 young carers benefitting from this service.
- Our principal partners for the preparation of Young Carers Statements with the young carers are the Fife Education Service and Fife Young Carers. Fife Young Carers has offered statement support to 642 individuals and has achieved more than double their 120 targets of one-to-one support in the last year, helping 270 young carers.

Callie's story at the Young Carers Festival

Callie is a young carer who for her Mum who suffers from cancer and goes through periods of being very unwell with this. Callie worries and stresses a lot about her Mum's health, and what the future might hold for her. Callie has a pretty large caring role.

When her mum is having a particularly bad period, Callie is often required to help mum get around the house and Callie takes on more responsibility such as cleaning, cooking, laundry, etc. There have been a few instances where Callie has been required to take time off school to help support mum if dad is at work; Dad would usually take time off work rather than keeping Callie off school.

Callie is very shy and reserved. She prefers to be in the background when it comes to any activities. Callie does have fellow young carers that she knows through school who she considers her friends. Her self-esteem also isn't the best, and Callie feels reluctant to get involved in any kind of activity where there are other people watching, in fear of embarrassing herself, or similar.

Callie receives support from Fife Young Carers. Her goal is to look at ways to build her confidence. Through the one-to-one support sessions, Callie is building her confidence. She now feels comfortable enough to attend respite opportunities.

This year, with encouragement, Callie attended the Scottish Young Carers' Festival in the Summer. She was anxious. Fife Young Carers planned a couple of events for those attending the festival to minimise their anxieties and give them the opportunity to get to know each other before going.

Reports from staff who attended the festival were all very positive, and Callie said she really enjoyed herself. She managed to make a few new friends and talks to them daily. While she was at the event, Callie took part in lots of different activities such as the zip line, waterslide and different workshops. Callie admits she was surprised with herself that she tried. This residential trip seems to have done her confidence the world of good.

Since the young carers festival Callie has attended another trip to Cluny Activities. These opportunities resulted in a massive difference to Callie's confidence. She is socialising more with the other young carers; she was a lot bubblier and more outgoing and just seems happier and more positive in general. It has been great to see her participate so eagerly in the activities.

"Fiona's" story of her Time for Me grant

Carer F has an intense caring role within her family home. She cares for both her siblings who have complex health and behavioural needs. This impacts on Fiona's own emotional wellbeing and ability to balance her life to ensure she has access the respite that is both essential and necessary for her to manage day-to-day. The family home is very busy and Fiona doesn't get to spend any quality time with her mum. Fiona decided she wanted to apply for a night away with her mum to do a rage room/escape room, massages and go out for dinner, before staying overnight in a hotel. She had na amazing time with her mum. It allowed them to spend quality time together which helped Fiona to feel settled, recharged and allowed for her to spend valuable quality time with her mum, which she was very grateful for.

Summary and conclusions

In closing this report, we would like to extend our sincere thanks and appreciation to the thousands of carers in Fife who make a huge difference to the people they look after and whose energy and enthusiasm supports community cohesion across Fife.

We also thank our partner stakeholders and staff who help us to deliver to carers the help that makes such a big difference for so many. Their roles in our communities remain the cornerstone of our approach to supporting carers and will continue to do so. Together we have shown that we truly care for carers. A particular thanks to those partner organisations and carers who have allowed us to use their personal stories within this report.

Finally, we again state our intention to continue to invest wherever and whenever possible, to ensure the support for carers improves in quality and ease of access, and that we make a positive and lasting impact on carers lives right across Fife.

Some of the highlights for the year ahead are:

- Delivery round three of our innovative Carers Community Chest, placing an emphasis on local investment to help carers help themselves.
- Extending the pilot of the Social Work Assistant roles in social work with a re-dedication to exclusively support carers in their localities.
- Extend the pilot study support scheme for young carers who are preparing for their exams.
- Consider the implications of the new Care Reform (Scotland) Act 2025 and how we will deliver the duties to support carers to take a break.
- Implement and publish the recently agreed carers eligibility framework, including training support for staff who have a role in carer support.
- Fife Carers Centre would like to expand their support offering in Victoria Hospital to include a service in the admissions units, giving earlier access to support for carers.

Diane's story – support through a Carers Community Fund Project

My dad has a diagnosis of Alzheimer's. He lives at home independently with support from myself and my sister.

Attending the carer's lunch organised by Later Life Choices Glenrothes, funded through the Carers Community Chest Fund, was beneficial in so many ways. I sat beside people who were in the same boat as me, so we were able to support and reassure each other. Although I have my sister, caring for my dad can be quite stressful and you sometimes don't know if you are doing the right thing.

At the meeting I was given an amazing Information Pack which included leaflets from lots of different organisations. For example, I could visit SeeScape and get some free aids and advice. A lady from Alzheimer's Fife was at the meeting who was amazing. The lady recommended an automatic pill dispenser that sets off an alarm when you are due to take your medication. I also got information on installing in-house cameras linked to my mobile phone and buying him a simpler remote for the TV. All of this has been invaluable, reducing my stress levels and knowing my dad is safer

Recommendations for improvement

In the next year, as well as delivering on the additional measures noted in the current carers' strategy, we will start to prepare for two major improvements:

- We will review our Carers' Strategy with carers' views, providing a foundational perspective.
- We will plan to build capacity in the short break sector, with partners, as we consider the detailed implications of the Care Reform (Scotland) Act 2025.

The financial settlement and finite funding available to support carers will be an impediment to achieving all that we have hoped. Our limited resources will continue to focus on supporting those carers in greatest needs, whose critical needs for support are a risk to their health and wellbeing. We will continue to make the investments we have made already where they have proven successful, supporting ever more carers through our universal low-level interventions, which for many will be sufficient to prevent a crisis.

Within this context, we will deliver the following high-level improvements:

- Introduce a refined and integrated approach to adult carer support planning and needs assessment. This will result in quicker and higher quality plans for carers, a reduced need for carers to repeat their stories, and a more efficient approach to decision making.
- Develop and deliver meaningful skills development training and ongoing support for the staff who are involved in support planning for carers based on the new integrated approach. This training will be for all staff who work with carers and will also be open to our provider partners, thereby ensuring greater consistency, quality and carer satisfaction.
- Work with key stakeholders across partner organisations to ensure all relevant training is available to carers.
- A settled specialist team within social work who have developed their skills to support carers will be better able to reach more carers, more quickly and deliver help carers to achieve their personal outcomes with less direct intervention.
- Improve and increase awareness, through active campaigning, that will generate a better understanding of the support that is available to all carers, and how they can access their rights to information and support where they have eligible unmet needs.
- We will consider new ways of working that reduce the administrative burden on organisations and which remove the challenges that carers tell us are unhelpful, such as repeating their story and onward referral from one partner to another to decide on required support. Specifically, we will look to devolve decision making for carer's self-directed support decisions to our partners which will result in fewer delays for carers and will make support more easily accessible to them.
- We will implement a more rigorous and robust approach to monitoring our provider partners based on refreshed agreements that recenter their commissioned work on our strategic priorities, including, where appropriate, recovering our investment which we will deploy more appropriately. The review of the agreements with our partners will include greater emphasis on collaboration with other commissioned partners to ensure a fuller support service is available to carers, and a greater promotion of the partnership as the funder of the services carers benefit from.

Glossary

“Carer” or “unpaid carer” – is an individual who provides or intends to provide care for another individual without payment. For brevity and consistency, we use the term ‘carer’ throughout this document.

“Young carer” – is a carer who is under 18 years old, or who has attained the age of 18 years while a pupil at a school.

“Young adult carer” – is not defined in the Carers (Scotland) Act 2016. Our informal definition generally refers to a carer who is older than 18 years old and younger than 26-year-old and no longer in school. They can be supported by organisations who specialize in either young carers or adult carers during this transitional phase of their life.

“Adult carer” – is a carer who is at least 18 years old but is not a young carer. Informally, they may consider themselves to be a young adult carer.

“Adult Carer Support Plan” or “ACSP” – is a plan prepared with the carer that sets out an adult carer’s identified personal outcomes, how these will be met, who will help the carer to meet them and what additional support, if any, may be available to help them achieve their personal outcomes.

“Young Carers Statement” or “YCS” – is like the ACSP but relates to young carers.

Matthew’s story

Matthew was introduced to Circles Network by Fife Carers Centre. He was looking for Power of Attorney for his wife. Circles network visited Matthew and his wife Sandra and explained what a Power of Attorney is, and the cost involved. They were a bit worried about the cost as both are on benefits and do not have savings. Circles Network reassured them we would be able to help with the cost up to £500, funding which has been made available by the Fife Health & Social Care Partnership.

They chose to get some support during their initial appointment with the solicitor. We all met with the solicitor and things went well. A Power of Attorney has been put in place and they both feel much more relieved in case something happens to Sandra.

Circle Network supported 86 carers last year to secure a Power of Attorney, and 21 carers with a grant for the legal work, all funded by Fife Health & Social Care Partnership.

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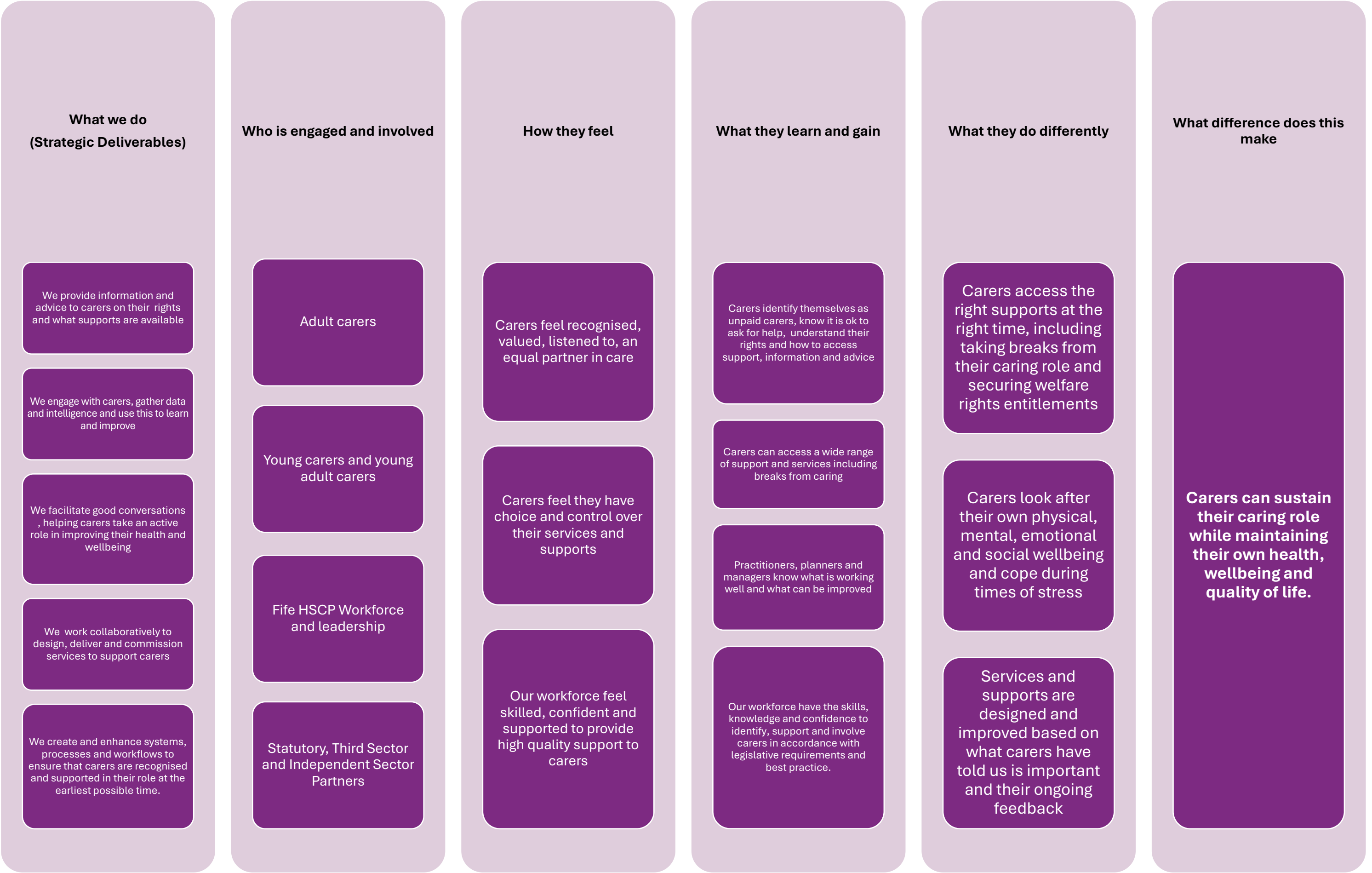
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Carers Strategy Delivery Plan 2025/26

Our Strategic Deliverables	Our Actions for 25-26	Our outcomes
1. Information We will raise awareness of the challenges faced by carers and provide information and advice to carers on their rights and what support is available.	- Review the options for support, coordination and delivery of information services and future awareness raising campaigns, to include a mixed media of digital, traditional and alternative forms of communications. - Develop, implement and plan to evaluate a carer's awareness raising campaign. - Review and update Carers Information on HSCP webpage. - Collaborate with commissioned partners and funded projects to improve their awareness raising and information sources to include reference to HSCP. - Involve carers in sharing their experience of accessing information and support and report on this with improvement actions.	- Carers report awareness of the sources of information and support and how to access it. - Carers report improved personal outcomes after they access the direct support that is available from the HSCP including the services we commission from partners. - Carers experience, as evidenced through surveys, is continually improving as we listen to their views and implement actions they have expressly asked for.
2. Coordinated Support We will review and enhance our approach to supporting carers through coordinated support services, including specialist support and more ways to access Adult Carer Support Plans through, for example, good conversations.	- Review and report on improvement actions we will take to enhance the in-house social work service to support unpaid adult carers and deliver plans to enhance the number of carers supported through an ACSP. - Review all commissioned carer services to ensure their service meets the requirements of our carers strategy and makes effective use of the resources available and maximises the impact for unpaid carers in Fife. Where necessary we agree improvement plans for each service. - Improve information sharing, collaboration and learning through active participation in the Carers Providers' Forum by commissioned services - Strengthen internal quality assurance processes to ensure we can report on the number and quality of Adult Carer Support Plans offered, accepted, and completed, and the impact this is having on the quality of life of the carers we support. - Commence work to develop the next carers strategy with appropriate levels of engagement with carers, partners and staff, reflecting the learning from this plan.	- Carers will have greater access to a wide range of high quality general and specialist support to meet their personal needs for information and support. - All partners take an active approach to achieving 'Carer Positive' status by the end of the strategy period. - All internal and external services and support will evidence a clear contribution to the new Carers Strategy; they will have plans in place to maximise the experience for carers and the value to the public purse. - A greater proportion of unpaid carers have ACSPs in place, which they were involved in and supported to put in place in a shorter timeframe
3. Breaks from caring We will continue to review our approach to increase the range of and availability of short breaks for carers to ensure all carers who need a break from the caring role are able to take one.	- Review the impact of the additional investment in microbreak via Crossroads and plan additional investment when possible. - Evaluate the impact of the short breaks opportunities we commission from Fife Voluntary Action including Time to Live, Time for Me and the new Respite project, plan for additional investment when possible. - Continue the early work to prepare our plans for the Right to a Break included within the Care Reform Bill; once the new duties are confirmed, review and publish a Short Breaks Service Statement to include information short break opportunities, including options for replacement care where and when this is required.	- Carers report having the information and resources to be able to access the breaks they need to, so they are rested and able to continue their caring role. - More carers report being able to sustain their caring role because of the breaks made available.
4. Early/upstream identification We will build our collective resources, skills and capacity to deliver earlier, faster, better and more support to carers through our internal and commissioned services to meet the personal support carers' needs of carers in Fife.	- Publish the revised eligibility criteria for unpaid carers and implement these changes with appropriate information and skills development of our colleagues and partners. - Enhance the early identification and support available to carers in hospital settings through the admissions units, and other methods. - Develop a joint learning pathway with and for all partners to enhance the skills of our services and build greater resilience and consistency across the partnership.	Our workforce feels engaged, valued, and supported and have the skills, knowledge, and confidence to identify, support and involve carers in accordance with legislative requirements and best practice on valuing carers as equal experts in care.
5. Supporting young carers in Fife We will plan and deliver a range of services and support to young carers to help them to achieve their personal goals whilst caring.	- Complete an options appraisal and impact review for study support. - Develop options to identify young carers and adult carers at school gate. - Develop further options with partners, including Education and Children's Services, to raise awareness of young carers and the support that is available to them.	Young carers report they have access to information and the right support at the right time and place to balance their life as a young person alongside their caring role.

Carers Strategy Outcomes Map 2025/26





Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 10.2

Report Title: Community Led Support Service Annual Report 2024/25

Responsible Officer: Roy Lawrence, Head of Culture, Engagement and Communities

Report Author: Jacquie Stringer, Service Manager - Locality / Community Led Support

1 Purpose

This Report is presented to the Integration Joint Board for:

- **Assurance** –This report provides assurance that the Partnership is continuing to develop services and measure the impact of the HSCP Community Led Support Service (CLSS). It also highlights rising demand through increased referrals and engagement, and the ongoing reliance on temporary funding to sustain delivery.

This Report relates to which of the following National Health and Wellbeing Outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information,

support, care, and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

This report was presented to the Senior Leadership Team (Business) meeting on the 1st September and Qualities and Communities Committee on the 5th September.

Route Following the Meeting

SLT Assurance	
SLT Business	
SLT Strategic	01/09/2025
Audit & Assurance	
Finance, Performance & Scrutiny	
Quality & Communities	05/09/2025
Integration Joint Board	29/09/2025
Not Applicable	

3 Report Summary

3.1 Situation

This report provides a summary of the activities and impact of the Community Led Support Service (CLSS) during 2024/25. It offers assurance on progress made and highlights the service's contribution to key strategic priorities, especially in relation to Prevention and Early Intervention and Mental Health & Wellbeing.

The HSCP CLSS sits within the Locality Planning (Business Enabling Portfolio) and includes The Well, Link Life Fife (LLF) and Macmillan Improving the Cancer Journey (ICJ). The Well provides a light touch support and information service, with LLF and ICJ Community Link Workers (CLWs) supporting people with more complex social and health needs.

CLSS operates Fife wide and plays a key role in supporting individuals with non-clinical concerns that impact their health and wellbeing. The service receives most of its referrals from Social Work Contact Centre, Primary and

Secondary Care, and has a significant impact on reducing pressure on statutory services by addressing social, emotional, and practical needs.

Community Link Workers (CLWs) provide holistic, personalised support to individuals across Fife. Using the Good Conversations model, they focus on understanding and addressing “what matters” to each person. This strengths-based approach empowers individuals to take control of their wellbeing and connect with the right local resources.

CLSS works in close partnership with Fife Council’s Community Planning Team and NHS Fife. This collaboration ensures that CLSS is aligned with key strategic frameworks, including the Plan4Fife and NHS Fife Population Health & Wellbeing Strategy.

By aligning with these strategies, CLSS contributes to a more integrated, community-focused approach to improving population health and reducing inequalities.

3.2 Background

The HSCP CLSS bridges clinical and non-clinical services, aiming to help people live well by strengthening links between community resources and primary care. Community Link Workers (CLWs) are integrated into Multi-Disciplinary Teams where appropriate and are funded through a mix of internal and external sources (see section 3.3.3 for detail). While external funding enables growth and shared learning, it also presents sustainability risks and raises partner expectations.

The CLSS accepts referrals from a range of sources, including Primary and Secondary Care, Social Work, Social Care, and NHS Fife Acute Services. All 52 GP practices in Fife can refer directly via SCI Gateway, MS Form, email or telephone.

The CLSS is an active member of the Scottish Community Link Worker Network, a national initiative led by Voluntary Health Scotland and funded by the Scottish Government. This network fosters peer learning, professional development, and collaboration among Link Workers operating in primary care settings across Scotland.

CLSS is firmly rooted in the principles of integration, ensuring that individuals receive the right support, at the right time, in the right setting. This approach enables the delivery of truly holistic care, bridging the gap between health, social care, and community resources.

3.3 Assessment

Community Led Support Service (CLSS) aims to strengthen individual and community resilience through a collaborative, person-centred approach. By shifting away from professionally led processes, Community Led Support focuses on meaningful conversations that empower individuals and promote timely, joined-up support.

The success of The Well relies on strong partnerships with community organisations and local venues, ensuring the service remains accessible and responsive to local needs.

The CLSS Annual Report (Appendix 1) outlines the impact of CLSS from 1 April 2024 to 31 March 2025, with key highlights summarised below.

Note: Engagement refers to individuals who accepted support from the service, which may include a phone call, face-to-face meeting, or receiving information by post or email. All engagement is person-led.

Service	Referrals	Engagement (%)	Top 3 Concerns
Community Led Support (Overall)	4,911	See below	Across services were recorded as: 1. Mental Health 2. Financial Issues 3. Social Isolation
The Well	2,221	64% of referrals engage (100% of people who contact the Well via drop in/phone engage)	1. Mental Health 2. Financial Support 3. Community Support
Macmillan ICJ	940	78%	1. Money or finance 2. moving around 3. fear or anxiety
Link Life Fife	1,750	89%	1. Mental Health 2. Social Isolation 3. housing

Gender Breakdown varies by service, with female engagement generally higher.

Key Referrers include Social Work Contact Centre, Cancer Nurse Specialists, and Primary Care Mental Health Nurses.

Shaping the future of Community Led Support Services:

Consistent Assessment Tools: There is a growing need for unified assessment frameworks to ensure equitable, person-centred support across localities. Standardisation will enhance data quality, streamline referrals, and improve outcomes tracking.

Widening Reach to All Long-Term Conditions: Expanding CLSS to support individuals with a broader range of long-term conditions reflects both

demographic shifts and policy direction. This inclusive approach will require tailored pathways and stronger integration with health services.

Agile Workforce Across the Service: A flexible, multi-skilled workforce is essential to meet evolving service demands. Cross-functional roles and mobile working models will support responsiveness, continuity, and resilience across localities.

3.3.1 Quality / Customer Care

Case studies and evaluation feedback related to quality and customer care are included in the CLSS Annual Report (Appendix 1).

Monitoring and Evaluation of CLSS:

Establishing realistic performance measures is essential for non-statutory services, where engagement is voluntary. These measures should balance quantitative data, such as service uptake with qualitative insights that reflect individual outcomes.

Our new Delivery Plan design and Outcome Maps for Community Led Support Services (CLSS) have been developed in collaboration with the Strategic Planning & Performance Team and are detailed in Appendix 1.

Monitoring and evaluation underpin workforce and service development. In 2024/25, CLSS implemented the evidence based CollaboRATE tool to assess shared decision-making. From 225 responses, the average score was **26 out of 27 (27 being the maximum score)**, indicating strong user involvement and a very positive expression from people of being heard. Performance data is managed through the Fife Online Referral Tracking (FORT) system, with ongoing efforts to streamline processes across the three services.

In addition, qualitative feedback from referrers informs service reviews, workforce planning, and continuous improvement, ensuring CLSS remains responsive and person-centred.

3.3.2 Workforce

The CLSS team comprises 20 FTE staff who cover the seven Fife localities, including 3.5 Local Area Co-Ordinators, 15 Link Workers, and 1 Project Support Officer.

Workforce planning is aligned with strategic priorities, including integration with health & social care partners and expansion of community led support.

Feedback from the iMatter annual staff survey highlighted strong team cohesion, while also identifying a need for protected time to support continuous learning and development.

3.3.3 Financial

CLS secured **£119,589** external funding has enabled the temporary expansion of the Link Worker workforce, enhancing targeted support across Fife:

- Anti-Poverty Group extended support for a Dunfermline-based Link Worker to boost engagement at the Well.
- Ending Homelessness Together Board has funded a 12-month role within Link Life Fife to support individuals at risk of homelessness.
- South & West Fife Community Planning Team funded a Link Worker to strengthen local engagement.
- Macmillan Cancer Support funds four Link Workers, with funding secured until June 2026 (approximately £160k per year).

Through partnership work with Citizens Advice Rights Fife (CARF), CLSS also supported people who accessed services in gaining over **£540,000** in additional income, strengthening financial wellbeing across Fife.

3.3.4 Risk / Legal / Management

CLSS, with support from the Compliance Manager, has developed a risk register which is reviewed regularly. The most significant risks identified are staffing for The Wells and ongoing venue hire costs.

3.3.5 Equality and Diversity, including Health Inequalities.

An impact assessment has been completed.

3.3.6 Environmental / Climate Change

[Climate Fife 2024 Strategy and Action Plan](#)

3.3.7 Other Impact N/A

3.3.8 Communication, Involvement, Engagement and Consultation

CLSS is committed to transparent, proactive communication with stakeholders, service users, and referring professionals. The service currently delivers:

- Quarterly and annual reports outlining service activity, outcomes, and key developments
- Regular digital updates (e.g., Sway newsletters) to raise awareness and share service insights
- Targeted presentations to Primary and Secondary Care to ensure people are being offered the CLSS.
- Development session with CLWs and Primary Care Mental Health Nurse Team

4 Recommendation

Assurance - The Integration Joint Board is asked to be assured that the Community Led Support Service (CLSS) continues to deliver high-quality, community-focused services with meaningful impact and is recognised as a strategic asset within the Partnership. It provides a scalable, person-centred model that promotes preventative care, strengthens community resilience, and remains well-aligned with Fife HSCP's strategic priorities.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Community Led Support Services Annual report 2024/25

6 Implications for Fife Council

Social Work: The HSCP Social Work Contact Centre works in close partnership with Well, where link workers play a key role in screening and supporting new referrals. Following changes to eligibility criteria, The Well experienced a 34% increase in referrals between 2023/24 and 2024/25, primarily from individuals no longer meeting critical threshold.

Community Learning and Development: Collaboration between the Welfare Support and Community Learning and Development teams and the Well has delivered meaningful impact in addressing poverty and inequality at a local level. This partnership has strengthened early intervention and community-based support. Link Life Fife link workers are actively contributing to the Cash First initiative in Dunfermline (*Making It Count*), providing targeted support to participants and helping to reduce financial insecurity.

No Wrong Door (NWD): The Health and Social Care Partnership has made a valuable contribution to the discovery phase of the NWD initiative, offering key insights from The Well's delivery model and the role of the Community Link Worker. The partnership remains committed to the aims of NWD and is actively exploring innovative and sustainable ways to remain involved and support its continued development.

7 Implications for NHS Fife

Primary and Secondary Care staff can refer individuals to the Community Led Support Service (CLSS) via SCI Gateway, MS Form or self-referral with a commitment to respond within three working days and offer an appointment within 10 working days of contacting the individual. Maintaining this standard is key to building trust in the referral process, and the service continues to adapt to demand to ensure timely and effective support. This may help reduce demand on Primary and Secondary Care by addressing non-clinical social needs, thereby freeing up clinical capacity.

8 Implications for Third Sector

The Well continues to deliver valued support through temporarily funded posts, contributing to early intervention and improved access to community resources. To

ensure continuity, the service is exploring ways to maintain staffing levels and strengthen collaboration with partners such as Fife Forum and Fife Carers Centre.

9 Implications for Independent Sector

We will continue to explore opportunities to engage with the independent sector through collaboration with key partners. The Independent Sector Lead will be attending the Culture, Engagement & Communities Team Meeting to look at how we grow the connection between the portfolio and the Independent Sector.

10 Directions Required to Fife Council, NHS Fife, or Both

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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Annual Report 2024-2025

Community Led Support Services

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Executive Summary

The 2024/25 Annual Report outlines the strategic achievements and operational impact of the Community Led Support Service (CLSS), a key component of Fife's integrated health and social care system. Operating under Locality Planning within the Business Enabling portfolio, CLSS delivers vital, person-centred support across all seven localities in Fife.

Community Led Support (CLS) is a model that delivers early intervention and holistic, non-clinical support through the 'good conversation' approach. It is designed to reduce pressure on statutory services by addressing the social determinants of health, such as isolation, housing, and financial insecurity.

CLS is a strategic enabler for Fife's broader health and wellbeing ambitions. It aligns directly with:

- The HSCP Strategic Plan 2023–26
- The Plan for Fife
- NHS Fife Population Health and Wellbeing Strategy
- Health & Social Care Service Renewal Framework 2025-2035

Its open-access model ensures timely, equitable access to support, particularly for individuals who may not meet thresholds for formal services but still require meaningful intervention.

Impact and Reach

In 2024–25, CLSS supported over 4,000 individuals across Fife. These interventions aim to prevent escalation to formal health or social care services, demonstrating clear system efficiency benefits. Community Link Workers are embedded in every locality, ensuring that support is responsive to local needs and delivered in partnership with communities. CLS also plays a role in national policy development. As an active member of the Scottish Community Link Worker Network, CLS contributed to the Scottish Government's 2024 evidence review, reinforcing its role in integrated, person-centred care.

Highlights of progress made in 24/25:

- The Well achieved a 34% increase in referrals and 24% increase in “Good Conversations” from 23/24 to 24/25.
- Link Life Fife achieved a 42% increase in referrals and 17% increase in engagement from 23/24 to 24/25.
- ICJ seen a 6.4% reduction in referrals from 23/24 to 24/25, however sustained an engagement rate of 78%.
- Financial Wellbeing: Partnership with CARF generated over £434,553 in additional income for clients who engaged with CLS.
- Mental Health: Following joint work with Primary Care Mental Health Nursing Team and training in Distress Brief Intervention (DBI).
- Using the CollaboRATE tool, CLSS gathered 225 responses with an average score of 26 out of 27, reflecting strong shared decision-making and user satisfaction.
- CLSS successfully secured external funding of £119,589 from partner organisations. This investment has created an opportunity to expand the reach of both the Wells and Link Life Fife initiatives, enabling greater support for individuals and communities across the region.

Sustainability

The increasing demand for Community Led Support (CLS) reflects its proven value and impact. Recent funding has expanded access to key programmes like Link Life Fife and The Well, while the open-access model continues to enable inclusive, barrier free engagement. To sustain this growth, we will regularly review and refine the service using both qualitative and quantitative data, ensuring continued capacity, resilience, and excellence.

Looking Ahead: Priorities for 2025–26

CLSS will focus on the following improvements:

- Integrated Service Delivery: Introducing a unified HSCP Link Worker role and standardising assessments.
- Strengthened Partnerships: Deepening collaboration with statutory and third-sector partners and aligning with the No Wrong Door model.
- Data-Informed Innovation: Testing new approaches such as embedding Link Workers in the Queen Margaret Hospital Breast Clinic and raising

awareness of the Scottish Care Information (SCI) Gateway referral system.

Community Led Support is a critical asset in Fife's Health and Social Care Partnership. It delivers measurable impact, aligns with strategic priorities, and offers a scalable model for preventative, person-centred care.

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

"As the new lead for Locality Planning, I'm delighted to share with you the great work achieved over the past year, and the value Community Led Support brings to our communities.

"Community Led Support is a shining example of what happens when we truly listen, collaborate, and act with compassion. It's not just about services—it's about people, and the power of connection to transform lives."



I extend my heartfelt thanks to all those who make CLS possible: our dedicated Community Link Workers, our partners across sectors, and most importantly, the individuals and communities we serve. Together, we are building a healthier, more connected Fife."

Community Led Support Service (CLSS)- introduction

Community Led Support unites three services to provide seamless, person-centered support across the continuum of need. This integrated model enables early intervention and prevention, helping individuals in Fife with long term health conditions to maintain independence and live fulfilled lives. CLS is built on a foundation of cross-sector collaboration, working closely with:

- Primary and secondary care
- Social work and social care
- Third & Independent sector and community organisations

This integrated approach ensures that individuals receive the **right support, at the right time, from the right service**, reducing duplication and improving outcomes.



- **The Well**
Offers accessible, light-touch support and information to individuals who may not require formal intervention. By helping people navigate local services and maintain independence, The Well plays a key role in preventing issues from escalating.
- **Link Life Fife**
Community support service for anyone in Fife who is over 18. It provides support to manage issues including stress, anxiety, or feelings of being overwhelmed for anyone who finds their mental health or general wellbeing affected.
- **Macmillan Improving the Cancer Journey (ICJ)**
Delivers holistic support to individuals affected by cancer through structured needs assessments and personalised care planning. The service ensures timely access to emotional, practical, and clinical support throughout the cancer journey.

What's been achieved

In 2024/25, CLSS addressed three main areas of need identified through service user engagement:

- Financial difficulties,
- Limited physical activity,
- Mental health.

CLSS introduced a range of targeted, locality-specific interventions to tackle key challenges and drive improved outcomes for individuals and communities across Fife.

Financial wellbeing

CLSS strengthened its partnership with Citizens Advice and Rights Fife (CARF) to ensure individuals receive expert support with complex financial matters.

- The Improving Cancer Journey (ICJ) service benefited from a dedicated CARF worker (funded by Macmillan Cancer Support) which generated over £453,352 in client income. The Health and Social Care Partnership (HSCP) funded two full-time CARF workers to support individuals accessing The Well which generated approx. £90,100.24 in client income (project started November 2024).

All Community Link Workers completed benefits training, enabling them to better support individuals in navigating the benefits system, demonstrating the value of embedding person-centered financial support within CLS services.

Physical Activity

To improve awareness of physical activity opportunities and strengthen referral pathways, Community Link Workers engaged in development sessions with:

- Fife Sport and Leisure Trust
- Active Fife Team
- Health Promotion
- Maggie's Fife

These sessions enhanced link workers' knowledge of local services and equipped them to confidently discuss the benefits of physical activity with

individuals. CLSS referred/signposted 388 people during 2024/25 to physical activity including for example, Active Options, Bums Off Seats and local community groups.

Mental Health Support

CLSS used referral data to identify underrepresented areas and launched targeted outreach, training and joint initiatives – resulting in a 42% referral increase from Primary Care in 2024/25 and demonstrating the impact of data-driven, collaborative approach.

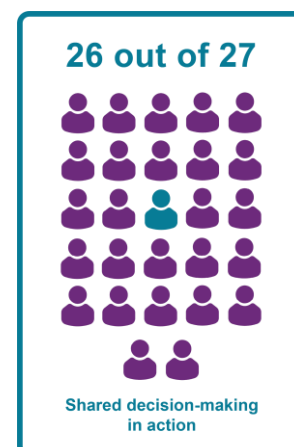
Key developments included:

- All link workers completed Distress Brief Intervention (DBI) training, with CLSS aiming to increase referrals to DBI.
- Ongoing collaboration with Scottish Association of Mental Health (SAMH) the DBI delivery partner, to ensure timely and effective referral pathways.
- Additional training completed by link workers on a rolling basis, including Scottish Mental Health First Aid, Suicide Assist, and Trauma-Informed Practice. By focusing on specific localities, link workers have built strong relationships with mental health providers, gained insight into referral criteria and waiting times, and developed a detailed understanding of local support groups and services. During 2024/25 CLS link workers referred/signposted **153** people to Better than Well and **57** people to DBI.

Listening to ‘What Matters to People’

CLSS embedded the evidence based CollaboRATE tool in 2024/25 to measure shared decision-making from people using the service. This tool includes questions focused on understanding, listening, and inclusion, with a maximum score of 27.

In 2024/25, 225 responses were collected, with an impressive average score of 26 demonstrating strong user engagement and a clear sense that individuals felt heard, respected, and involved in decisions about their care.



Feedback from those who accessed CLS services:

"I would rate the service 10 out of 10. The link worker was kind, understanding, and showed great patience as I discussed my concerns related to my early onset dementia. They clearly explained my options, and after choosing the Express Group, provided all necessary details, including bus times. I now attend weekly, which has significantly boosted my confidence and improved my routine."

"After taking the time to understand my concerns, the link worker referred me to Scottish Association of Mental Health (SAMH), a resource I wouldn't have known how to access on my own. They were exceptionally patient and attentive to what mattered to me. I also feel reassured knowing I can return to the service if I need further support."

Priorities for 2025-26

In 2025/26, CLSS will focus on sustainability, extending integration, and equitable access, using service data analysis and service user feedback to ensure continued delivery of high-quality, person-centered care.

Key areas of improvement – 2025/26

1. Integrated Service Delivery

- Expand Community Led Support for individuals with long-term conditions by introducing a unified Health and Social Care Partnership (HSCP) Link Worker role to streamline access and promote equitable, cohesive service delivery.
- Standardise assessment processes across CLS to improve consistency, efficiency, and outcomes.

2. Strengthened Partnerships

- Enhance collaboration with Primary Care, Secondary Services, Statutory Agencies, and the Third Sector by issuing quarterly updates.
- Align with the No Wrong Door model by defining clear roles and referral pathways. Actively participating in daily triage meetings.
- Delivering presentations at team meetings and protected learning time.
- Promote a holistic, preventative approach by sharing summary reports or care plans with referrers when individuals exit the CLS service.

3. Data-Informed Tests of Change

- Implement targeted, data-driven initiatives in collaboration with key stakeholders, including Integrating the Link Worker pathway into the Urgent Care Out of Hours Service.
- Increasing referrals by embedding Link Workers in the Queen Margaret Hospital Breast Clinic to support patients at key transition points.
Improving access for people with long-term conditions by continuing to work with GP practices to raise awareness and encourage use of the SCI Gateway referral system.

Conclusion

The Community Led Support Service (CLSS) continues to deliver measurable impact across Fife, reducing pressure on statutory services and supporting national policy through innovative, person-centred approaches.

With strong foundations in collaboration and sustainability, CLSS is well-placed to expand its reach in support of Health & Social Care strategic priorities.

The 2025/26 focus on equity, responsiveness, and preventative approaches aligns with broader ambitions to improve health and wellbeing outcomes for people across Fife.

Appendix 1 – CLSS case studies

The Well – what has been achieved

A target was set to increase “good conversations” records carried out by The Well by 10% from the 2023/24 baseline into 2024/25. This target was exceeded, with an actual increase of 24.3%.



“ We rely heavily on the support of our Well colleagues to respond to adults and older people who fall into the substantial, moderate and low category. Given only a small number of adults and older people meet the critical criteria it is reassuring to know that the H&SCP SWCC Team can refer people to an accessible community-based resource who hold a wealth of knowledge about local resources and who can respond in a timely manner. ”

Senior Practitioner, Social Work Contact Centre

Alan's story

- Male, in his 40s
- Dunfermline Locality
- Struggling with mental health
- Referred by social work contact centre

Alan said: "It really helped, or it pointed me in the right direction and for that I'm grateful... not saying it's going to fix everything but it's good to know there is folk out there like you."

Alan's Good Conversation

- Alan was unsure about the support available.
- Alan felt lost and getting worse.
- Through the good conversation, Alan identified what he had not tried, why this had not worked and discussed suitable alternatives.

Actions agreed

- Well worker emailed Alan with more details on all the information discussed.
- Alan agreed to engage with counselling services, Andy's Man Club and online resources.
- Agreed Alan could reach out to those services on his own, and to contact The Well again he needed to.

Outcomes achieved

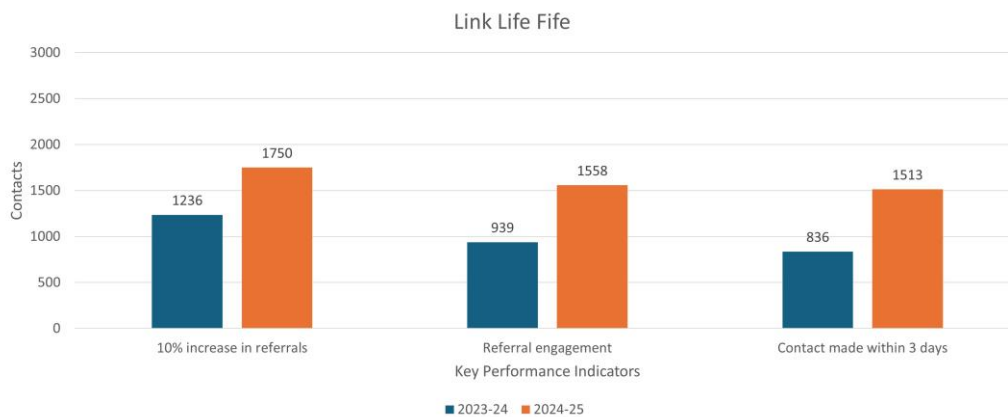
- Alan self-referred to a local counselling service and had received an initial call.
- Alan attended an Andy's Man Club drop-in.
- Alan has the Well contacts if needed in the future.

Key insight: approx. 60% of referrals to The Well come from the Social Work Contact Centre (SWCC), and that previously, those not meeting criteria received no alternative support, this has several important implications:

- Improved access to support
- Reduced pressure on statutory services
- Early intervention and prevention
- Enhanced person-centred approach

Link Life Fife – what has been achieved

A target was set to increase referrals to Link Life Fife by 10% from the 2023/24 baseline into 2024/25. This target was exceeded, with an actual increase of 42% in referrals



“ *I feel reassured when I make the referral as I know the person will be contacted quickly and this prompt response means a great deal to people who feel no one cares and there is no help. LLF offers a comprehensive, holistic service. If it's out there, they know about it, and this is exactly what is needed. I feel safe handing over to the service as I am confident, they will do a good job. I also love the relationship between PCMHN and LLF.* **”**

Primary Care Mental Health Nurse

Tracy's story

- Female, 40s
- S & W Fife Locality
- Referred by Primary Care Mental Health Nurse
- Distressed after relationship breakdown
- Chronic pain condition
- Social isolation and loneliness

Tracy's hopes

- Struggling with current situation and I just want to be happy again.
- To learn how to manage the pain I am in, so I can keep on top of my home and the cleaning.
- To have hobbies and make new friends.

Actions agreed

- Link worker (LW) spoke with Tracy who was in distress and asked if Tracy would like to be referred to the Distress Brief Intervention (DBI) service. A referral was submitted.
- LW met wit Tracy in local café and discussed her struggles with chronic pain and keeping on top of cleaning at home. LW agreed to source information of cleaning companies for a one off clean and details of the nearest pain management clinic.
- Tracy mentioned her love of arts and craft. LW agreed to look into resources available in the local area and transport options to fit in with Tracy's commitments.

Tracy said:

"The support has been amazing, I am like a new person, nothing was too much, and you have helped me every step of the way."

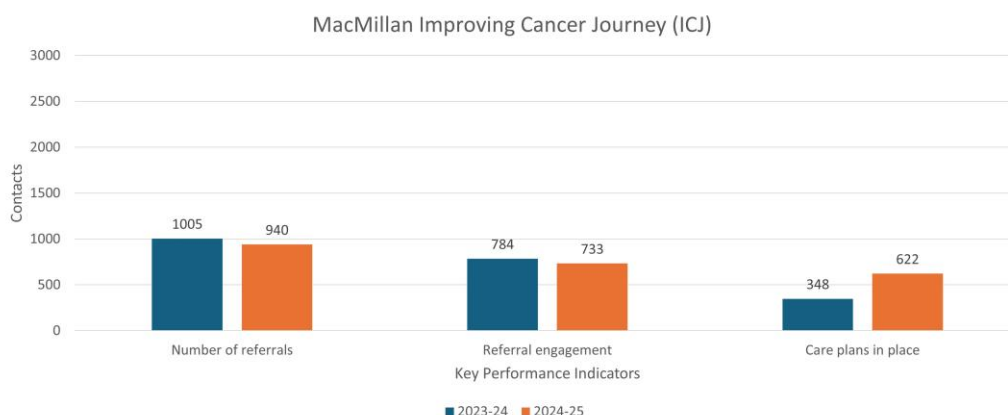
Outcomes achieved

- Tracy engaged with the DBI Service for 14 days of intervention. After this the LW contacted Tracy to resume support.
- LW provided information on cleaning services. Tracy booked a company and has had a deep clean. Tracy feels this has greatly improved her mood.
- LW contacted the pain management clinic on Tracy's behalf and found out dates and times. Tracy has attended her first session and is using new coping strategies to manage her pain.
- LW sourced information on groups and bus timetables to make an informed choice. LW supported Tracy on her first journey and group visit. Tracy then felt confident to travel and attend the art group by herself.

Key insight: 89% of people referred to Link Life Fife engage with the service. Contact is made within 3 working days, and appointments are offered within 10 working days, at the location of the person’s choice. Delays beyond 10 days are typically due to personal reasons such as holidays or medical appointments.

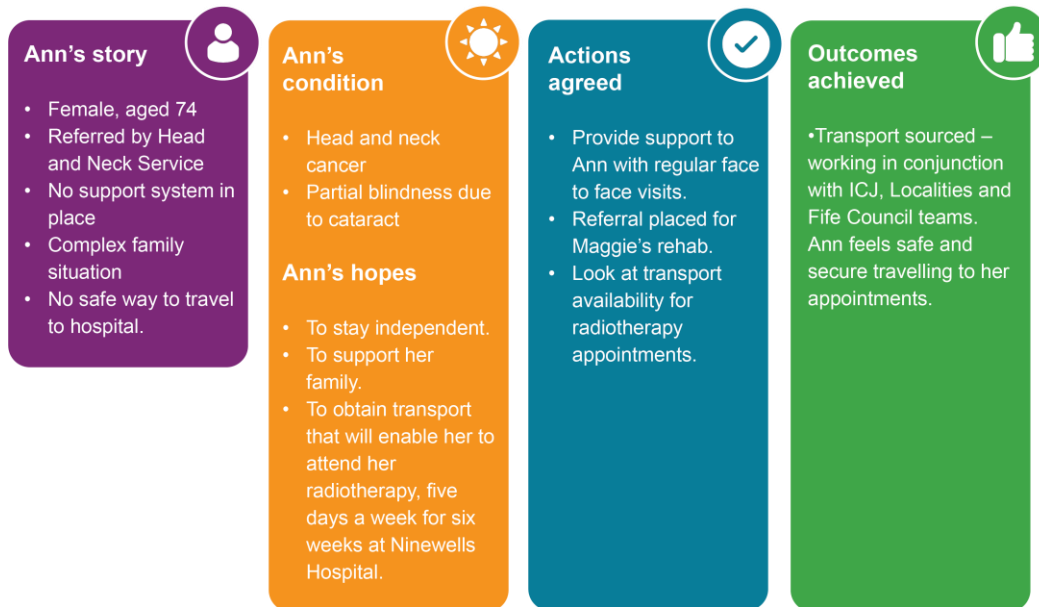
Macmillan Improving Cancer Journey (ICJ) – what has been achieved

A target was set to increase referrals to Macmillan Improving the cancer Journey by 10 % from the 2023/24 baseline into 2024/25. This target has not been achieved; there has been a reduction of 6.4%.



“ *"It's incredibly reassuring to have the Link Worker service as part of Improving the Cancer Journey. Their ability to refer on and connect people with the right support makes a real difference, not just for patients, but for us as professionals too. It strengthens the whole pathway of care."* **”**

Cancer Nurse Specialist

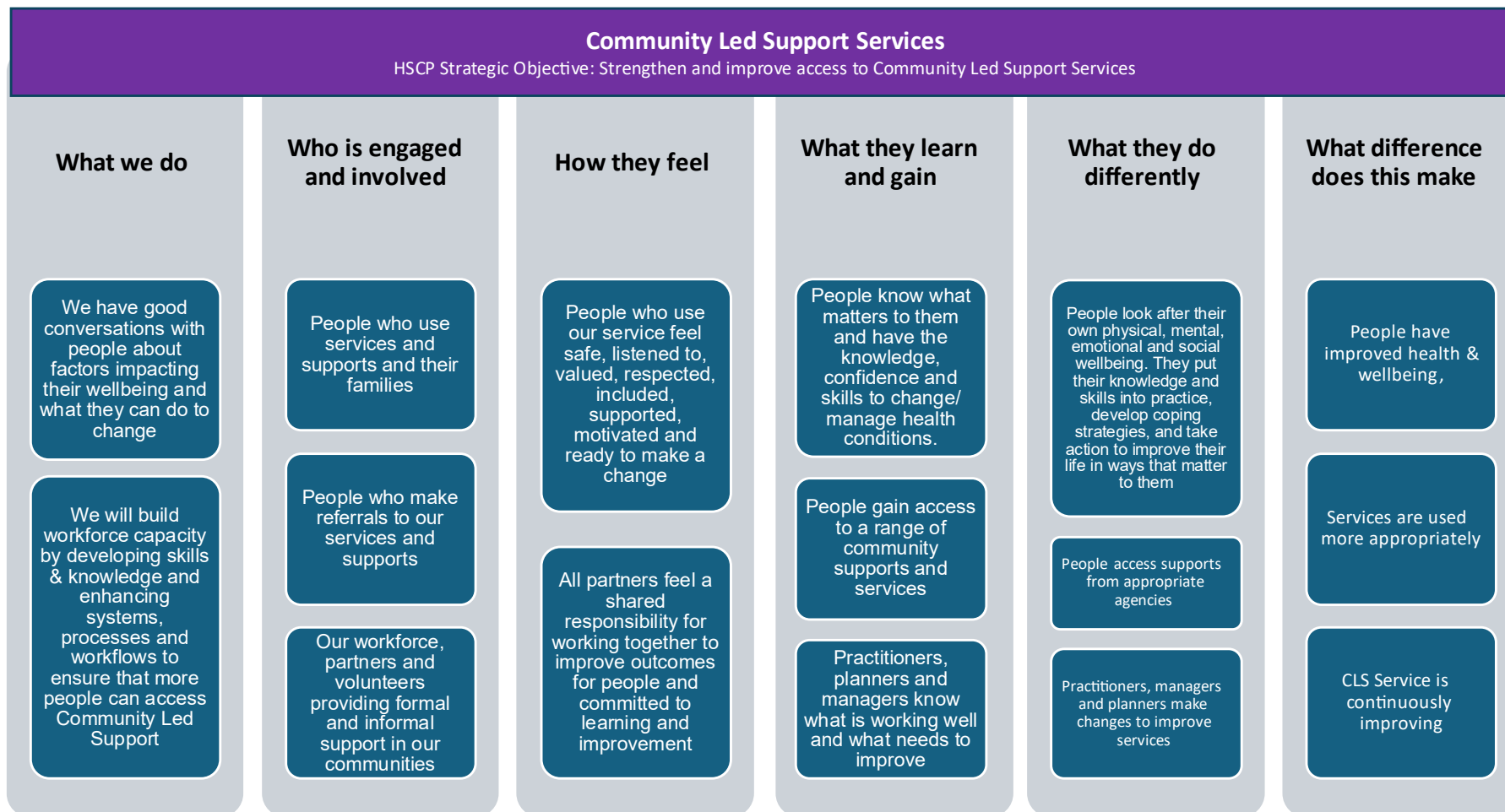


Key insight: Referral numbers to ICJ have declined, likely due to NHS Fife Cancer Team staff changes in 2024/25 and subsequent decrease in awareness of the service. Work is underway to improve referrals in 2025/26 by introducing an “opt-out” model.

Appendix 2



COMMUNITY LED SUPPORT DELIVERY PLAN 2025-26



2025-26 Delivery Plan on a page (note: The full delivery plan, detailing how the team will achieve the deliverables, is held at service level).

COMMUNITY LED SUPPORT DELIVERY PLAN 2025-26

HSCP Strategic Objective: Strengthen and improve access to Community Led Support Services

Our Strategic Deliverables	Our Actions for 25-26	Our outcomes
We will facilitate good conversations with people about factors impacting their wellbeing and what they can do to change	- We will increase referrals to CLSS via the SWCC and SCI gateway by delivering a targeted awareness raising and promotions campaign aimed at Primary Care and Social Work professionals. - We will build on our current monitoring and evaluation processes by developing an Outcomes Map and supporting evaluation plan for the service.	People have improved health and wellbeing and take action to improve their lives in ways meaningful to them.
We will build workforce capacity by developing skills & knowledge and enhancing systems, processes and workflows to ensure that more people can access Community Led Support	- We will review and refine the three existing Link Worker Job Profiles into a single, unified job profile, enabling Link Workers to support individuals with any long-term condition. - We will review and update the current CLSS service model to expand support to all individuals living with long term health conditions. - We will develop and test a standardised assessment process across CLSS to ensure consistency and improved outcomes - We will embed CLS within the 'no wrong door' framework by ensuring routine participation in triage meetings - We will embed CLS Macmillan Improving the Cancer Journey as an "opt out" service for people affected by cancer.	Resources are used as effectively as possible towards the outcomes that matter most to people.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 29th September 2025

Agenda Item No: 10.3

Report Title: IJB/HSCP Resilience Assurance Group Annual Report

Responsible Officer: Chris Conroy, Head of Community Care Services

Report Author: Avril Sweeney, HSCP Risk Compliance Manager
Lorraine Cooper-King, Business Manager, Community Care Services

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

- People who use health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Integration.

2 Route to the Meeting

SLT Assurance	-
SLT Business	-
SLT Strategic	-
Audit & Assurance	-
Quality & Communities	5 th September 2025
Local Partnership Forum	16 th September 2025
Finance, Performance & Scrutiny	-

3 Report Summary

Situation

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

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

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

This annual report covers the period September 2024 – August 2025.

3.2 Background

The Civil Contingencies Act 2004 forms the legal basis for emergency preparedness in Scotland and the UK. The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 provides more detail on the application of the Act in Scotland including the roles and duties of responders.

Two categories of responders are identified in the Act, and specific roles and duties are assigned to each of these. Category 1 responders now include the emergency services, local authorities, NHS Health Boards and Integration Joint Boards; whilst Category 2 responders include a range of utility and transport providers, as well as NHS National Services Scotland.

The following requirements are listed for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only)

Prior to March 2021, IJBs did share responsibility for developing local emergency and resilience plans with Health Boards and local authorities, so there was already an expectation that the IJB Chief Officer and their team would work

alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004. Whilst Chief Officers were previously contributing to local emergency and resilience planning, they did so formally through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards. Including IJBs as Category 1 responders has formalised the Chief Officer's role, which helps to ensure that formal co-ordinated and appropriate arrangements are in place in the event of emergencies that impact on IJB delegated functions.

At the time of the change, the Scottish Government, in the consultation document, stated that it did not envisage that including IJBs as Category 1 responders under the Civil Contingencies Act 2004 would cause significant additional burden to them. Although the Act sets out a number of requirements, the main addition is the formal inclusion of IJB Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the IJB. In order to meet these requirements, the Chief Officer will draw on resources from their integrated teams, many of whom are already involved in this work as Health Board and Local Authority staff.

In Fife, prior to the inclusion of IJB's as Category one responders, there were already close links, through the Fife Local Resilience Partnership (LRP) and the East of Scotland Regional Resilience Partnership (EoSRRP), with the resilience community and Scottish Government Resilience Division.

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

3.3 Assessment

The HSCP Resilience Assurance Group (RAG) has now been in place since March 2022. The main group now meet four times per year, with short life working groups set up, as required, to further discuss and progress key areas of work, both as part of the Resilience Assurance Group workplan), as well as ad-hoc pieces of work resulting from discussions within the Resilience Assurance Group meetings. The key focus of activity and discussions within the RAG since the last annual report (September 2024) are outlined below.

HSCP Resilience Assurance Group Workplan

Appendix 1 provides assurance of closed or ongoing / in place areas of focus during 2024-2025.

Appendix 2 provides an overview of the planned focus of the Resilience Assurance Group for the current period 2025-2026.

HSCP Resilience Framework

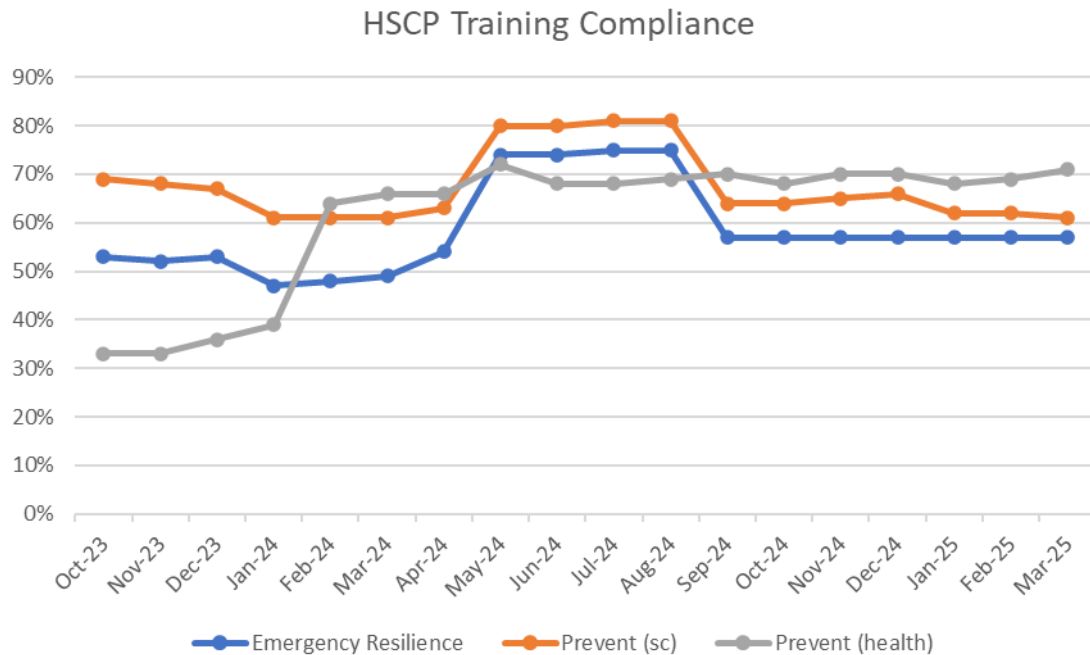
The HSCP Resilience Framework, approved in IJB in late 2023, is currently in the process of being reviewed / refreshed through the Resilience Assurance Group membership. The refreshed document will progress through appropriate governance routes for approval, in due course.

Training / Awareness

Quarterly PREVENT training figures are presented to the Resilience Assurance Group as a standing agenda item, and compliance is also monitored via mandatory training reports to SLT as part of the work of the HSCP Health & Safety Assurance Group.

ACT, Emergency Resilience & Prevent

Mandatory resilience offerings – ACT & Emergency Resilience (Fife Council only) and PREVENT (Fife Council and NHS) – percentage compliance is reported at each RAG meeting. As at end of March 2025, compliance for all three offerings have neither significantly increased or decreased and have remained fairly static.



The Resilience Assurance Group were made aware at the June 2025 meeting that the NHS Fife Prevent awareness training will move from a one-off offering to a two-yearly refresh. This is due to a recent change in national guidance ([Scottish Prevent Guidance - updated](#)). This change has yet to be updated on the TURAS platform, however, once this is in place, it may mean that health compliance figures see a significant decrease for a period as a potentially high number of staff will all automatically be out of date when the change is applied.

Awareness Raising Resource

The HSCP Resilience Assurance Group developed an awareness and learning resource for service resilience and business continuity management process. The aim of this resource was to provide all services / teams with the means to undertake and raise awareness of resilience and business continuity as part of team meetings. The resource also provided the platform to launch, share and raise awareness of the HSCP Resilience Framework. Teams were given 6 months to complete the resource within team meetings, and asked to confirm completion via an MS Forms evaluation. Unfortunately, uptake of the Awareness Raising Resource was much less than hoped. The small number of returns has not allowed for the desired evaluation measure: increased understanding and awareness of resilience, incidents, scenarios / hazard, business continuity and HSCP Resilience Framework. This is being reviewed by the Resilience Assurance Group and alternative options for awareness raising and learning will be explored.

Local and Multi-Agency Exercises and Workshops

HSCP colleagues have participated in a number of local (partner bodies) and multi-agency exercises over the last year, looking at plans and preparations for potential emergency incidents or events. These exercises allow for any gaps in capabilities of the relevant agencies to respond to be highlighted and addressed. A Flash Report template has been introduced to allow concise feedback from events to be captured, shared and further discussed / action in terms of care for people if required. During 2024/2025 the following multiagency events have taken place:

- Red Mud CBRN / Hazmat Meeting (NHS Fife Resilience & partners) Aug 2024: meeting introduced research paper (currently being drafted at time of meeting) which was then shared with Resilience Forum in Sept. The aim of the paper was for situational awareness for worst case scenario, further discussion at LRP and add to East Region Risk Register. The research paper *assessed the legacy of red mud pollution in a shallow freshwater lake (Kinghorn Loch, Fife): long term chemical recovery in the water column*. At the next meeting of the Resilience Assurance Group the group will seek update on the draft Multi Agency Incident Response Guide which has been prepared and discuss any impacts and training requirements as a result of this.
- NHS Fife Suspected Drug Related Mass Casualties; Aug 2024: the session aimed to share awareness & discuss the effectiveness of existing contingency and escalation plans and procedures in responding to a sudden increase in drug-related deaths & increase in drug related presentations to emergency services; identify gaps, weaknesses, resilience, and improvement opportunities in the current response system; enhance the coordination and communication among relevant agencies and stakeholders using a Civil Contingencies approach; and improve decision-making and resource allocation in an emergency situation
- SGN (Scottish Gas Network) H100 Fife; Oct 2024: Scenario table top exercise (3 scenarios) demonstrating desire to consider and practice worst case scenarios. H100 is a new project supplying clean power to produce green hydrogen gas for domestic heating as a green alternative to natural gas; pilot site in Buckhaven, Fife.
- Integrated Emergency Management (IEM) Founding Principles; Nov & Dec 2024: one-day workshops open to all Cat 1 & 2 responders
- Operation Connect (Bridge collapse); Nov 2024: the aim of this multi-agency workshop was to assess the response to a bridge contact incident affecting road and rail bridges on the Forth and Tay to 1) understand methods of notification and responsibilities of each agency in initial stages of incident; 2) discuss the procedure and process to be followed for closure of bridges including what plans cover this and timescales involved; 3) understand what plans are in place to cover an evacuation of the bridges; 4) understand the wider and ongoing consequences; 5) discuss the suitability of existing plans and arrangements and any current gaps or additional plans needed going forward
- Mossmorran Alert; Nov 2024: this exercise aimed to test that the Fife External Emergency Plans for the Exxonmobil FEG Mossmorran and Shell UK NGL Plant sites are fit for purpose in facilitating an effective response

to an incident with external impacts: 1) test the control, command and communication (C3) structure activated to manage a 'domino site' incident within the Mossmorran complex; 2) ensure the Fife External Emergency Plans for ExxonMobil and Shell UK sites dovetail effectively with the Internal Emergency Plans for the sites; 3) provide a safe environment to facilitate learning and identification of lessons in relation to the Fife External Emergency Plans for the Exxonmobil FEP Mossmorran and Shell UK NGL Plant sites

- Psychosocial First Aid Workshop – May 2025 – Workshop run by NHS Scotland to raise awareness and consider the psychosocial impacts on those involved in emergency incidents

Fife HSCP has also been represented on the planning and information giving meetings for the planned National live play exercise due to take place later this year. However, the expectation of involvement of the exercise has changed over time, with Local Resilience Partnerships / Local Resilience Forums, only participating in the workbook aspects of the exercise. In Fife, this will be led by Public Health. Thus HSCP representation on the national meetings / planning groups has ceased as of August 2025.

Review of Business Continuity Plans

In order to provide assurance to the IJB that the Partnership has effective processes in place to prepare, respond and recover from incidents and business continuity disruptions, a programme to quality assure all HSCP service business continuity plans was undertaken. These reviews helped provide assurance and supportive conversations around the robustness of plans.

The full assurance review process was a very time and resource intensive process.

A flowchart is currently being developed to share with services to provide guidance when completing either new business continuity plans (BCPs) or annual reviews of existing plans. This will be circulated to portfolios following approval of the document at a future Resilience Assurance Group meeting.

BCP compliance will also become a standing agenda item on the Resilience Assurance Group to allow for local oversight of timely reviews.

As at August 2025:

	Total number of services requiring BCP	Number in date	Compliance
Health	66	50	75.8%
Social Care	4	3	75.0%
Total Partnership	70	53	75.7%

It is worth noting that there is variance between partner bodies business continuity management processes and templates, and there is no 'one' HSCP business continuity plan template.

Collaborative Working

Care Home and Care at Home Collaborative members, along with partner Resilience / Emergency Planning and Digital teams continue to be active members of the Resilience Assurance Group.

Representatives from Abbotsford Care Ltd attended the June 2025 Resilience Assurance Group meeting and provided a very informative overview and lessons learned following the Raith Manor Care Home fire in November 2023.

A similar debrief relating to the decant and lessons learned following the Kirkcaldy Health Centre incident in 2024 will be brought to a future meeting.

NHS Fife Resilience will bring the Emergency Preparedness, Resilience & Response (EPRR) quarterly report to RAG meetings, for awareness and discussion.

Risk Preparedness

The Civil Contingencies Act 2004 outlines the roles and responsibilities of Category 1 Responders. Part of this statutory responsibility is to assess and address potential risks that may impact upon an operational response. It also provides an opportunity for all constituent members to consider and prepare for identified risks either individually or collectively in order to make communities safer and /or better prepared. The Risk Preparedness Assessment Process is the conduit to fulfil this function. The process takes place biennially and is used to support the development of local work plans and the East of Scotland Regional Work Programme. This information is also used to provide supporting context to the Community Risk Register. Fife HSCP participated in this exercise in 2021 and 2023.

All partners of the East of Scotland Regional Resilience Partnership (EoSRRP) were involved in self assessing key risks and gaps within their Local Resilience Partnership against twelve identified common consequences. A 'Statement of Preparedness' was then shared as an output from this work, which summarises the preparedness of the EoSRRP to respond to incidents and emergencies relating to these twelve common consequences.

An overview of actions (encompassing ongoing actions from previous preparedness returns) was presented to the RAG meeting in June 2025; further work to cross reference / dove-tailing with other plans will be taken forward. Any specific actions for Fife HSCP will be advised if appropriate.

Internal Audit

There have been two internal audits carried out in relation to Business Continuity – FB12/23 (Nov 2023) and FO6/24 (Apr 2024). Both audits were highlighted as part of the new SLT Lead for Resilience presentation to the Resilience Assurance Group in March 2025, and a copy of the audit reports were shared with the RAG agenda papers. Confirmation was received in May 2025, that all actions associated with Internal Audit report FO6/24 have been completed and validated.

3.3.1 Quality / Customer Care

The RAG will assist in promoting resilience to support delivery of health and wellbeing outcomes. The RAG will also enhance collaboration with

external care home and care at home providers via the established collaboratives.

3.3.2 Workforce

There are no workforce implications to this report.

Business Continuity awareness for wider staff is discussed as part of assurance reviews and awareness raising events (both described above at section 3). All teams involved in the reviews of business continuity plans are feeling very supported and much more prepared should they be involved in an adverse event.

Business Continuity awareness for wider staff is discussed as part of assurance reviews and awareness raising events.

3.3.3 Financial

There are no direct financial impacts in relation to this report.

3.3.4 Risk / Legal / Management

There are two strategic risks that relate to resilience on the IJB Strategic Risk Register as follows:

- 1) Resilience** - There is a risk that the IJB is unable to fulfil its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community.
- 2) Contractual /Market Capacity** - There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures and cost of living and fuel cost pressures.:

These strategic risks are also assigned to relevant IJB Governance Committees for scrutiny.

In relation to risk number 1 above, following a Deep Dive review it was concluded that there is confidence that there is a substantial level of assurance that work is ongoing to support management of this risk. All SMART actions were deemed to have been completed, and the current risk score in line with the target level. As such, it is recommended that the risk is closed, although work will remain ongoing as 'business as usual' including monitoring of performance and provision assurance. Separate papers are currently progressing through Committees in relation to this Deep Dive and recommendations.

Key operational (service-level) resilience risks are included within the business continuity plans for services.

Risk preparedness assessment is also undertaken at the East of Scotland Regional Resilience Partnership level every two years and colleagues from Fife HSCP are actively involved in this work, using information from the UK National Security Risk Assessment and the Scottish Risk Assessment. This exercise seeks to identify the key risks for the East of Scotland and the potential impact of these and also identify the current capabilities of partners to respond to these risks.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

An EqlA has not been completed and is not necessary as there are no EqlA implications arising directly from this report.

3.3.6 Environmental / Climate Change

There are no direct environmental / climate change impacts relating to this report.

Climate change has been recognised as having an impact on the risk highlighted within the Scottish Risk Assessment undertaken by the Scottish Government earlier this year.

Scotland's climate has already changed and our nation is projected to be warmer, wetter and also to suffer greater extremes of weather. This will mean we are likely to see changes in the incidences or impacts of major weather events such as flooding, storms or potentially drought. This means that extreme weather events may be more common and this will impact our responses in the future.

3.3.7 Other Impact N/A

3.3.8 Communication, Involvement, Engagement and Consultation N/A

4 Recommendation

IJB Members are asked to discuss and be assured of the continuing work undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders.

5 List of Appendices

Appendix 1 – HSCP RAG Annual Workplan 2024-2025

Appendix 2 – HSCP RAG Annual Workplan 2025-2026

6 Implications for Fife Council N/A

7 Implications for NHS Fife N/A

8 Implications for Third Sector N/A

9 Implications for Independent Sector N/A

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

11 To Be Completed by SLT Member Only

Lead	Chris Conroy, Head of Community Care Services
Critical	Dr Helen Hellewell, Deputy Medical Director Lynn Barker, Associate Director of Nursing Lisa Cooper, Head of Primary and Preventative Care Services Karen Marwick, Head of Complex and Critical Care
Signed Up	Roy Lawrence, Principal Lead for Organisational Development & Culture Audrey Valente, HSCP Chief Finance Officer Caroline Cherry, Principal Social Work Officer
Informed	

Author Name: Lorraine Cooper-King

Author Job Title: Business Manager, Community Care Services

E-Mail Address: Lorraine.king2@nhs.scot

Appendix 1: H&SCP RESILIENCE ASSURANCE GROUP (RAG) Workplan 2024-25

WORKPLAN 2024-2025									
Number	Area	Supporting docs / areas	Action	Update / Related work				Status	
				24/01/2024	17/04/2024	10/07/2024	02/10/2024		
01/24	Governance	RAG ToR - Remit	Review / update	Reviewed; minor additions; membership to be reviewed	Minor amendments discussed	-		-	Complete
		Reporting	Updates to SLT Assurance / Formal committees	(SBAR for formal committee 05/02/24 - post RAG meeting)	(SBAR for Formal Committee 27/05/2024 post RAG meeting)	(SBAR to SLT Assurance 22/07/2024 post RAG meeting)		SLT Assurance post RAG meeting 24/03/2024)	Ongoing
			Annual assurance to IJB	Due at Q&C & IJB Sept 24					Complete
02/24	Risks and priorities	IJB Risks	Timely review at RAG		IJB risk register reviewed - both risks currently still relevant	Noted internal audit assurance re risks and process for reviewing		Shared with agenda papers but due to shortened meeting, risk register not discussed. No new risks and current risks still relevant	Ongoing
		Service Risks	New / emerging risks brought by services to RAG		no new service risks intimated	no new service risks intimated		no new service risks intimated	Ongoing
		EoS Risk Preparedness Assessment	Completion and submission; areas to take forward		National Statement of Preparedness shared at meeting; overview of work programme specific to Fife to be brought to next meeting	Key area is Care for People; potential for local / LRP group in line with previous national group		-	Ongoing
03/24	Resilience / Business Continuity Plans	HSCP Resilience Framework	Ensure any emerging / changes in practice / partner resources are reflected within HSCP Framework	N/A	N/A	N/A		N/A	Complete
		Service BCPs	1) Ensure H&SCP services / team have up to date BCPs	Ongoing Assurance programmed	Ongoing assurance programme	Ongoing assurance programme		94% assurance reviews undertaken / in process	Ongoing
			2) Ensure updated / reviewed BCPs are sent to partner bodies	Sent following Assurance sign-off	Sent following Assurance sign-off	Sent following Assurance sign-off		Sent following Assurance sign-off; 60% (health) uploaded to NHS Fife Central Repository / recorded on DATIX; regular updating / communication with NHS Fife Resilience	Ongoing
			3) Testing and exercising of BC plans	NHS Fife rolling programme	NHS Fife rolling programme	NHS Fife rolling programme		NHS Fife rolling programme; encouraged as part of assurance reviews	Ongoing
			4) Reporting system to provide RAG with assurance of refresh of BC plans, any BC incidents and any related learning	To be developed following completion of Assurance Programme	Care Home Fire and health centre decant discussed; learning to be brought to next meeting	Reports not yet endorsed for wider sharing; c/f to next meeting (Oct) - spotlight session		To feature as part of 2025 agenda's	Ongoing
04/24	Resilience awareness, training and learning	Mandatory Training	Monitor compliance with PREVENT, ACT and Emergency Resilience mandatory training	Q3 figures	Q4 figures	Q1 figures - showing continued increase		Compliance figures not available due to staff absence	Ongoing
		Business Continuity Management	Launch of awareness and learning packs for services		Draft shared for comment prior to meeting; launched May 24	-		MS Forms feedback to be evaluated	Ongoing
		Multi agency	Share and encourage attendance at multi-agency sessions and exercises	Flash report / take home message to be brought to RAG following attendance at such events / exercises	x 2 Flash reports included in agenda	Verbal feedback on Safe Hands symposium		-	Ongoing
05/24	Persons at Risk / Vulnerable People	Sharing information	ISAs and DPIAs in place as required	DPIA in place for current process (covers children and families services, justice services, HSCP adult services sharing info with external partner if/when required as part of incident response	As per Jan meeting	-		Processes in place within partner bodies, however, information sharing / data protection considerations exist between partners	Ongoing
		Person's at Risk Database	Roll out of PARD process across the Partnership	Ongoing via FC Person's at Risk SLWG	Ongoing via FC Person's at Risk SLWG	Ongoing via FC Person's at Risk SLWG / current process in place; database is a notion rather than a system		Ongoing via FC Person's at Risk SLWG / current process in place; database is a notion rather than a system	Ongoing
06/24	Communications Strategy	Communications Strategy / Log	Develop and implement a H&SCP resilience communications strategy					HSCP / Fife Council / NHS Fife communications strategies in place; Meeting arranged 31/03/2025 to discuss any further specific requirements	Progressing
07/24	Audit Output / Findings	Reporting (links to 01/24 above)	Provision of Assurance to SLT Assurance and IJB		As above at F6 & F7	As above		Highlighted as part of new RAG SLT Lead presentation	Complete
		Reporting / Sharing Information	Local Resilience Partnership and EoS RRP Minutes		Minutes included with agenda	C/f		Minutes shared with meeting minutes / agendas (as available)	Complete

Meeting cancelled

H&SCP RESILIENCE ASSURANCE GROUP (RAG) Workplan 2025-26 (V01.0)

WORKPLAN 2024-2025								
Number	Area	Supporting docs / areas	Action	Update / Related work				Status
				21/05/2025 (rescheduled) 05/06/2025	26/08/2025 (rescheduled) 04/09/2025	24/11/2025	01/02/2026	
01/25	Governance	RAG ToR - Remit	Review / update	On agenda; to be shared electronically following meeting for comment / approval				ongoing
		Reporting	Updates to SLT Assurance	SBAR covering Sept 24 - March 25 submitted to March SLT				ongoing
			Annual assurance to IJB via formal committees	Due to start committee cycle in Aug / Sept				not yet started
02/25	Risks and priorities	IJB Risks	Timely review at RAG	On agenda				ongoing
		Service Risks	New / emerging risks brought by services to RAG	On agenda				not yet started
03/25	Resilience / Business Continuity Plans	HSCP Resilience Framework	Annual review	On agenda				In progress
		Service BCPs	1) Reporting system to provide RAG / IJB with assurance of BCP refresh	On agenda / tracker sent to portfolio leads				ongoing
			2) Reporting system to notify RAG of any incidents / BC evoked and any related learning	On agenda / draft flash report for agreement				ongoing
			3) Testing and exercising of BC plans	Plan for session (workshop / TTX) in line with wider Exercise Pegasus				not yet started
04/25	Resilience awareness, training and learning	Mandatory Training	Monitor compliance with PREVENT, ACT and Emergency Resilience mandatory training	On agenda				ongoing
		Business Continuity Management / Incident / Resilience Training	Develop matrix outlining available training and relevance / requirement to specific roles	Draft shared for comment				In progress
		Multi agency	Share and encourage attendance at multi-agency sessions and exercises	On agenda				ongoing
05/25	Persons at Risk / Vulnerable People	Person's at Risk Process	Roll out of PAR process across the Partnership					ongoing
06/25	Communications	Sharing key documents	Seek solution to sharing / central repository across the organisations (NHS / FC) where key documents etc can be shared					not yet started
		Communications Log	Share appropriate Resilience information via e.g. Director's SWAY					ongoing
07/25	Psychosocial response	Psychosocial response	Work with psychology colleagues to ensure consideration, inclusion and recommended practice is included within HSCP Resilience Framework					ongoing
SCHEDULED AGENDA ITEMS / PAPERS FOR INFORMATION								
	Standing agenda items (other)	NHS Fife EPRR Quarterly Report	To be shared for awareness / oversight / discussion (as required)					
		Fife LRP Meeting Minutes	To be shared for awareness / oversight / discussion (as required)					



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 29 September 2025

Agenda Item No: 10.4

Report Title: IJB Records Management Annual Report 2025

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Avril Sweeney, Manager (Compliance)

1 Purpose

This Report is presented to the Board for:

- Assurance
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Senior Leadership Team - 01 September 2025

Audit and Assurance Committee – 19 September 2025 – where members supported the recommendations

3 Report Summary

3.1 Situation

The Public Records (Scotland) Act 2011 requires named authorities, including Fife Integration Joint Board (IJB), to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. The RMP must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper of the National Records of Scotland and regularly reviewed.

In September 2019 the Keeper agreed a final version of the IJB RMP and a supporting three-year Action Plan 2019 – 2021. Redeployment of resources during the coronavirus pandemic delayed some records management activities, and the Action Plan was extended to 2024. This was within tolerance, and the National Records of Scotland were advised of, and approved, the extended timescales.

In September 2024, the Keeper invited the IJB to complete a Progress Update Review (PUR). This is a voluntary submission to the National Records of Scotland with an update on each of the elements in the Records Management Plan.

This is the fifth Records Management Annual Report for the IJB, and it includes the completed PUR which was assessed by the National Records of Scotland in June 2025.

3.2 Background

The IJB Records Management Plan includes 14 elements:

1. Senior management responsibility
2. Records manager responsibility

3. Records management policy statement
4. Business classification
5. Retention schedules
6. Destruction arrangements
7. Archiving and transfer arrangements
8. Information security
9. Data protection
10. Business continuity and vital records
11. Audit trail
12. Records management training for staff
13. Assessment and review
14. Shared information

Each element has specific requirements; these are used by NRS to assess whether the IJB is meeting its legislative requirements under the Public Records (Scotland) Act. There are three potential outcomes for each element:

Red	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
Amber	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that the Keeper is convinced of the authority's commitment to close a gap in provision. She will request that she is updated as work on this element progresses.
Green	The Keeper agrees this element of an authority's plan.

In September 2019 the Keeper's assessment of the IJB RM Plan included:

- Green x 10
- Amber x 4
- Red x None

This was a very positive assessment for a first RMP submission and an acknowledgement of the good records management practice already established within the IJB. This first report is available on the National Records of Scotland website at the following link [Fife Integration Joint Board Assessment Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/fife-integration-joint-board-assessment-report)

The IJB Action Plan 2019 – 2024 included activities that progressed the four amber elements to a green status and maintained the positive performance already achieved in other areas.

The PUR provides a progress update for each element. The PUR submitted in December 2023 showed that all 14 elements of the IJB Records Management Plan were now Green. This position has been maintained into 2024/25.

NRS publish the PUR reports for all public bodies on their website, this is the link: <https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/progress-update-review-pur-assessment-reports>

3.3 Assessment

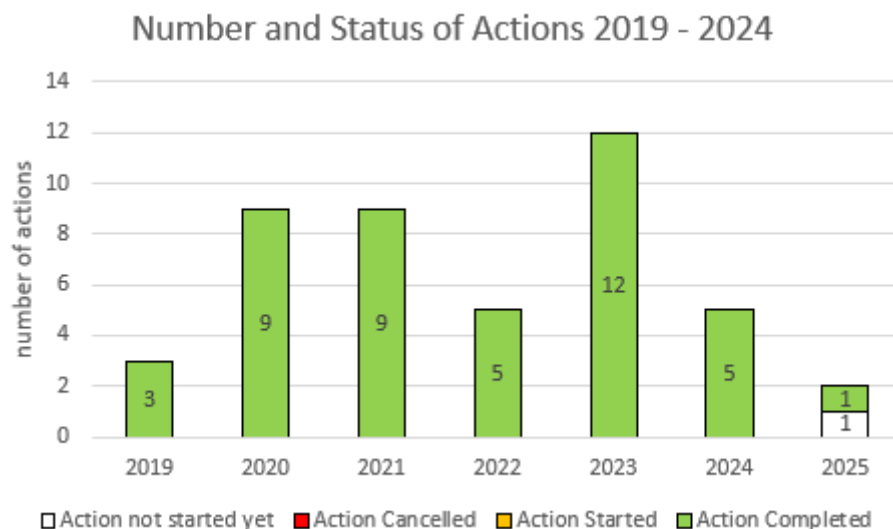
The full current IJB Action Plan 2019 – 2024 is included in Appendix 1. The Action Plan contains a number of actions for each year. Some activities may be repeated annually, for example the review and update of the IJB Records Management Policy, and the annual data protection registration process with the Information Commissioner's Office (ICO).

All actions are regularly assessed, and the Action Plan is updated using RAG criteria:

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

Some actions were delayed due to resource re-allocation during the Covid-19 pandemic; however, no actions have been cancelled, and we are pleased to report that all actions are now complete with the exception of the digital archive which is reliant on a large-scale project being considered by Fife Council.

Action Status	2019	2020	2021	2022	2023	2024	2025
Action not started yet							1
Action Cancelled							
Action Started							
Action Completed	3	9	9	5	12	5	1



Graph 1: IJB records management actions completed, started and planned.

Outstanding actions from previous years are moved forward into the following year(s). One action (2021.05) has been extended to 2026 as no digital archive is yet in place, we do however have a Deposit Agreement in place for this as per Element 7 of the Records Management Plan.

Statement from National Records of Scotland (Appendix 2 – PUR 2024):

“Fife Integration Joint Board continues to take their statutory obligations seriously and are working to maintain all the elements of their records management arrangements in full compliance with the Act and fulfil the Keeper’s expectations.”

The Keeper of the Records of Scotland invites public authorities to formally resubmit Records Management Plans. If not invited in any given year, authorities can voluntarily resubmit their plans. This will be kept under review by the Chief Finance Officer. National Records of Scotland have amended their cycle and will now only invite organisations to submit a PUR every two years. Fife IJB can expect to receive its next PUR invitation in September 2026.

Due to changes by National Records of Scotland we would recommend:

- The current action plan be extended to 2027 to include annual actions, any update on the digital archive and any new and emerging issues/projects.
- The next Records Management Report for the Integration Joint Board be submitted in 2027 following submission of PUR to National Records of Scotland in September 2026.

3.3.1 Quality / Customer Care

Improved recordkeeping ensures that relevant and up-to-date information, is available to authorised colleagues in an easily accessible format. This supports effective service delivery.

3.3.2 Workforce

Migrating all IJB records into a single, well-structured, digital repository, reduces the time and resources required by employees to locate and retrieve information when required. Additional SharePoint training is available to colleagues on demand.

3.3.3 Financial

The management of IJB records, and any process improvements which are required, will continue to be resourced from existing budgets.

No additional financial impact is anticipated

3.3.4 Risk / Legal / Management

There is a legislative requirement for the IJB to deliver and implement an appropriate Records Management Plan which sets out proper arrangements for the management of its records.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

An impact assessment has not been completed, and is not necessary, as there are no EqIA implications arising directly from this report.

3.3.6 Environmental / Climate Change

Having the IJB records in a single, well-structured, digital repository has a positive impact on resource efficiency. Documents are available digitally thus reducing the need to print and reducing waste.

[Climate Fife 2024 Strategy and Action Plan](#)

3.3.7 Other Impact

All primary IJB records are held digitally, and work is ongoing to reduce the use of secondary, paper-based copies of documents.

3.3.8 Communication, Involvement, Engagement and Consultation

- Information Governance Teams working for HSCP, Fife Council and NHS Fife.
- The IJB Progress Update Review 2024 has been reviewed and approved by the National Records of Scotland.

4 Recommendation

- **Assurance** – assure IJB members of the current position
- **Decision** – To agree that the current action plan be extended to 2027 and that the next Records Management Report be submitted in 2027 following submission of the PUR to National Records of Scotland in 2026.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Action Plan 2019 – 2024

Appendix 2 – IJB RM Progress Update Review June 2025

6 Implications for Fife Council

IJB records are now held digitally on Fife Council's SharePoint platform.

7 Implications for NHS Fife

IJB records are held on the IJB Fife Council's SharePoint site. A process has been set up for NHS Fife colleagues to request/remove access to the SharePoint site.

8 Implications for Third Sector N/A

9 Implications for Independent Sector N/A

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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IJB - Records Management Action Plan 2019 - 2024

2019							
Ref. No.	Source of Action	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2019.01	B31&32/19 (NHS Fife Audit) - Rec. 4	Remove barriers to data sharing and information access	Provide loan of an NHS Fife laptop to the HSCP Compliance Team to enable direct access to HSCP information in Datix, HSC Portal, Cherwell, Intranet and NHS Email	Action Completed.	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	30/08/2019	Action Completed.
2019.02	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint EDRMS	Set up an interim file hierarchy for all IJB records on the Council's network drive	File hierarchy set up - migration underway. Action completed.	IJB Records Manager - LG	31/08/2019	Action Completed.
2019.03	RM Plan - Element: 9	Renew 2019 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	10/12/2020	Payment approval not progressed to Finance Team in 2019 - issue identified in October 2020 and payment made December 2020.
2019.07	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife	Relevant risks will be recorded on the NHS Fife Risk Register together with current and planned joint mitigations	Action Completed	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	31/10/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 2021.
2019.08	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife.	Relevant risks will be updated on the IJB Risk Register together with current and planned joint mitigations	Risk are already included in the Register and are due fo review by 31/12/2019. Action Completed.	HSCP Manager - Risk Compliance - AS	31/12/2019	Action Completed.
2019.10	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19 pandemic.
2019.11	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed.	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19 pandemic.
2019.14	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA NHS Fife (Controller) and Fife Council (Processor)	Action Completed.	FC - DPO - FS	31/12/2021	DPA with FC (Controller) and NHS Fife (Processor) signed on 7/7/2018. DPA with NHS Fife (Controller) and FC (Processor) signed on 12/05/2021.
2019.15	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA for NHS Fife (Processor) and IJB (Controller)	Action Completed.	IJB Records Manager - LG	05/11/2020	Delayed due to resource re-allocation during Covid -19 pandemic. Action now completed.
2019.16	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action postponed to December 2020.	IJB Chief Officer - NC	29/01/2021	Delayed due to resource re-allocation during Covid -19 pandemic. Rescheduled to December 2020.
2020							
Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2020.01	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint EDRMS	Once the O365 SharePoint EDRMS is available IJB records will be migrated to this system	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	30/11/2021	Migrate IJB records to SharePoint solution. Delayed due to resource re-allocation during Covid -19 pandemic. Completed 30/11/2021
2020.02	IJB5 (FC Audit) - Rec. 3	IJB (as data controller) should develop a Data Processing Agreement with Fife Council (as data processor)	An appropriate Data Processing Agreement will be developed between IJB (Data Controller) and Fife Council (Data Processor). This will include arrangements for the destruction or return of IJB records as required	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	05/11/2020	See Actions 2019.14 and 2019.15
2020.03	IJB5 (FC Audit) - Rec. 4	All IJB Board Members should attend appropriate Information Governance training relating to IJB needs	Complete Skills Matrix, produce IG Training Action Plans, complete IG training	All IJB Committees have completed a Skills Matrix and are currently working on their Action Plans. Action Completed.	HSCP Head of Corporate Services - NA	31/01/2020	Action Completed.
2020.04	RM Plan - Element: 6	Introduce automated retention / disposition process	Utilise the Council's O365 solution to set-up appropriate retention schedules	Action Completed.	IJB Records Manager - LG	30/11/2021	Initially delayed due to resource re-allocation during Covid -19 pandemic.
2020.07	RM Plan - Element: 9	Renew 2020 IJB Registration with the ICO	Arrange annual payment	Action Completed	IJB Chief Officer - NC	10/12/2020	ICO set up as supplier in Oracle and payment made.
2020.08	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies
2020.09	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

2020.11	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Completed.	IJB Chief Officer - NC	29/01/2021	Annual Report provided to Clinical and Care Governance Committee.
2020.12	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	29/01/2021	Annual Report provided to Clinical and Care Governance Committee.
2021							
Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2021.02	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	09/11/2021	Action Completed.
2020.07	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	31/12/2021	Action Completed.
2022 - 2023							
2019.04	RM Plan - Element: 12	Records Management Training	Collate a centralised list of the NHS Fife systems utilised by the HSCP and the number of Fife Council employees currently accessing these systems	Action Complete as part of the work undertaken with the Survey	IJB Records Manager - LG	30/06/2023	Once collated the central list will be utilised to assess current system access processes, and develop and update these as required. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/23. Further action on processes will be developed in conjunction with Line 35.
2019.05	RM Plan - Element: 12	Records Management Training	Review training requirements of HSCP staff accessing NHS Fife systems and identify any gaps	Action Complete Analysis of the survey has been undertaken. This has been shared with partner bodies	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	30/06/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended to allow partner bodies to review.
2019.06	RM Plan - Element: 12	Records Management Training	Develop a Training Plan for HSCP staff accessing NHS Fife systems to address any gaps identified	Action Complete Training is available from the partner bodies for relevant systems. Using the survey a signposting document has been developed to signpost staff to the relevant training offerings from each partner body and this has been shared	HSCP Manager - Risk Compliance - AS	30/06/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended to allow partner bodies to review.
2019.09	B31&32/19 (NHS Fife Audit) - Rec. 4	Improve processes for managing employees starter / leaver process within HSCP	Develop an interim process for starters / leavers to ensure that partner bodies are notified of relevant staff changes and can edit or remove system access when required	Process in place for access to/termination from IJB systems. Liaising with HR and BTS teams in both organisations to integrate processes. Fife Council have amended their Leavers's Checklist. Additional IT Guidance has been developed and circulated.	IJB Records Manager - LG	30/03/2024	Internal audit reported to Audit and Assurance on 16 May 2025 to confirm that this audit action was completed.
2019.12	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly controlled	IJB Chief Officer will contact the partner agencies to request an appropriate update to their HR employee leaving processes	Email sent to Elaine Jordan Fife Council HR and Susan Young NHS HR - 6/4/23. Action Complete. Both FC and NHS aware of the gaps and working on.	IJB Chief Officer - NC	31/03/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 31/03/2023.
2019.13	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly controlled.	IJB will develop a process for managing the notifications received from the partner bodies and removing system access to IJB data	Action Complete Process in place for access and termination to/from IJB systems. Written process to be agreed and circulated.	IJB Chief Officer - NC	30/06/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended
2020.10	IJB5 (FC Audit) - Rec. 4	An Information Audit process to generate an Information Asset Register supported by written procedures, including for information sharing e.g. for provision and receipt of assurance with FC and NHS Fife should be introduced and kept up-to-date	An Information Asset Register (based on the BCS) will be developed and supported by documented procedures	Action Complete Information Asset Register approved by Nicky Connor 25/04/24	Chief Finance Officer - AV	30/09/2023	Delayed due to resource re-allocation during Covid -19 pandemic.

2020.05	RM Plan - Element: 5	Introduce automated retention / disposition process	Review and update the IJB Retention Schedule	Action Complete Fife Council and NHS Fife migration is complete. Retention Schedule reviewed and approved by Nicky Connor 25/04/24	IJB Records Manager - LG	31/12/2023	Delayed due to resource re-allocation during Covid -19 pandemic.
2020.06	RM Plan - Element: 7	Transfer of historical records	Set up formal archiving agreement with the Council's Archive Service	Action Complete	Chief Finance Officer - AV	30/04/2023	Action Completed.
2021.01	RM Plan - Element: 4	Review IJB BCS and retention schedule	Review and update documents as required	Action Complete	IJB Records Manager - LG	31/03/2023	Delayed due to resource re-allocation during Covid -19 pandemic.
2021.03	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Complete	IJB Records Manager - LG	30/06/2022	Action Completed.
2021.04	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Complete	IJB Records Manager - LG	30/06/2022	Action Completed.
2021.05	RM Plan - Element: 7	Transfer of historical records	Utilise the Council's digital archive to store and manage IJB records selected for permanent preservation		IJB Chief Officer - NC	31/12/2026	Dependent on implementation of appropriate digital archive. Depost Agreement is in place awaiting digital archive to be in place. Reschedule to 31/12/26.
2021.06	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	30/06/2022	Action Completed.
2022.01	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment	Action Complete	IJB Chief Officer - NC	31/12/2022	Action Completed.
2022.02	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Complete	IJB Records Manager - LG	31/12/2022	Action Completed.
2022.03	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	31/03/2023	Action. Report done - Finance, Performance & Scrutiny Committee 12 May, 2023
2023.01	RM Plan - Element: 9	Renew 2023 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	31/12/2023	Current up to 14/12/23. Payment has been processed for renewal.
2023.02	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Complete	IJB Records Manager - LG	31/12/2023	Action Completed.
2023.03	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	31/03/2024	Action Completed.
2024							
2024.01	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Complete	IJB Records Manager - LG	30/06/2024	Action Completed.
2024.02	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Complete	IJB Records Manager - LG	30/06/2024	Action Completed.
2024.03	RM Plan - Element: 9	Renew 2024 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	31/12/2024	Action Completed.
2024.04	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Complete	IJB Records Manager - LG	31/12/2024	Action Completed.
2024.05	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures		IJB Chief Officer - NC	31/03/2025	Report scheduled 29/09/25

The Public Records (Scotland) Act 2011

Fife Integration Joint Board

Progress Update Review (PUR) Report by the PRSA Assessment Team

6th June 2025

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1. The Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children’s Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children’s homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority’s agreed RMP to be undertaken not earlier than five years after the date on which the authority’s RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper’s Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team’s consideration of the Progress Update Review template submitted for Name of authority. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

Fife Integration Joint Board (the Board) is responsible for the planning, oversight and delivery of health and social care integrated functions for Fife.

The Board’s Integration Scheme sets out the functions which are delegated by Fife Health Board (NHS Fife) and Fife Council to the IJB.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Fife and Fife Council. The Board consists of sixteen voting members appointed in equal number by NHS Fife and Fife Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Chief Finance Officer, Associate Nurse Director, Medical Practitioner Representatives, and Chief Social Work Officer.

The key functions of the Board are:

- Overseeing the development and preparation of the Strategic Plan for services delegated to the Board.
- Allocating resources in accordance with the Strategic Plan
- Ensuring that the national and local Health and Wellbeing Outcomes are met.

5. Assessment Process

A PUR submission is evaluated by the Act’s Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority’s plan achieved agreement on an improvement basis and invites updates under those ‘Amber’ elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial ‘Green’ score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper’s Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper’s Assessment Report of an authority’s agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team’s evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team’s assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper’s right to adopt a different marking at that stage.

Key:

G	The Assessment Team agrees this element of an authority’s plan.	A	The Assessment Team agrees this element of an authority’s progress update submission as an ‘improvement model’. This means that they are convinced of the authority’s commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.

6. Progress Update Review (PUR)

Fife Integration Joint Board

Element	Status of elements under agreed Plan 19SEP19	Progress review status 18JUN24	Progress review status 06JUN25	Keeper's Report Comments on Authority's Plan 19SEP19 For Assessment Report at https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/keepers-assessment-report-fife-integration-joint-board.pdf	Progress Review Comment 18JUN24	Self-assessment Update as submitted by the Authority since 18JUN24	Progress Review Comment 06JUN25
1. Senior Officer	G	G	G	Update required on any change.	Thank you for confirming that the person named under Element 1 has not changed for Fife Integration Joint Board. Update required on any future change.	Change to this element. Lynne Garvey is now Chief Officer of Fife Integration Joint Board and is the Senior Officer with senior management responsibility for all aspects of records management within the Board.	Thank you for this update. We have now revised your details on our contacts spreadsheet to show Ms Garvey as Chief Officer. The Keeper has previously indicated that a change of an individual identified against a particular element of an RMP does not invalidate that RMP, provided that the role remains substantially similar.
2. Records Manager	G	G	G	Update required on any change.	Thank you for confirming that Mrs Sweeney remains responsible for day-to-day operational responsibility for the implementation of the Records Management Plan at Fife IJB. Update required on any future change.	No change: Avril Sweeney, Manager, Risk Compliance for Fife Health and Social Care Partnership continues to have day-to-day operational responsibility for records management within the IJB. Mrs Sweeney continues to report to Audrey Valente, Chief Finance Officer, Fife Integration Joint Board and is supported by two compliance officers.	Thank you for confirming that Mrs Sweeney remains responsible for day-to-day operational responsibility for the implementation of the Records Management Plan at Fife IJB. Update required on any future change.
3. Policy	G	G	G	Update required on any change.	Thank you for confirming that Fife IJB continues to have a current Records Management Policy. It is also good to hear that this is available on the website.	No change the Records Management Policy is available on the HSCP website: Microsoft Word - Fife IJB Records Management Policy V4.0 The Policy will be reviewed 2025.	Thank you for this update. In the Keeper's original agreement it was noted that Fife Integration Joint Board had indicated a process for ensuring that relevant information governance policies are kept under review. It is welcome to see confirmation that this is being appropriately pursued. There is no requirement under the Act for new policies and guidance documents to be submitted to the Keeper (other than at the time of a full review/resubmission). However, if the IJB wished to voluntarily provide these, (perhaps at the time of the next PUR)

							this would allow the Keeper to keep their PRSA case file up-to-date.
4. Business Classification	A	G	G	The Further Development section of this Element states that the structure of the BCS will be imposed onto an area of Fife Council's SharePoint system. All Board records will over time be migrated to this system, which will include a document storage site and a bespoke tool for creating and managing records of committee meetings. A screenshot of the SharePoint test site has been submitted (evidence 4.2) showing how the proposed new system will look. This work is dependent upon the allocation of Fife Council resources and has a provisional timescale for completion of December 2019. The Keeper understands that timescales can slip due to other priorities but requests that he is kept informed of the progress of this piece of work. The Keeper can agree this Element on an 'Improvement Model' basis. This means that the Board has identified an improvement to its recordkeeping arrangements (the consolidation of Board records into a single area of Fife Council's SharePoint system) and has outlined the proposed timescales for completion. This agreement is dependent upon the Keeper being kept informed on the progress of this work.	Thank you for confirming that records migration from the NHS systems has now been completed. This is excellent news. That the Business Classification Scheme is currently under review is also good news. Fife IJB has now closed the gap identified in 2019 (Board records have now been consolidated into a single area of Fife Council's SharePoint system). Accordingly, Element 4's PUR status can be turned Green to celebrate this progress. While this does not change the original Agreed RMP status, it is indicative of the likely status awarded in the event of a formal resubmission and the provision of evidence.	No change. The Business Classification Scheme review is complete and was approved in April 2024.	As noted previously the full imposition of the IJB business Classification Scheme on the Council's SharePoint structure marks a measurable improvement in the records management provision in the authority and, therefore, if this were a <u>formal full re-submission</u> (and a screenshot could be supplied showing the public records of the IJB on the Council site) it is likely that this element of the Plan would turn from Amber to Green.
5. Retention Schedule	A	G	G	The Board will migrate all of its records, currently managed by both Fife Council and NHS Fife, on to Fife Council's SharePoint system. This should allow these records to be managed easier in the single location and should allow the easier appliance of retention actions at the appropriate time. The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a long term solution for effectively managing the retention of its records (migration to Fife Council's SharePoint system) and will be working towards implementation in the near future.	It is great to hear that the migration from both NHS Fife and Fife Council systems has now been completed, and that automated records retention functionality is available on SharePoint. This PUR Element has been turned Green. The original RMP status of this Element remains unchanged, but a Green PUR status indicates that Fife IJB is well-placed to receive a Green status upon any formal RMP resubmission.	No change. The Retention Schedule review is complete and was approved in April 2024.	Retention schedules are living documents liable to change to reflect business needs. Again it appears that Fife Integration Joint Board understand this.

				The Keeper requests that he is kept informed of the progress of this work.			
6. Destruction Arrangements	G	G	G	Update required on any change.	Update required on any future change.	No Change	No immediate action required. Update required on any future change.
7. Archiving and Transfer	A	G	G	As the Board is a separate legal body from the Council, the Keeper would encourage the Board to set up a formal archiving agreement with the Council's Archive Service as soon as is practical, even if there is no immediate intention to deposit. As the Board's selected archive, Fife Council's Archive Service, is currently unable to accept the transfer of digital records the Keeper can agree this Element on an 'Improvement Model' basis. The Keeper is assured by the commitment of Fife Council to develop a solution to digital archiving. In the meantime, as part of this agreement, the Keeper recommends that the Board enters into a formal agreement to transfer its records to the Council's archive service so that the framework is in place to transfer records when digital archiving becomes available.	Thank you for letting us know that a formal Deposit Agreement with Fife Cultural Trust is now in place. The IJB has also confirmed via email that long-term digital archiving arrangements are being explored in line with Fife Council's plans. This Element has been turned from Amber to Green in the PURs to celebrate this progress. This does not change the original RMP assessment status, but indicates that Fife IJB is well-placed under this Element should a formal RMP resubmission occur.	No Change	No immediate action required. Update required on any future change.
8. Information Security	G	G	G	Update required on any change.	Update required on any future change.	No Change	No immediate action required. Update required on any future change.
9. Data Protection	G	G	G	Update required on any change.	Thank you for indicating that both the IJB Data Protection Policy and Privacy Notice continue to be made available on the website, and that a review of both of these documents has recently been completed.	No change the Data Protection Policy is available on the HSCP website: Microsoft Word - Fife IJB Data Protection Policy V4.0 This was reviewed in 2024. No Change. The IJB Privacy Notice is available on the HSCP website and was reviewed in 2024. Privacy notice Fife Health and Social Care	Thank you for this update. The comments have been noted. Furthermore the Assessment Team note that Fife Integration Joint Board is registered with the Information Commissioner as a data controller: Information Commissioner's Office - Register of data protection fee payers - Entry details As noted, they publish a Privacy policy online: https://www.fifehealthandsocialcare.org/media/czkfcmw/fife-ijb-data-protection-policy-v4.pdf

							This includes details of service user's rights as a data subject. This element retains its Green RAG status.
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	Update required on any future change.	No Change	No immediate action required. Update required on any future change.
11. Audit Trail	A	G	G	The RMP acknowledges that Board records are currently managed using NHS Fife and Fife Council systems (shared drives) which provide limited audit trail functionality. This is confirmed by the fact that the RMPs of Fife Council and NHS Fife have been agreed by the Keeper under 'improvement model' terms for element 11. This means that both authorities have identified gaps in provision in this element and are working to close that gap. The Keeper can agree this Element on an 'Improvement Model' basis. This is due to the authority having identified a gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies, their arrangements under this Element having also been agreed on an 'Improvement Model' basis by the Keeper) but has evidenced how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close the gap.	It is great to hear that the migration from both NHS Fife and Fife Council systems has now been completed, and that audit trail functionality is available on SharePoint. Accordingly, this PUR Element has been turned Green. The original RMP status of this Element remains unchanged, but a Green PUR status indicates that Fife IJB is well-placed to receive a Green status upon any formal RMP resubmission. Update required on any future change.	No Change	No immediate action required. Update required on any future change.
12. Competency Framework	G	G	G	The Further Development section of this element states that both partner bodies are currently developing the information governance competency framework for their staff. A statement from the Council's records manager (evidence 12.1) confirms the current development of a training framework, tied in with data protection and information security, and will be tailored to the requirements of staff. The Keeper would be interested to know if this results in any significant changes to current provision.	Thank you for this positive update on records management training. It is good to hear staff continue to be supported in maintaining and growing their records management skills and knowledge.	No Change	No immediate action required. Update required on any future change.
13. Assessment and Review	G	G	G	Update required on any change.	The Assessment team thanks you for this progress update on the Fife IJB RM Action Plan.	One action remains outstanding, due to actions being required by another partner body.	Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review. The Keeper's Assessment

					Element 13 stipulates that the authority's Records Management Plan should be regularly reviewed. Fife IJB is not currently scheduled to resubmit its RMP for the Keeper's Assessment. Should Fife IJB intend to voluntarily resubmit its Plan for the Keeper's assessment before it is formally invited to do so under the Act, this would be very welcome, and entirely in the spirit of the Act. When relevant, the Team asks to be notified of the timescales in advance of this submission if possible.		Team acknowledge that this requirement is being appropriately pursued by Fife Integration Joint Board. They welcome the authority's continued engagement with the Keeper's Progress Update Review (PUR) process. At the time of the original agreement (2019) The Keeper agreed that the IJB had made a firm commitment to review their <i>RMP</i> as required by the Act and have explained who will carry out this review and by what methodology.
14. Shared Information	G	G	G	Update required on any change.	Thank you for this update on Information Sharing Agreements which has been noted.	Information Sharing Agreement has been reviewed and completed in March 2024.	Thank you for confirming that that information sharing with other bodies or individuals is appropriately controlled and that records management is properly considered. The evidence package that accompanied the last RMP submission included an example of data sharing agreement and the Keeper was able to agree that Fife Integration Joint Board properly considers records governance when undertaking information sharing programmes. Therefore, this element retains its Green 'compliant' RAG status.

7. The Public Records (Scotland) Act Assessment Team’s Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 21st January 2025. The progress update was submitted by Avril Sweeney, Manager, Risk Compliance.

The progress update submission makes it clear that it is a submission for **Fife Integration Joint Board**.

The Assessment Team has reviewed Fife Integration Joint Board’s Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority’s plan continue to be properly considered. The Assessment Team commends this authority’s efforts to keep its Records Management Plan under review.

General Comments

Fife Integration Joint Board continues to take its records management obligations seriously and is working to maintain all elements in full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper’s agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

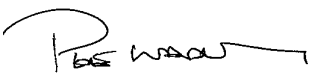
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team’s Evaluation

Based on the progress update assessment the Assessment Team considers that Fife Integration Joint Board continue to take their statutory obligations seriously and are working hard to maintain all the elements of their records management arrangements in full compliance with the Act and fulfil the Keeper’s expectations.

The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team’s review carried out by



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Pete Wadley
Public Records Officer



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	29th September 2025
Agenda Item No:	10.5
Report Title:	The Director of Public Health Annual Report 2024
Responsible Officer:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Lucy Denvir, Consultant in Public Health Jo-Anne Valentine, Public Health Manager

1 Purpose

This Report is presented to Committee for:

- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Outcomes
- Wellbeing

2 Route to the Meeting

This report is being presented for assurance and discussion.

3 Report Summary

3.1 Situation

This report covers the Director of Public Health Annual Report for 2024. The IJB is asked to support the themes of healthy eating and physical activity in the context of healthy places and spaces. The IJB is also asked to consider and offer support for areas indicated in the recommendations.

The recommendations broadly relate to three key areas:

- The importance of whole systems approaches in addressing healthy eating and physical activity
- The importance of a life course approach in addressing these areas. This is of particular pertinence in the context of the ageing population and maintaining well-being and independence in later life.
- Utilising spatial planning to address these issues and create healthier places and spaces

3.2 Background

The Director of Public Health Annual Report represents the independent professional advocacy and advice of the DPH for improving the health and wellbeing of individuals and communities within our local population.

The content of the DPH report has been developed in consultation and collaboration with key multiagency partners. The final report is currently being widely disseminated and is publicly available following publication. The purpose of now bringing this to the IJB is to raise awareness and seek support for the principles and recommendations contained in the report.

The subject area of this years' DPH report is Eating Well and Physical Activity in the context of Healthy Places and Spaces.

3.3 Assessment

The Scottish Government and COSLA will publish a 10-year framework for population health in Spring 2025. Two of the key areas it will address are 'Places and Communities' and 'Healthy Living.' The content of the DPH Annual Report for Fife 2024 therefore aligns with these national population health priorities. NHS Fife Annual Delivery Plan will also take into account these areas.

Food and eating have a strong and complex social, environmental and cultural context and meaning. Food and physical activity are both influenced by a huge range factors such as the environment and are closely linked to poverty, deprivation and food insecurity. The national direction acknowledges the current context of access to ultra processed foods that are high in fat / sugar / salt. The impact and burden of non-communicable disease in Scotland and Fife has links to poor diet and inactivity such as obesity and Type II Diabetes. The deterioration in the health of the population will impact on healthcare and the emerging medical and therapeutic options present potential pressures and challenges. As our population ages tackling these issues and enabling our population to live independent and healthier lives into old age will become increasingly

important.

Nationally we have seen the publication of National Planning Framework 4. The importance links between spatial planning and public health have become clear. We have seen the development and publication of the Place and Well-being Outcomes and Indicators as a result of this increased awareness. Local development of the LDP 'Fife's Place Plan' provides a key opportunity for partners to influence spatial planning for healthier communities.

Locally Fife has a strong history of partnership working through the 'Plan 4 Fife'. As we emerged from the COVID-19 pandemic partners took the opportunity to review recovery and renewal priorities. In 2021-2022 a series of Leadership Summits and conversations were conducted. Health and Well-being was one theme of these discussions. A key area partners agreed that there was real scope and potential to collaborate on to improve health was physical activity. Partners also agreed that this needed to be set in a context of social connection in our communities and places. The themes of this years' DPH Annual report are a natural progression of this partnership collaboration. As a result of this the Communities and Well-being Partnership has already identified physical activity as a key area to prioritise for added value partnership collaboration. Work has already begun to develop a whole systems approach to physical activity.

There is a wealth of other partnership activity at both strategic and operational level that is already addressing these areas. For example:

- Food4Fife Strategy and Action Plan 2024-2029
- Local Transport Strategy for Fife 2023-2023
- LDP 'Fife's Place Plan'
- NHS Fife Greenspace Strategy
- Fife College whole setting approach to health and well-being
- NHS Fife Child Healthy Weight Service
- Fife Sport and Leisure Trust – Musculoskeletal programme
- ADP project with Active Communities
- EATS Rosyth
- Cafe Inc – addressing holiday hunger
- 'Bums off Seats'
- Lynebank Hospital greenspace development
- River Leven Programme 'Growing with the flow'

The report is structured in two sections. Firstly, addressing healthy eating, the report uses the framework identified in the Obesity Action Scotland and University of Edinburgh report 'Local Levers for Diet and Healthy Weight' 2023. This outlines seven areas:

- protect, promote and support breastfeeding and healthy diets for children
- improve uptake of school meals
- strengthening public food procurement and provision standard
- utilising planning to improve food environments
- work with the out of home sector to reduce calories on the menu
- restrict food advertising
- promote and support physical activity

The section on physical activity uses the areas identified by Public Health Scotland's Systems Based Approach to Physical Activity 2022.

- active places of learning
- active places and spaces
- active workplaces
- sport and active recreation
- active travel
- active health and social care systems
- active systems
- communications and public education

In summary the content and structure of the report aligns with both national and local direction. The report also follows a structure that is based on an evidence led approach to addressing the identified issues.

The report finishes offering some more specific recommendations for focused action. These can be found on pages 52-54 of the report. Along with this an indication is provided of where there are current existing strategic alignments and mechanisms whereby these recommendations can be progressed.

This report provides the following Level of Assurance: Moderate, there is extensive evidence about the benefits of healthy eating and physical activity. The barriers to making changes are understood. Achieving sustainable change in these areas in future will be challenging given the complexity of drivers.

3.3.1 Quality / Customer Care

The content of the report relates to key areas of healthy living and healthy places. These are fundamental to principles of realistic medicine in relation to preventing ill health, promoting independence and contributing to the future sustainability of health and social care services.

3.3.2 Workforce

Our workforce is part of our population and communities so the report is relevant for them. In relation to the key areas of healthy eating and physical activity the report also addresses a whole systems approach through key settings including workplaces. There are opportunities to address many of these issues through NHS Fife ambitions as an Anchor Institution.

3.3.3 Financial

The subject areas of the report address key areas of population health and well-being, healthy living and independence. Prevention is a key aspect of both the NHS Fife Health and Well-being Strategy and the Health and Social Care Partnership Prevention and Early Intervention Strategy. This becomes increasingly important in the light of our ageing population and increased pressures on health service capacity and resources

3.3.4 Risk / Legal / Management

The subject area of this years' DPH report highlights eating well and being physically active as key areas. These are crucial areas to address both in terms of widening inequalities in health. They are also important in efforts to mitigate the potential risk presented to healthcare resources of increased demand for obesity related medical treatments.

3.3.5 Equality and Diversity, including Health Inequalities

The broad recommendations of the report include how NHS Fife both as an organisation and a community planning partner can contribute to healthy eating, physical activity and healthy places and spaces through its' role as an employer and an Anchor Institution. Food procurement is one example of this.

3.3.6 Environmental / Climate Change

The DPH report in addressing healthy eating, physical activity and healthy places and spaces will contribute to NHS Fife's climate emergency and sustainability impact. Work such as that addressing our greenspace and active travel plans is already being progressed.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

A wide range of community planning partners at operational level have contributed to the content of the report. The report acknowledges and celebrates the broad range of activities across partners and communities that contribute to this agenda.

4 Recommendation

The IJB is invited to **note** and offer comment for DPH Annual Report 2024. In particular the IJB is asked to consider their support for recommendations which cover broad areas of:

- Food and physical activity need to be addressed taking a whole systems approach and key settings such as workplaces provide great opportunities for this.
- Addressing issues of food and physical activity are important through the whole life course. This is particularly important in the context of our ageing population and maintaining independence and well-being in later life.
- Food and physical activity are inextricably linked to the places and spaces we live, work and play in. Spatial planning and the LDP 'Fife's Place Plan' provides a key opportunity for partners to contribute to making healthier places and communities

5 List of Appendices

The following appendices are included with this report:

6 Implications for Fife Council

The report has been discussed at Fife Partnership Executive Group recognised the wider impacts

7 Implications for NHS Fife

The report has been shared with the NHS Fife Board, recognising wider implications as well as those for services who work directly with the public.

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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Healthy Eating, Active Living for Everyone

Director of Public Health
Annual Report 2024



Acknowledgements

I am grateful to my colleagues within our Public Health Department and our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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Introduction



This report will review what we know about eating healthily and keeping physically active in the Fife context. It will explore, highlight and celebrate the work and progress of partners and communities to address these issues and in particular the potential for place-based approaches to planning and collaborative working to create healthy places and spaces. In each Director of Public Health Report, there is an opportunity to look at the health of the population in Fife and topics where there are new emerging pressures. This report takes as its central theme healthy weight and physical activity. It sets out the opportunities to improve health and wellbeing across the population through preventive actions.

Six national public health priorities were identified in 2018 by the Scottish Government and COSLA.¹ In 2020-21 the Director of Public Health report provided an overview of these Priorities and the actions for each.² Last year the Director of Public Health Report for Fife 2023 explored one of these national priorities in detail, 'Children and young people in Fife – the building blocks for health' was aligned with public health priority (PHP) 2 'A Scotland where we flourish in our early years'.³ The report this year focuses on a different building block for health, PHP 6 'A Scotland where we eat well, have a healthy weight and are physically active'. The importance of having a healthy, balanced diet and being physically active, through all ages and stages in life is well recognised and having a healthy diet and staying physically active supports both physical and mental health.

The public health priorities for Scotland also include PHP 1 'A Scotland where we live in vibrant, healthy and safe places and communities'.⁴ How we move and what we eat are fundamental to the sustainability of both human and environmental health. As such healthier food and more movement are part of wider place-making to create healthier environments and circumstances in our communities.

Dr Joy Tomlinson,
Director of Public Health

¹ [Public Health Priorities for Scotland](#)

² [NHS Fife Director of Public Health Report 2020-2021](#)

³ [NHS Fife Director of Public Health Annual Report 2023](#)

⁴ [Public Health Priorities for Scotland](#) PHP 1

Executive Summary

Encouraging our population to eat well and move more are priorities for Fife and Scotland as a whole. Evidence from the Scottish Burden of Disease Study shows us that the health of Fife's population would be improved if everyone were to eat a healthier diet and stay as active as possible. Having a healthy weight and eating a healthy diet significantly reduces the risk of many chronic diseases and poorer health outcomes.

For healthy eating, individual decisions about what we eat are influenced by a range of factors, including our own family and community, affordability and accessibility, and skills and capacity to prepare healthy food.

The early years and childhood establish foundations for healthy eating throughout life. Actions that support and promote breastfeeding where possible and sensitively support all families regardless of feeding method are important in getting a healthy start in life. Providing information and practical techniques can help with healthy food choices and supporting lifelong healthy eating habits. In Fife examples of this include work by Fife Council to encourage uptake of healthy school lunches, and the Café Inc programme providing nutritious meals during school holidays.

There are opportunities to improve the quality and nutrition of food provided through catering and procurement across public and private sectors. Work underway as part of the Food4Fife strategy demonstrates Fife's commitment to do this. The new National Planning Framework 4 provides levers to support a healthy food environment and addressing risks to community wellbeing. There are also opportunities to work supportively with food businesses to encourage healthier approaches.

Movement is essential for life and staying physically active contributes to preventing ill-health and managing disease. Supporting everybody to stay as physically active as possible is something which organisations and people living in Fife can influence and change.

Schools have an important role to play by creating active places of learning so that being physically active is a normal part of our children's lives at playtime, in lessons, afterschool activities and in travel to and from school.

For adults, workplaces can support physical activity. Workplace policies which encourage people to stay active and enable active travel to and from work make a real difference. Wider regional and national travel and transport policies have a significant role in helping people stay active.

Across the lifespan, participation in sports and recreational activities can increase physical activity and support wider wellbeing through social connection. There is significant benefit in encouraging people to make use of outdoor spaces to stay active. In Fife there are a range of high-quality outdoor spaces that partners have developed and maintained and ongoing work such as the Leven Programme, which is supporting use of local natural spaces. Work to address barriers, such as costs and accessibility, will enable all Fifers to benefit.

Health and social care services also have an important role to encourage physical activity and healthy eating. These services engage with a large proportion of our population and can provide information and support about keeping active.

Healthy eating and physical activity are vital for health, however, there remain significant structural barriers for people living in Fife to access a healthy diet and stay physically active as part of their everyday lives. There is a significant opportunity to increase healthy eating and physical activity levels and improve the overall health outcomes of the population in Fife.

Background

The National Approach

Focusing on healthy weight and physical activity is in line with national direction. Scotland has stalling improvements in health. Some health indicators are worsening, and health inequalities are widening. The Scottish Government and COSLA are currently developing a 10-year framework for population health.⁵ This will have four main drivers within an overall prevention focused system:

- Social and economic factors
- Places and communities
- Healthy living
- Equitable health and care

Increasingly, links are being made between public health and spatial planning. In 2021, the Improvement Service and Public Health Scotland published the briefing 'Place and Wellbeing - Integrating Land Use Planning and Public Health in Scotland' since when there have been further developments of the Place Standard Tool and the Place and Wellbeing Outcomes and Indicators.^{6,7,8} The National Planning Framework 4 has also been published.⁹ This all provides a firm foundation for partners in Fife to work together on the Local Development Plan (LDP) which presents a significant opportunity to improve health and wellbeing including through the influence local development and the use of land can have on how we move and eat.¹⁰

In 2022 the Scottish Government passed the Good Food Nation (Scotland) Bill as part of its aspiration to make Scotland a place where people from every walk of life take pride and pleasure in, and benefit from, the food they produce, buy, cook, serve and eat each day.¹¹ The Act placed a duty on public bodies to produce a Plan including outcomes for health and wellbeing, economic development, education, child poverty and the environment.

Scottish Government's 2024 National Framework for Physical Activity provides a framework for action to improve levels of physical activity at both national and local level which is firmly founded on evidence-based international guidance from the World Health Organization and other global partners as to the approach which is needed to deliver sustainable change.¹²

It recognises that plans and strategies across transport, education, planning and the environment have as great an impact as do those in health or sport in helping to improve the health and wellbeing through increasing levels of physical activity. The document recognises that local delivery is critical to success.

⁵ [Written question and answer: S6W-34287 | Scottish Parliament Website](#)

⁶ [Improvement Service 2024: Place and wellbeing: integrating land use planning and public health in Scotland](#)

⁷ [The Place Standard tool is a way of assessing places. | Our Place](#)

⁸ [Place and Wellbeing Outcomes | Improvement Service](#)

⁹ [Scottish Government 2024: National Planning Framework 4](#)

¹⁰ [Local development plan \(FIFEplan\) | Fife Council](#)

¹¹ [Good Food Nation](#)

¹² [Physical Activity For Health: Scotland's National Framework](#)

Our Local Fife Approach

Fife has a strong history of partnership working and developed a single 'Plan for Fife' in 2017. As we emerged from the COVID-19 pandemic the plan was reviewed to take into account refreshed priorities for Recovery and Renewal.¹³ As part of this a series of 'Leadership Summits' took place during 2021-2022 to allow partners in Fife to engage in focused redesign conversations on key themes, one of which was Health and Wellbeing. Partners agreed that there was real scope and potential to collaborate to improve health through physical activity and food. Partners also agreed that this needed to be set in a context of social connection in our communities and places.

These leadership conversations helped set a local context in which work already underway in a number of areas could gain momentum and flourish. This includes examples such as the 'Food 4 Fife' Strategy 2024, the 'Local Transport Strategy for Fife 2023' and the report 'Our Place – Living in Fife 2023'.^{14,15,16}

In 2023 Obesity Action Scotland and The University of Edinburgh published 'Local Levers for Diet and Healthy Weight'.¹⁷ This report will utilise the evidence-based opportunities highlighted by that research as a framework for exploring healthy eating in Fife. It will also use the strategic outcomes outlined in 'A Systems-Based Approach to Physical Activity in Scotland' as a framework for exploring physical activity.¹⁸

Using guidance offered by the evidence base can help us take an overview of what we are doing and identify areas where moving the focus of our efforts may offer the best opportunities for adding value through collaboration between partners and with communities.

¹³ [OurFife: Recovery and renewal - Plan for Fife 2021-24](#)

¹⁴ [OurFife: Food4Fife](#)

¹⁵ [Fife Council: Local Transport Strategy for Fife](#)

¹⁶ [KnowFife: Our Place: Living in Fife 2023](#)

¹⁷ [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

¹⁸ [Public Health Scotland: A systems-based approach to physical activity in Scotland 2022](#)



Healthy Eating

What We Know

Having a healthy weight and eating a healthy diet can significantly reduce the risk of many chronic diseases and poorer health outcomes. An unhealthy diet, high in salt, sugar and fat, is internationally recognised as one of five main modifiable risk factors for poor health and non-communicable (or chronic) diseases.¹⁹ These include oral health problems, Type 2 diabetes, coronary heart disease and cancer.

Obesity, defined as a body-mass index (BMI) equal to or greater than 30, is a risk factor for poor health and many NCDs but is also categorised by the WHO as a 'complex chronic disease' caused by interactions of a range of factors including those which are environmental, economic, biological, commercial and social.²⁰

Just under one third (32%) of adults in Scotland were living with obesity in 2023 and a further 34% were living with overweight.²¹ This was the highest level of obesity reported in the Scottish Health Survey and significantly higher than the 24% reported in 2003. Younger adults (16-24) in Scotland were most likely to have a healthy weight and those age 45-54 were most likely to be living with obesity. Rates of adults living with obesity in the most deprived areas in Scotland have been consistently higher than those in the least deprived areas, in 2023 36% of adults in the most deprived areas were living with obesity compared to 25% in the least deprived areas. Data on adult healthy weight and living with overweight and obesity has not been available for Fife since the COVID-19 pandemic, due to its impact on survey data collection, but prior to this time 32% of adults in Fife in 2016-19 were living with obesity compared to 29% in Scotland.²²

Among children in Primary 1 in Fife 74.7% were a healthy weight in 2023/24. In the past 10 years levels of healthy weight have fluctuated between 74.7% and 77.9% (Figure 1). The 2023/24 figure was the lowest figure in this time period and was slightly lower than Scotland (76.5%).²³ The percentage of children at risk of obesity in Fife in 2023/24 was 11.2%, this is higher than the figure for Scotland (10.5%). Persistent inequalities are also seen in child healthy weight (Figure 1). For the 10 years shown in Figure 1 a higher percentage of children in the least deprived areas had a healthy weight, 79.5% compared to 71.3% in most deprived areas in 2023/24.²⁴

¹⁹ [Non Communicable Diseases | NCD Alliance](#)

²⁰ [WHO Obesity and overweight Factsheet](#)

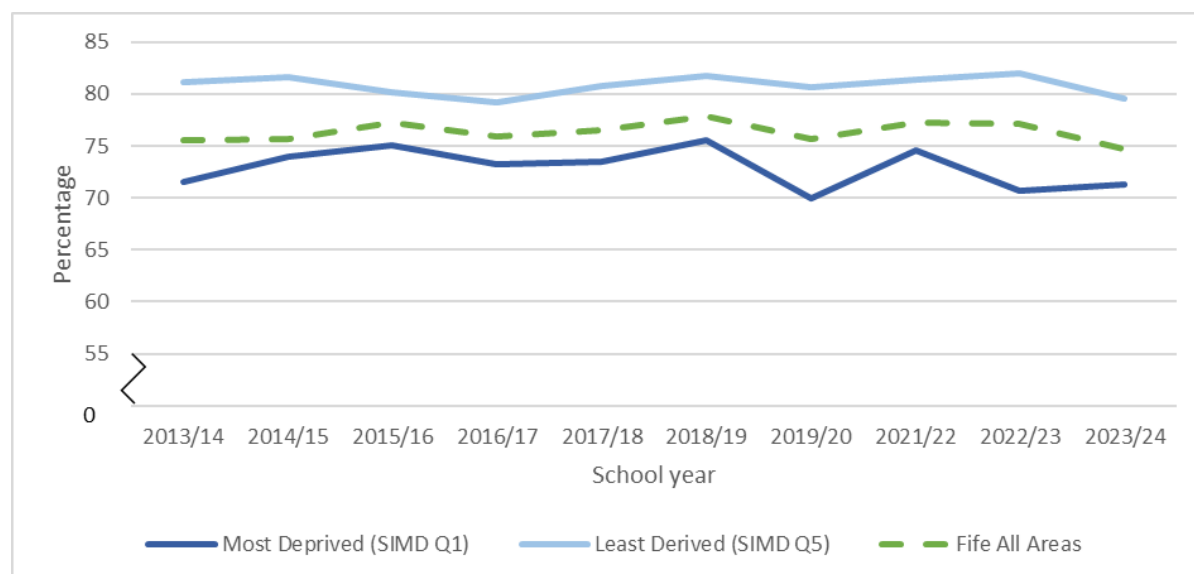
²¹ [9 Obesity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

²² [Scottish Health Survey Dashboard - Rank BMI Obesity 2016-19](#)

²³ [Public Health Scotland: Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2023-2024](#) (Data Table 3)

²⁴ [Public Health Scotland: Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2023 to 2024](#) (Data Tables 9 and 10)

Figure 1: Percentage of healthy weight children in P1 in Fife by Most and Least Deprived SIMD quintile; school year 2013/14 to 2023/24



Source: PHS (no data available for 2020/21)

Oral health is a fundamental aspect of overall health and wellbeing. A healthy, balanced, low-sugar diet can prevent caries and simultaneously support general health.²⁵ Dental decay and periodontal disease are very common and largely preventable and are therefore considered widespread public health issues. Dental decay is linked to other diseases, including Type 2 diabetes and obesity, through the common risk factor of diet.

Poor oral health has impacts across the life course. Decay, periodontal diseases, and head and neck cancers are associated with significant morbidity, and mortality for cancers.²⁶ The national oral health improvement programmes emphasise prevention across the life course and are designed to improve and support oral health “from the cradle to the grave”. Working collaboratively across health and social care can optimise preventive efforts for both oral and general health and promote efficient use of resources.

²⁵ [Scottish Dental Clinical Effectiveness Programme - Prevention and Management of Dental Caries in Children](#)

²⁶ [Oral Health Improvement – Scottish Dental](#)

What We Eat

NHS Scotland uses the Eatwell Guide which outlines the recommendations for eating a healthy balanced diet. The guide shows the different types of foods and drinks people should consume – and in what proportions – every day or over a week (Figure 2).²⁷

Food and eating have strong and complex social, environmental and cultural contexts and meaning. Throughout our lives food is vital for living and growing. From maternal and infant nutrition, school meals and into our adult life and then later lives we have different nutritional needs at different stages. What we eat is influenced by a wide range of issues, including access to affordable healthy food. The food environment we live in now means we have less of a relationship with our food, where it comes from and how it is grown, prepared and cooked.

Figure 2: Graphic showing an ideal healthy balanced diet plate split by food types



Source: Eatwell Guide

For some people living in Fife there is food insecurity (the inability to feed oneself and family in socially acceptable ways) influenced by poverty and deprivation with reduced access to healthy, affordable food. Information on levels of food insecurity across Scotland is collected from the Scottish Health Survey.²⁸ The survey asks whether respondents have been worried about running out of food in the last 12 months. Levels are currently at the highest level since recording began in 2017 (8%) following a sharp increase between 2021 (9%) and 2023 (14%).

²⁷ [Food and nutrition - Healthy living | NHS inform](#)

²⁸ [Scottish Health Survey Dashboard](#) (Tab = Trend, Topic = Diet, Indicator = Food insecurity)

Increases have been seen across all age groups, but adults aged 16-44 (20%) were more likely to have experienced food insecurity in 2023 than other age groups. 11% of adults reported that they had eaten less due to lack of money or resources, an increase from the 6-7% reported between 2017 and 2021. In 2023 the proportion of adults (8%) who had run out of food due to lack of money or resources was double the proportion in 2021 (3%).

Across the UK the cost of foods that are part of a healthy balanced diet has increased in the last few years with fruits and vegetables having the greatest cost per 1,000 calories at £11.79. In 2023 more healthy foods were on average greater than double the price of less healthy foods.²⁹ Food insecure households in the UK were more likely to cut back on purchasing healthy foods, 60% reported cutting back on fruit and 44% reported cutting back on vegetables.³⁰

There can be an imbalance between what we need to eat and our actual consumption. Across Scotland we eat a diet that is too high in calories, fat, salt and sugar and too low in the foods that are the main components of the Eatwell Guide.³¹ Food Standards Scotland and the Faculty of Public Health have both recently issued position statements acknowledging the role ultra processed foods, which are often cheap and widely available, may play in this as ultra processed foods could account for about half of the energy intake of adults in the UK.³²

Across Scotland (22%, 2021) and Fife (21%, 2016-2019) around a fifth of adults' report consuming 5 portions of fruit and vegetables daily.³³

The Scottish Health Survey provides information about what adults and children in Scotland eat, particularly levels of fruit and vegetable consumption. The proportion of adults eating the recommended 5 or more portions daily has varied little in more than 10 years.

Figures from 2021 also showed that of adults across Scotland just under half (48%) met the Scottish Dietary Goal for total fat to be no more than 35% of food energy, just over a fifth (22%) met the goal that free sugars account for no more than 5% of total dietary energy and 6% of adults met the goal of consuming 30g of fibre per day.³⁴

In 2023, just under a fifth of children (18%) aged 2-15 across Scotland ate five or more portions of fruit and vegetables per day.³⁵ The 2023 figure was similar to the figures of 20% and 21% reported in 2021 and 2022 but remains higher than figures between 2009 and 2019 (12 to 16%). Younger children were more likely to have eaten five or more portions than older children in 2023, 22% of those aged 2-7 compared with 15% among children aged 8-15.

The proportion of children that did not consume any fruit or vegetables increased with age from 4% amongst those aged 2-4 years and 5-7 years, to 10% amongst 8-10 years old and up to 14% amongst those aged 13-15 years.

In 2021/22 a fifth of children ate biscuits once a day, a significant fall from the 42% in 2008/9. An even greater reduction was seen in the consumption of non-diet soft drinks once a day or more, from 38% in 2008/2009 to 5% in 2021/2022. Fewer children are now eating 2-3 slices of high fibre bread a day and tuna fish once a week (22%) but consumption of oily fish (19%) and white fish (52%) once a week has risen.

²⁹ [The Broken Plate 2023 | Food Foundation](#)

³⁰ [Food Insecurity Tracking | Food Foundation](#)

³¹ [Food Standards Scotland: Position paper: Processed and ultra-processed foods](#)

³² [Faculty of Public Health position paper: ultra processed foods](#)

³³ [Scottish Health Survey Dashboard](#)

³⁴ [Scottish dietary goals: March 2016 - gov.scot](#)

³⁵ [The Scottish Health Survey 2023 - volume 1: main report](#) Chapter 5: Diet and Food insecurity

Barriers to Healthy Eating

Whilst affordability and food insecurity are two of the main the main barriers to healthy eating other barriers to eating healthily include hidden factors such as having the time and confidence and skills to cook from scratch, lack of resources for energy to cook and the means to travel to shops that offer a wide range of foods.³⁶

Food choice is key to improving nutrition, good nutrition is key to reducing risk of diet related disease such as obesity, heart disease, stroke, and cancer. Lack of confidence and poor cooking skills and lack of food knowledge contributes to the lower fruit and vegetable intake and higher intake of high fat, high sugar foods processed foods by people in Fife. Improved access to affordable healthy food is crucial to making improvements in what people eat.

Improving confidence and cooking skills and increasing food and health knowledge could therefore be effective strategies to promote healthy eating and reduce prevalence of these diseases. In Fife, we support increasing skills and knowledge of community partners through delivery of Food Champion training (REHIS registered 3-day course). The 3-day training aims to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops. It gives participants a better understanding of the relationship between food and health, as well as the key messages which helps and encourages people to make changes to their own eating habits and those they work with. To support and encourage the sharing of information around food and eating well, the training also includes key facilitation skills, a mentoring aspect and practical tips and templates to improve programme delivery and development at a local level.



³⁶ [The Scottish Diet it needs to change, Food Standards Scotland 2018](#)

Case Study – Fife College

Fife College takes the health of its students very seriously and maintains that the importance of student's relationship to healthy food, nutrition, and fitness levels, will connect discernibly with their academic and personal success.

Many courses and departments at Fife College centre their studies around this philosophy and the Sports and Fitness department, and Culinary Arts department are not the only facets of the academic contingent to align their curriculum with these philosophies.

Young adults from the ages of 16-24 are particularly vulnerable to developing obesity, especially if they have been obese or overweight in childhood. There is an increase in prevalence of obesity in accordance with an increase in deprivation. In addition, there is an increase in prevalence for obesity for those with learning disabilities. Many of the Fife College social care programmes and supported programmes introduce parts of the course structure in educating students on nutrition, and fitness and wellbeing within their programmes.

The Student Experience department has many activities and resources that highlight the valuable nature of these areas too.

New Wellbeing Hubs have been created and established on the college's Kirkcaldy and Dunfermline campuses allowing the Health & Wellbeing team to accommodate space for many appointments including Nutrition drop-ins, and other ad-hoc activities based on the Health & Wellbeing calendar of events and monthly topics.

Talks during Welcome sessions centre around student support including access to Health & Wellbeing resources on Food, Nutrition and fitness.

The college has extended its hours for the Breakfast Club and Free Lunches for students so that students can eat twice a day for free on all campuses.

There are many events through the year including a Health & Wellbeing Festival and Get Ready for Xmas event which offers students lots of free drinks and snacks from hospitality students, and from Fife College food trucks, as well as many fitness exercises to try and to join in with.



Other meaningful resources include an Autumn Eats Guide which introduces lots of comforting recipes, Breakfast, Lunch & Dinner, that can be made at home and on a budget.

The Health and Wellbeing team have introduced a walking route within Dunfermline Campus to encourage students as well as staff to increase their daily steps. Fife College Wellbeing and Fitness co-ordinator has produced Fitness and Nutrition Diaries, Student gym inductions, individual fitness programmes, fitness classes for staff and students and a "Mindfulness and Movement" booklet about health for mind and body. The gym facilities and fitness classes are free of charge for students and staff to use.

Food4Fife Strategy and Action Plan 2024-2029

The strategy's vision is to create a sustainable food culture for a healthy Fife.³⁷ Using a 6-pillar food system framework (developed by Sustainable Food Places), the strategy supports work across boundaries and disciplines to address key challenges for food in Fife.

Figure 3: Food4Fife 6 pillar food systems framework



Local Levers for Diet and Healthy Weight

Obesity Action Scotland's 2023 report Local Levers for Diet and Healthy Weight presented seven 'top evidenced-backed opportunities' for obesity prevention.³⁸

The local levers include:

- protect and support breastfeeding and healthy diets for children
- improve uptake of school meals
- strengthening public food procurement and provision standards
- utilising planning to improve food environments
- work with the out of home sector to reduce calories on the menu
- restrict food advertising
- promote and support physical activity

There are close connections between the Local Levers and the 6 pillars of the Food4Fife Strategy, particularly the Healthy Food for All, Community Food and the Catering and Procurement pillars. The following sections of this report will look at the first six of these local levers in terms of why they are important in Fife and associated actions that have been implemented by local partner organisations. The seventh Local Lever, promote and support physical activity, will be addressed within the Active Living for Everyone section of the report.

³⁷ [OurFife: Food4Fife](#)

³⁸ [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

Protect and Support Breastfeeding and Healthy Diets for Children

Why is this important?

Improving nutrition of infants and in early childhood is key for ensuring a healthy weight as they grow into adults. This involves the protection, promotion and support for breastfeeding as well as the appropriate and timely introduction of complementary foods and ensuring a wide and varied healthy diet throughout early childhood. The food consumed by children in their early years has a lifelong effect on the food choices they make as they grow older and into adulthood and consequently on health outcomes.

Background

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7% in 2012 to 44.6% in 2024.³⁹ There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get advice and support where needed. As described earlier in this report approximately one fifth of children in Scotland eat the recommended 5 portions of fruit and vegetables per day and approximately 10% of children are at risk from obesity by the time they are in P1.

Modifiable factors/local actions

NHS Fife has been “Baby Friendly” since 2014. The service includes access to breastfeeding support and advice from midwives, health visitors (or family nurses), the breastfeeding support team or infant feeding advisors.⁴⁰ Families can also get help with cost of living through Best Start grants and Best Start foods to help make sure infants and young children have access to food. There were 3,855 Best Start grants and Best Start foods applications made from Fife residents in 2023/24.⁴¹

The small team of skilled and experienced Breastfeeding Support Workers in Fife is vital to increase breastfeeding rates. Early, specialised and personalised breastfeeding assistance in the home is essential for establishing breastfeeding. Breastfeeding groups will hopefully help in the normalisation of breastfeeding within the bottle-feeding culture of Fife and provide social support groups for mums to access continued breastfeeding peer support throughout their breastfeeding journey. Breastfeeding peer support training courses have recently run in person and online to enable 24 mums to complete training and to continue to volunteer to support the running of new and existing breastfeeding groups in Fife.

Antenatal parent education infant feeding sessions recommenced in 2024, after a prolonged hiatus following the COVID-19 pandemic. This includes breastfeeding advice as well as information on when to offer solids and signs of readiness, how to access best start foods and safe formula feeding.

Baby bites is an informative interactive weaning session for parents and carers and their baby of around 6 months.⁴² The Baby bites programme has been rolled out to every nurture centre in Fife and will extend into nurseries across Fife.

³⁹ [Public Health Scotland: Infant feeding statistics - Financial year 2023 to 2024](#)

⁴⁰ [Fife Breastfeeding Resources Links](#)

⁴¹ [Social Security Scotland - Best Start Grant and Best Start Foods: high level statistics to 30 September 2024](#)

⁴² [Baby bites - interactive weaning sessions | NHS Fife](#)

Fife's Child Healthy Weight Service, known as Fife Loves Life, supports families to eat well and be physically active.⁴³ The service, which includes self-referral, provides family focused sessions to support being active as a family and working together to make small healthy behavioural changes. The Child Healthy Weight Service will aim to identify and target areas with the worst health outcomes and highest areas of deprivation to deliver a targeted approach.

The Fife Loves Life app also provides a lot of information to support children, young people, and their families. There are a range of topic specific optional workshops for parents and carers and young people to attend as part of the Child Healthy Weight programme which include information and techniques to overcome difficulties and barriers to making changes to eating and activity habits and support the promotion of positive mental health.

Groups for parents and carers of Primary School aged children include supporting healthy choices (positive parenting), supporting your child to eat different foods (fussy eating) and parenting tweens which focuses on children transitioning from childhood to adolescence.

Groups for young people include making healthy choices, wellbeing, best of me (which focuses on ways to increase self-esteem) and emotional eating. All children and young people who take part are offered support from Child Healthy Weight Physiotherapy. Free Fife Sport and Leisure gym and swim passes, for those eligible, are available at all leisure centres throughout Fife.

The NHS Fife Child Healthy Weight Toolkit provides professional guidance designed to promote consistent use of the local child healthy weight care pathway and supports professionals to have conversations with families around diet, activity and other healthy living changes.

Key messages around healthy eating, keeping active, sleep hygiene and positive mental health are included in a short Personal and Social Education (PSE) School Module. The module is designed for young people in their first year of Secondary School.

HENRY (Health, Exercise and Nutrition for the Really Young) Core Training focuses on strengths-based, solution-focused, empathic communication with families around health, exercise and nutrition and is delivered to health and education professionals working with young families.



⁴³ [Child Healthy Weight Service \(Fife Loves Life\) | NHS Fife](#)

Case Study – Health Promotion and Food

Sharing Healthy Eating information is key to influencing food choice. Health Promotion recognises that to elicit engagement on health topics, there is a need to provide information in various formats and adapt key messages to suit specific target groups.

For example, Health Promotion worked with community food workers to trial a resource developed to engage families with young children on key elements of a healthy lunchbox. To engage both children and parents and have a message to take away, the pack included an information sheet of key messages as well as activity sheets for the children to engage in the learning. The sessions included budget friendly healthy snacks for tasting and recipes ideas to try at home

Feedback was very positive with parents commenting on the ease and simplicity of message, surprise that children enjoyed the healthy offering and commenting that they would change the food choice to include the healthy snacks in future.



Improve Uptake of School Meals

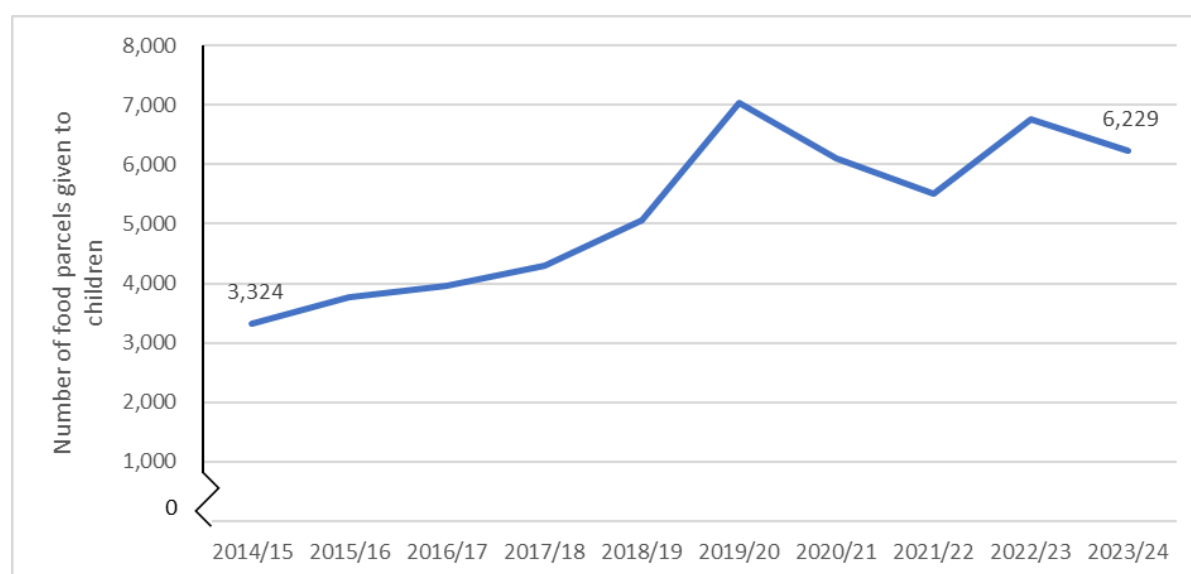
Why is this important?

School meals can improve children's dietary habits in a way that is equitable across all groups of children. Schools play a significant role in children's lives as they spend approximately 40% of their time and consume 30% of their meals within the school environment. Free school meals for those who are eligible, play a crucial part in reducing child poverty and food insecurity. Free school meals within primary schools provide a dignified response to food insecurity with all children having access to and eating the same food. Healthy school meals contribute to positive behaviour and improved attention and attainment as well as reduced absenteeism. As already detailed in this report, 11% of children in P1 in Fife are at risk of obesity with fruit and vegetable consumption decreasing as children age.

The adverse effects of food insecurity, inadequate nutrition, and childhood obesity are well-documented, with potential repercussions on physical health, mental wellbeing, and social aspects of life. As a result, ensuring food security for all children with nutritious school meals is of utmost importance.

Some schools in Fife are providing a breakfast service for pupils who arrive in school hungry. The Health and Wellbeing Census Scotland (2021/22) reported that 8% of P7 to S6 pupils went to bed hungry often or always and 18% of pupils in P5 to S6 never ate breakfast on a school day.⁴⁴ Across the UK 20.0% of households with children reported experiencing food insecurity compared with 12.7% of households without children.⁴⁵ The Trussell Trust published end of year statistics for foodbank use throughout the UK.⁴⁶ In Fife for the financial year 2023/24 6,229 parcels were given out to children.

Figure 4: Number of food parcels given to children in Fife by financial year



Source: The Trussell Trust

⁴⁴ [Health and Wellbeing Census Scotland 2021- 2022 - gov.scot](https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/100.aspx)

⁴⁵ [Food Insecurity Tracking | Food Foundation](https://www.foodfoundation.org.uk/food-insecurity-tracking/)

⁴⁶ [End of year stats | Trussell Trust](https://www.trusselltrust.org/foodbank-use-statistics/) EYS 2023-24 raw data (A family of 2 adults and 2 children attending the foodbank is recorded as 4 parcels, 2 adult and 2 children.)

Background

The nutritional quality of a child's diet during their formative years has far-reaching consequences, influencing subsequent development, educational accomplishments, health outcomes, and overall wellbeing. Dietary patterns have a lasting impact on adult eating habits and the risk of non-communicable diseases. Children in the UK typically consume foods high in saturated fat and sugar and low in fibre, with a diet that contains fewer fruits and vegetables than those of children in other countries.⁴⁷

The Scottish Government mandates all food served in schools at lunch, breakfast, morning breaks and tuck shops comply with stringent regulations to ensure pupils receive healthy and nutritious food. The regulations severely restrict the inclusion of salt, sugar, foods high in fat, and low-quality reformed or reconstituted foods.⁴⁸

Meals cooked from scratch with fresh ingredients high in nutritional value constitute healthy meals. This helps meals to be nutritionally dense rather than calorie dense. Children should eat regular balanced diets that contain protein, starchy carbohydrates, vegetables and fruits. The Eatwell Guide recommends eating at least 5 portions of fruit and vegetables daily. Making food look exciting, colourful and fun encourages healthy eating in children. In Council supported nurseries all food served also complies with regulations which helps to improve the acceptance of better food to these young children and their families.

Modifiable factors/local actions

School meals enable children to access affordable nutritious meals, especially with the current high inflation on essential food products. The responsibility of nurturing the next generation is a shared endeavour. Parents, teachers, health professionals, catering staff, and policymakers must join forces to achieve nutritional excellence in and improve uptake of school lunches. Children can flourish academically, physically, and emotionally when they are healthy and happy.

The provision of school meals is an integral part of the Plan for Fife objectives of improving health and wellbeing and minimising the impact of poverty, by delivering food that is high in nutritional value. In the longer term as part of implementing the Food4Fife Strategy, Fife Council aims to use local seasonal food in meal planning that also supports the local economy. Having a pleasant dining experience, a protected lunch time, implementing a staggered lunchtime system and involving pupils in the development of menus all contribute to encouraging children to have a school meal.⁴⁹ Early indications are that Primary 1-5 universal free school meals have been well received in Fife with approximately 75+% uptake. Fife Council is committed to ensuring that parents and carers are aware that children can access free school meals in a dignified and discreet way with an objective of increasing the take up of healthy meals. In terms of free school meals, as well as the nutritional value of the meals, financially taking a free school meal can save a family approximately £475 per child per year.

Fife Council are also focusing on influencing the eating habits of high school pupils by encouraging that cohort to eat nutritious school food rather than off-site low nutrition 'fast food' and confectionery. This is challenging, however, sales of school meals in high schools increased between July 2022 and July 2024, perhaps demonstrating there are encouraging signs that pupils are changing eating habits.

⁴⁷ [Household availability of ultra-processed foods and obesity in nineteen European countries](#)

⁴⁸ [Healthy Eating in Schools: guidance 2020](#)

⁴⁹ [Better Eating, Better Learning](#)

The holiday periods can be a challenging time for many children, young people, and families in the seven local areas of Fife. Café Inc has ensured that over 109,000 nutritious meals were given to children young people and their families over the seven-week 2024 summer holidays and helped to ensure that fewer children and young people miss out on healthy and nutritious meals during the school break. Across the seven locality areas in Fife there were 65 venues for families to access.

Café Inc is Fife Council's holiday hunger programme, and the aims of the project are to provide children, young people and their parent/carer(s) with a nutritious meal during school holidays.⁵⁰ The project is universal and is underpinned by the dignity principles.⁵¹

The Café Inc team also conducted a piece of research over summer and received 128 responses. The key findings were:

- 66% of respondents were not in receipt of free school meals
- 50% were in receipt of Universal Credit
- If Café Inc was not available, 40% of respondents would have fed their children but skipped a meal themselves.

In addition to the survey findings, several powerful stories were collected, showcasing the social and economic impact of Café Inc. These stories highlight how the programme not only provides meals but also serves as an important social lifeline for families who are struggling to make ends meet. These stories demonstrate the real-world impact of the programme, offering insights into how it alleviates stress, builds community connections, and improves the wellbeing of participants.



⁵⁰ [Café Inc | Fife Council](#)

⁵¹ [Nourish Scotland: Guidance Notes on Dignity in Practice - Summary of Findings](#)

Case study – EATS Educates food education initiative in Rosyth Primary Schools



EATS Educates is an ambitious new food education project from EATS Rosyth, to develop a whole system approach to eating fresh fruit and vegetables with children and their families.

Delivered in all four primary schools in Rosyth, the curriculum-focused programme enables children to engage in growing, harvesting, tasting, and cooking fresh fruits and vegetables. The project involves creating and enhancing growing areas at each of the schools, including raised beds, fruit trees and sensory gardens. These new greenspaces benefit both people and wildlife, by improving access to organic fresh fruit and vegetables, enriching biodiversity and increasing climate awareness.

The project commenced in June 2024. So far this has involved construction of 12 new raised beds, improvements and restoration to over 80m² of existing growing spaces, such as brick planters and beds, and gathering feedback from over 750 parents, teachers and pupils on food education and growing. During the summer holidays, pupils and parents were invited to open days in EATS Rosyth's Centenary Orchard, where they took part in activities on growing topics, including harvesting vegetables, making fresh fruit smoothies and beekeeping and honey tasting. As part of the Fife Climate Week in September, pupils attended special 'Apple Days', where they tasted fresh apples, which they picked directly from the Orchard trees, pressed apple juice, cooked apple sauce and learnt about apple preservation techniques.

Creating dietary change is complex and multifaceted. Emphasis must be placed on the food environment, especially the availability and accessibility of healthy foods. Almost one in five children in Fife are now living in absolute poverty, with food insecurity increasing along with associated risks of poor nutritional outcomes and health inequalities including obesity. The benefits for improving children's access to and consumption of fruit and vegetables in Fife are clear. EATS Educates aims to involve children and their families so that they have the opportunity not only to learn, but also gain practical experience and life skills to support lifelong change. The pilot project has been funded for two years by Fife Council and has ambitions to culminate in a transferable education programme which will be rolled out in settings across South & West Fife and beyond.

www.eatsrosyth.org.uk

Public Food Procurement and Provision Standard

Why is this important?

Between Fife Council, NHS Fife and the University of St Andrews, annual spend on food procurement amounts to approximately £15 million each year. Many of the meals provided are for population groups that are vulnerable and for whom nutritional standards are important. Public bodies also have the ability to influence consumption of healthy versus non-healthy meals in non-vulnerable groups across the population. A piece of research in 2021 where 159 adults took part in an online choice experiment found when three-quarters of product options were healthy, 58% of participants selected a healthy option compared to just 41% of participants selecting a healthy option when only 50% of product options were healthy.⁵²

Catering and procurement provide unique powerful levers for promoting good food. There is potential to transform catering across a wide range of settings from nurseries, schools and colleges through hospitals and care homes, workplace canteens and smaller scale catering outlets. As well as improving the eating habits of people across Fife there is the ability to create large scale demand for healthy, sustainable and local food. Improving consumption of food grown locally or within the UK and that is easily accessible locally also helps to reduce carbon impact. Collaboration between catering, procurement and menu teams, suppliers and growers, and distribution contractors is key to enabling change.

There is a close link between this local lever and the local lever work with the Out of Home Sector to reduce calories on the menu and with the Food4Fife strategy catering and procurement pillar.

Background

This local lever recommends that all facilities owned and/or operated by local authorities and health boards including for example leisure centres and NHS premises providing non-patient food and drink should consider:

- Offer price promotions on healthier options
- Reduce the calorie content of foods on offer, either through reformulation or smaller portions, and consider a mandatory calorie cap per item sold
- Provide free drinking water
- Increase the proportion of healthy food and drink on offer to at least 75%.

Modifiable factors/local actions

Collaboration between catering, procurement and menu teams as well as with suppliers, growers and distribution contractors are key to enabling change. As part of the Food4Fife Strategy, a Fife wide procurement group including Fife Council, Fife College, NHS Fife and the University of St Andrews have been working together on ways to achieve this.

At the same time, it is important to take into consideration the taste of healthy food and drink on offer to ensure that these do not negatively impact uptake of meals in these settings.

Bringing local food into our public buildings including schools, hospitals and learning institutions can support local community wealth building. This area is closely linked to the Local Levers of Increasing School Meal Uptake and Working with the Out of Home Sector to reduce calories on the menu where actions considered in those levers include facilities owned and/or operated by local authorities and health boards.

⁵² Allan et al, 2021, Nutr Health, 27(3): 321-327, link: <https://pubmed.ncbi.nlm.nih.gov/33769109/>

Utilising Planning to Improve Food Environments

Why is this important?

The food environment is an important part of how a place can support or undermine our health and wellbeing. This includes access to out of home food consumption including takeaways, temporarily or permanently sited catering vans, hospitality venues, and drive-through sites. A Food Standards Scotland survey published in 2023 indicates that one in 6 adults in Scotland eat out at least once a week.⁵³

For many people their local food environment is comprised of more unhealthy outlets, such as hot food takeaways, than outlets offering healthy and affordable options. Research in 2018 into outlets in Glasgow selling potentially health-damaging products and services, such as fast food, were usually clustered in more deprived areas, leading to greater exposure in these areas and further exacerbating inequalities.⁵⁴

The food environment encompasses more than just the out of home sector but includes all food available to people in their surroundings. Connection to healthy food and drink outlets and to opportunities for community food growing and allotments are examples of positive attributes within a place that can facilitate and engage communities with a healthy diet.

Background

The National Planning Framework 4 (NPF4) intends to drive spatial planning that improves health and wellbeing and reduces health inequality in our communities.⁵⁵ In principle development proposals that would have an adverse effect on the health and wellbeing of communities, particularly in disadvantaged areas, should not be supported. Development proposals that will have positive effects on health should be supported.

NPF4 includes applying and promoting a town centre first approach and covers retail and non-retail outlets. This could include, for example, proposals that incorporate opportunities for exercise, community food growing or allotments. Consideration should also be given to clusters of outlets that may be affecting community wellbeing.

Modifiable factors/local actions

The built environment influences people's access to both healthy and unhealthy foods and planning is an upstream tool that can be used to influence the built food environment over the long term. Planning policy can support the creation of healthy places and facilities and support easy access to healthy food.

As part of the Local Development Plan (LDP) process it would be helpful to further understand the distribution of different types of food outlets and food growing in different communities across Fife. This can be used to map and inform planning of food related retail and non-retail spaces. The LDP preparation and evidence gathering stages can be used as a tool to help identify clusters where the balance of healthy food related retail and non-retail spaces may be affecting community health and wellbeing. This can help implementation of NPF Policies on Health and Safety, Commercial Centres and Retail. The Food4Fife Strategy and associated action plans include projects to map food grown commercially as well as community growing spaces.

⁵³ [Consumer attitudes towards the diet and food environment in Scotland research report - June 2023](#)

⁵⁴ Macdonald, L., Olsen, J.R., Shortt, N.K. and Ellaway, A. 2018. [Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? - ScienceDirect](#). *Health & Place*, 51: 224-231.

⁵⁵ [Scottish Government 2024: National Planning Framework 4](#)

Reduction in Calories on Eating Out of Home Sector Menus

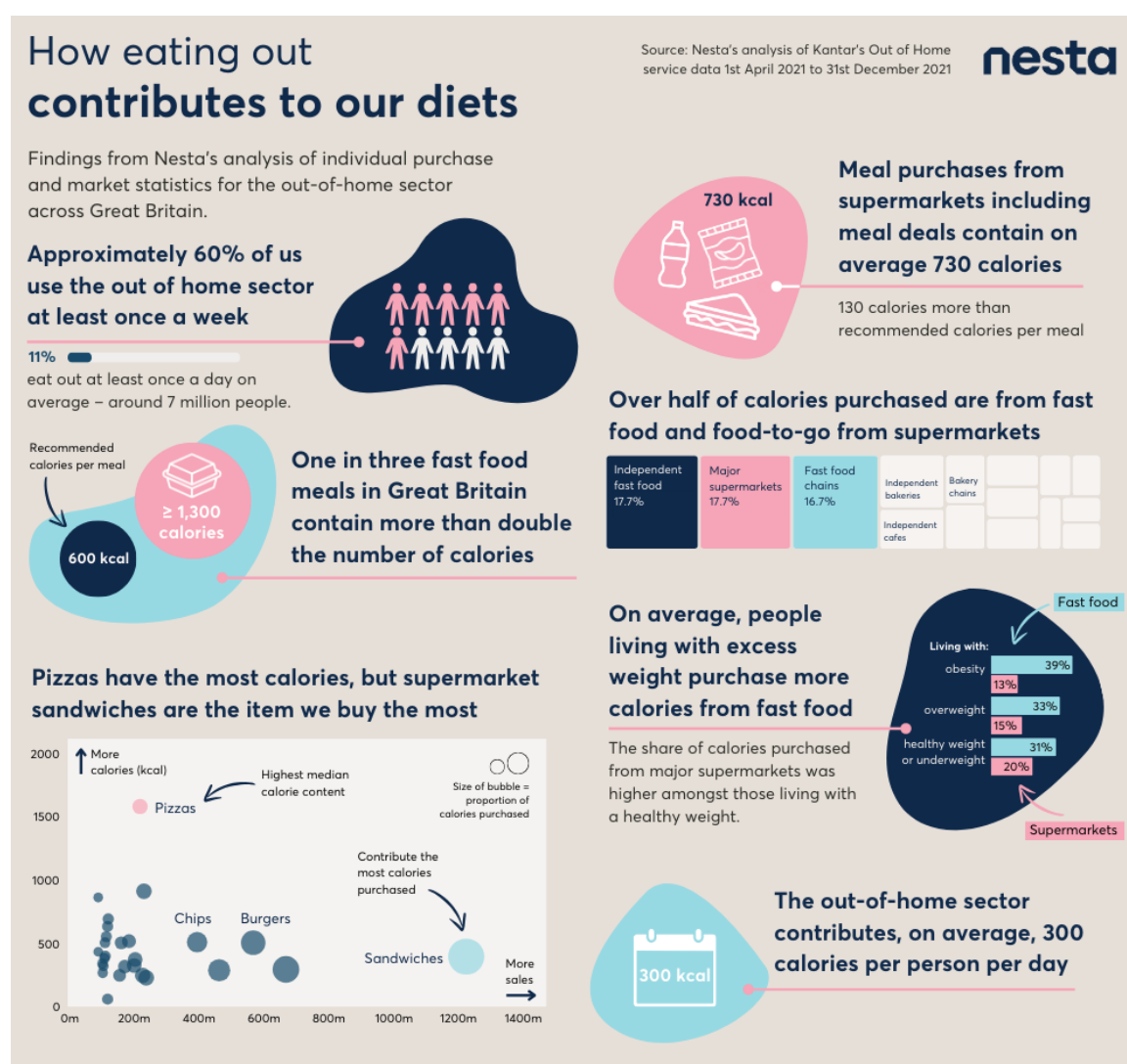
Why is this important?

In 2021, people in Scotland took 3 out of home trips per week on average, with one in 6 adults eating out at least once a week.⁵⁶ Taste, ease, and convenience are main reasons for eating out of home. Portion sizes tend to be bigger resulting in greater caloric intake when eating out of home as compared to eating at home. Takeaways and full-service restaurants have lots of scope for calorie reduction and helping communities achieve a healthy weight.

Background

The infographic below highlights findings from analysis carried out by Nesta in 2021 into individual purchase and market statistics for the out of home sector across Great Britain.

Figure 5: Infographic showing Nesta analysis of purchase and market statistics of the out of home sector in 2021



⁵⁶ [Testing the calories of the UK's favourite takeaway foods | Nesta](#)

Nesta also lab tested 600 of the ten most popular meals from independent takeaways in Great Britain.⁵⁷ The findings lend weight to the viability of portion size reduction as a way of reducing calorie intake. Key findings included:

- calorie content of 'regular' or 'medium' meals ranged widely
- across all types of food, meals contained an average of 1,289 calories
- 99% of meals exceeded the recommended calorie intake of 600 kcal per meal, 57% exceeded double the average recommended intake per meal, and 2% exceeded the recommended daily intake of 2,250 kcal
- more expensive meals had a higher number of calories, even after adjusting for differences in portion size (in grams).

Modifiable factors/local actions

There is a place for working with the out of home sector to understand retailers' knowledge of calories on their menus, and knowledge of portion size. Exploratory work between Public Health, Health Promotion and Fife Council Protective Services has begun into a possible pilot in one area of Fife.

There is a close link between this area and the lever relating to utilising planning to improve food environments as well as to public food procurement and provision standards.



⁵⁷ [Testing the calories of the UK's favourite takeaway foods | Nesta](#)

Food Advertising

Why is this important?

Advertised food and drinks are generally less healthy than those recommended as part of a healthy diet.⁵⁸ An Obesity Action Scotland policy statement on food advertising reported that:

- one third of total food and drink marketing spend in the UK is spent on advertising unhealthy products compared to just 1% spent on advertising fruit and vegetables
- Children and adults from more deprived backgrounds are up to 50% more likely to be exposed to unhealthy food advertising than less deprived groups.
- For every four minutes of TV food and drink advertising exposure, children consume approximately 60 calories more than children exposed to non-food adverts. The effect of TV adverts on dietary intake is also shown to be greater for children already living with overweight or obesity
- Exposure to unhealthy food advertising causes increased overall calorie intake in children and results in a higher chance of them preferring the advertised product when making food choices. UK survey showed that young people report seeing adverts for unhealthy products at least twice per day.

Background

Restrictions on food advertising of foods high in fat, sugar and salt (HFSS) are likely to come into effect during 2025. These restrictions only cover TV and online advertising but do not include outdoor advertising so will not include advertising in public spaces, such as billboards, and on public transport. In some parts of England local authorities have been prohibiting HFSS product advertising for all advertising generated by themselves and advertising sponsorship by third parties on council owned spaces, assets and events.

In 2021, Obesity Action Scotland and East of Scotland Partnership published a report that looked at the influence local authorities in Scotland have in restricting outdoor advertisements of products high in fat, sugar and salt.⁵⁹ The findings indicated that local authorities would prefer national level policy on HFSS outdoor advertising as opposed to localised action. The report also highlighted a demand for more knowledge sharing to guide policy decisions. The same report also gathered information on the scale of local authority owned and/or controlled advertising spaces across four local authorities in Scotland, including Fife. The table below shows results for Fife.

⁵⁸ [Obesity Action Scotland: Advertising Position Paper](#)

⁵⁹ [Obesity Action Scotland: Outdoor Advertising Report 2021](#)

Table 1: Local authority owned and/or controlled advertising space in Fife

	Billboards	Bus shelters	Taxis	Public transport	Events/ sponsorship
Fife	None	6 owned by Fife, 153 owned by Clear Channel	Only signage relating to taxi business is allowed	None	Roundabouts – mainly for local business sponsorship

Source: Obesity Action Scotland

Modifiable factors/local actions

The Local Levers report recommends that community planning partner organisations restrict advertising of products high in fat, sugar or salt (HFSS) in their own premises, on their vehicles and on any public advertising spaces they own or manage.⁶⁰ These spaces in buildings, on fleet vehicles or other public spaces could be used for promotion of healthy foods. Community Planning Partner organisations could also restrict HFSS product advertising by third parties on spaces, assets and at events owned or led by them.



⁶⁰ [Obesity Action Scotland: Local Levers for diet and healthy weight](#)

Active Living for Everyone



What We Know

In this report we use the UK Chief Medical Officer's definition of physical activity: any form of activity performed by the human body, inclusive of both incidental and deliberate bodily movement.⁶¹ This includes:

- everyday activities: active travel like walking, cycling or wheeling, heavy housework, gardening, DIY, occupational activity
- active recreation: recreational walking, cycling, active play or dance
- sport: sport walking and cycling, swimming, formal and informal sport, structured competitive activity, exercise and fitness training and individual outdoor pursuits.

Physical activity impacts our physical and mental health and wellbeing. Regular physical activity and movement can help to reverse some of the age-related decline in physical function, improve wellbeing, help maintain independent living and create opportunities to increase social connections. However, as people get older physical activity levels typically decline and sedentary behaviour increases. Along with low levels of physical activity this can combine to increase levels of morbidity. Sedentary behaviour has increased in the years since COVID-19 pandemic, with changes to working environments contributing to declining levels of physical activity.



⁶¹ [UK Chief Medical Officers' Physical Activity Guidelines](#)

Physical Activity and Inactivity

There is a substantial evidence base showing the role that physical activity can play in the prevention and management of noncommunicable diseases (NCDs).⁶² NCDs include conditions such as cancers, cardiovascular disease, chronic respiratory diseases, diabetes and mental health and neurological conditions.⁶³ Noncommunicable diseases currently account for more than two thirds of deaths and are the leading causes of ill health in Fife and across Scotland.⁶⁴

Physical inactivity is recognised by the World Health Organisation as one of the 5 leading risk factors of noncommunicable diseases.⁶⁵ A Scottish Burden of Disease (SBoD) study examining the burden of physical inactivity on disease in Scotland reported that almost 3,200 deaths in 2022 were estimated to be attributable to physical inactivity, defined as activity at levels lower than current guidelines.⁶⁶ In Fife this figure was 253 deaths representing 5.5% of all deaths. A third of these deaths, in both Fife and Scotland, were from cancer or cardiovascular disease. Mortality rates attributable to physical inactivity were higher in Fife than the Scottish average and the sixth highest of all health boards. Estimates indicate substantial regional inequalities within Scotland in the burden of disease attributable to physical inactivity.

Of the deaths attributed to physical inactivity across Scotland, the majority (80%) occurred in those in the very low activity category, less than 30 mins per week of moderate physical activity. The finding that more than 80% of these deaths are due to those with very low levels of activity (less than 30 minutes of moderate intensity activity a week) emphasises that these individuals are an important focus for intervention, along with broader system-wide policy actions that impact on the population.

64% of adults in Fife met the guidelines for moderate or vigorous physical activity (MVPA) in 2019-2023 in data collected by the Scottish Health Survey.

This was similar to the 65% reported for Scotland. The proportion of adults meeting the MVPA guidelines in Fife has fluctuated between 60% and 65% since 2012-15. Around a fifth of adults reported very low weekly activity levels, less than 30 minutes of moderate activity or less than 15 minutes of vigorous activity or an equivalent combination of these. This has been a consistent finding since 2012-15 and was 20% in 2019-23.⁶⁷ A higher proportion of men have consistently reported meeting the MVPA guideline than women, 69% compared to 59% in Fife in 2019-23.⁶⁸

Across Scotland in 2023, younger adults were more likely than older adults to have met the MVPA guidelines with the proportion of adults meeting the guideline decreasing with age from the age of 35 years onwards. 74% of adults aged 16-24 years and 71% of adults aged 25-34 years met the guidelines compared to 36% of adults aged 75 years and over.⁶⁹ Almost half of all adults (45%) aged 75 years and over and 30% of adults aged 65-74 years reported very low levels of activity.

⁶² [The burden of disease attributed to physical inactivity](#) page 7

⁶³ [World Health Organisation: Noncommunicable diseases](#)

⁶⁴ [The burden of disease attributed to physical inactivity](#) page 6

⁶⁵ [World Health Organisation: Noncommunicable diseases](#)

⁶⁶ [The burden of disease attributed to physical inactivity](#)

⁶⁷ [Scottish Health Survey Dashboard](#) (query as previous footnote)

⁶⁸ [Scottish Health Survey Dashboard](#) (Tab = Trend, Topic = Physical Activity, Indicator = summary activity levels, breakdown = Age)

⁶⁹ [Scottish Health Survey Dashboard](#) (query as previous footnote)

In 2023, 72% of those living in the least deprived areas in Scotland met MVPA guidelines compared with 50% of those living in the most deprived areas. Inequalities in meeting MVPA guidelines have been consistently seen since 2012.

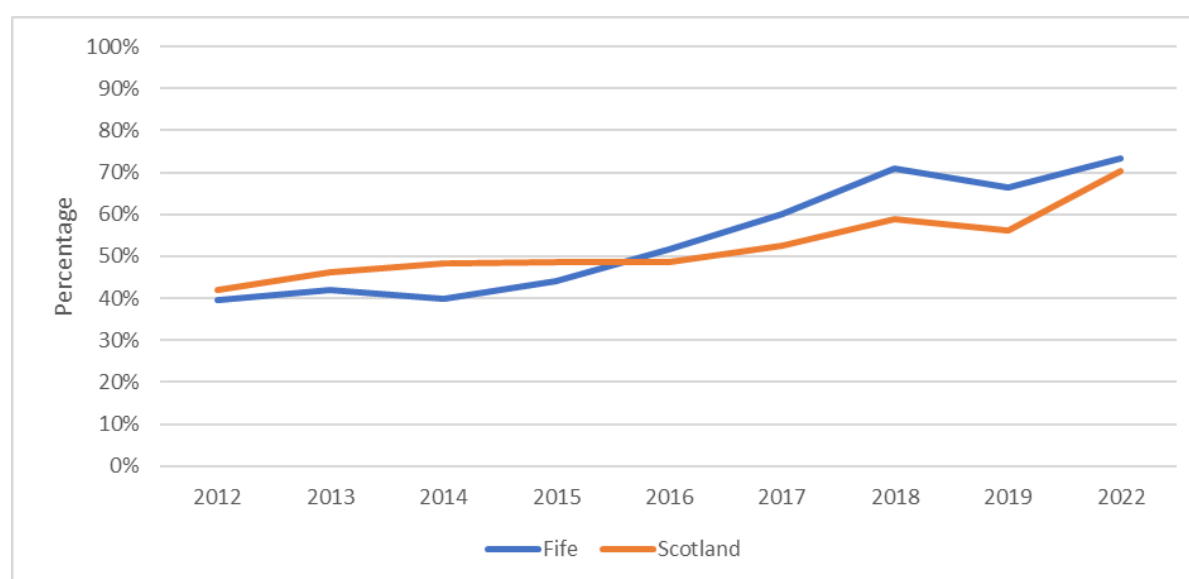
On average adults in Scotland spent 5.7 hours sitting on a weekday and 6.5 hours sitting at the weekend in 2023, excluding time spent at work, college or at school.⁷⁰ There was little difference in the average sedentary time reported by men and women with sedentary time greatest in those aged 65 and over. Sedentary time among children aged 5-15 in Scotland was lower, 3.7 hours on a weekday and 5.1 hours at weekends.

72% of children aged 5-15 in Scotland reported undertaking at least 60 minutes of activity, including school-based activity, on average per day in the previous week in 2023. This fell to 62% if school-based activities were excluded. 17% of children achieved at least 30 but less than 60 minutes per day on average and 12% achieved less than 30 minutes. Fewer girls reported undertaking at least 60 minutes of activity on average per day than boys and were more likely to report less than 30 minutes.⁷¹

Access to outdoors

73% of adults in Fife reported visiting the outdoors at least once a week in data collected by the Scottish Household Survey in 2022.⁷² This was slightly higher than the 70% reported nationally. The proportion of adults reporting visits to the outdoors at least once a week has increased over time in both Fife and Scotland where approximately 40% reported this in 2013 and 50% in 2016.

Figure 6: Percentage of adults visiting the outdoors at least once a week in Fife and Scotland, 2012 to 2022



Source: Scottish Household Survey, 2022

7% of adults in Fife reported that they did not visit the outdoors at all. Almost a fifth of adults living in the most deprived areas reported they did not visit the outdoors at all (19%) compared to none of the adults living in the least deprived areas.

⁷⁰ [The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#) Section 6: Physical Activity

⁷¹ [The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#) Section 6: Physical Activity

⁷² [Scottish Household Survey 2022: Key Findings Section 7: Environment](#)

Across Scotland reports of accessing the outdoors at least once a week were lower among adults aged 60 to 74 (67%) and aged 75 and over (50%) compared to adults aged 16 to 59 (74%). Reports of not accessing the outdoors at all were highest among those aged 75 and over (22%).

Across Fife, more than three quarters of adults (77%) reported that they lived within 5-minute walking distance to green or blue space in the Scottish Household Survey 2022.⁷³ Since 2013 the proportion of adults reporting this annually has been higher than 70%. Over this time period less than 10% of adults in Fife have reported annually that they lived an 11-minute walk or more to green or blue space and this was 8% in 2022.

Fewer adults living in the most deprived areas (73%) in Fife reported living within a 5-minute walk to green or blue space than adults living in the least deprived areas (82%) but there was less difference in the proportions living 11 minutes or more walking distance, 7% in most deprived areas compared to 6% in the least deprived areas.⁷⁴

Case Study – Move for Your Mood

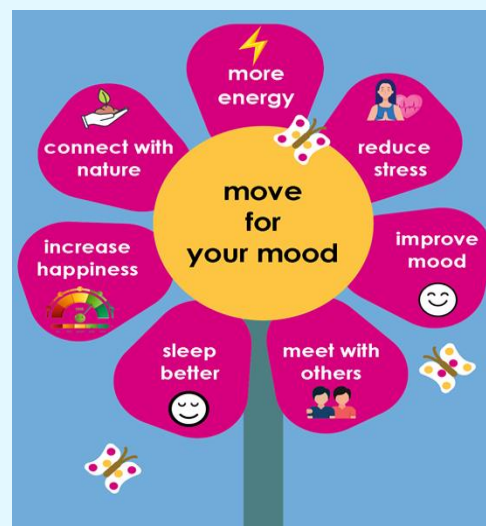
To support Mental Health Awareness Week in May 2024 Health Promotion and Active Communities Team partnered to encourage people to 'Move for Your Mood'. This means finding ways you can build movement into your day, and understanding how this benefits your mental health and wellbeing.

A range of resources were developed to support the campaign message. This included leaflets, bookmarks and posters, as well as interactive resources such as fortune tellers that can be downloaded and were very popular. During Mental Health Awareness Week sessions ran on MS Team to highlight all this, pop up stands took place in community venues across Fife and Bums of Seats community walks took place. Lots of community groups, care homes and schools got involved and moved for their mood.

Using language about movement is an inclusive way of describing how people can be more active and helps us understand what is possible instead of focusing on barriers to physical activity.

The Move for Your Mood campaign message:

Moving for Your mood means finding ways you can build movement into your day, and getting to know how it makes you feel. Any way you decide to get moving counts. Whether it's stretching while making a cup of tea, meeting friends, or doing chores around the house, it all helps us move more!



⁷³ [Scottish Household Survey 2022: Key Findings Section 7: Environment](#)

⁷⁴ The most and least deprived areas in Fife are those datazones within the most deprived and least deprived quintile as defined by: [Scottish Index of Multiple Deprivation 2020 - gov.scot](#)

System-based approaches to Physical Activity in Fife

Public Health Scotland's 2022 System-based Approach to Physical Activity in Scotland provides a framework for taking a systems approach to improving physical activity. Taking a systems approach is about more than working in partnership, but means using systems thinking, methods and practice to better understand public health challenges and identify collective actions.

The framework has eight themes, six of which will be explored within the Fife context in the following sections. The themes of the framework are:

- Active places of learning
- Active places and spaces
- Active workplace
- Sport and active recreation
- Active travel
- Active health and social care systems
- Active systems
- Communications and public education.



Active Places of Learning

Why is this important?

From earliest years, through school age and into further and higher education children and young people spend a large proportion of their lives within learning institutions. As we highlighted in last year's DPH annual report, Children and Young People in Fife, movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health. Places of learning are key places to embedding normalisation of physical activity throughout the school day.

Background

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day.⁷⁵ Around 70% of children aged 5-15 in Scotland reported undertaking at least 60 minutes of activity, including school-based activity, on average per day. However, boys are more likely than girls to meet the recommendation. Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skills. This can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age can help to increase activity levels, create good habits and improve life chances into adulthood.

A whole of school approach, as recommended in '8 Investments that work for physical activity (ISPAH)' includes not just having PE classes, but also active playtime, active classrooms, extra-curricular activities and active travel. It also recommended as important that this involves not just students and teachers, but parents, carers, and the wider community.⁷⁶



⁷⁵ [6 Physical Activity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

⁷⁶ [English-Eight-Investments-That-Work-FINAL.pdf](#)

Modifiable factors/local actions

Fife Council Active Schools and Active Communities along with Fife Sports and Leisure Trust work, through provision of activity and interventions, to tackle barriers to participation. Recurring barriers to activity such as costs, facilities and perceptions continue to challenge all initiatives and projects. Fife Council Education Service 2023 survey of school aged children has contributed to ongoing work to understand the needs of families with planning programmes.

There are examples across Fife of activities with different age groups:

- The Fife Council 50 Things app, aimed at families, promotes active learning in the early years.
- The Play Away training programme delivered via the Prevention and Early Intervention Training Programme enables people working across Fife to increase their knowledge, skills and confidence in facilitating groups using early years play away resources.
- The Play Practice team offers outdoor learning opportunities with a focus on being physically active outwith schools.
- Learning to ride a bike or learning to swim are life skills that all children need to acquire. The Bikeability programme to teach children cycling skills is a long-standing programme that is offered annually to all Fife schools. Whilst children can use their own bikes there are also bikes that can be loaned to schools for the duration of the programme.
- The Outdoor Education Team deliver Bikeability sessions at Fife Cycle Park with a variety of groups including those with additional support needs and supporting some targeted work with schools.
- Youth 1st's B:active programme promotes physical activity and health and wellbeing for young people, youth workers and volunteers. The project has a dedicated member of staff promotes and co-ordinates training and sessions for Youth 1st member groups. As well as sports tasters and games sessions the programme includes Climate Action Fife sessions and Young STEM Leader and B:active Leader awards for young people.
- In the academic year 2023-24, Active Schools provided extracurricular activities which 19,246 pupils took part in through a range of universal and targeted provisions within Fife schools.



An Active Workplace

Why is this important?

We spend a large proportion of our lives in the workplace, with many spending almost a third of each day at work.⁷⁷ Good work is one of the key building blocks of health. Being physically active throughout the day is good for our physical and mental health and wellbeing. An active workplace leads to more positive social interactions, boosts productivity and can reduce absenteeism.

Background

Changes in the way that we work mean that many of us now do jobs that are largely sedentary and require little movement, which don't require us to be on our feet or to be physically active throughout the day. In recent years, post COVID-19 pandemic, increases in home working have made our working lives more sedentary and reduced travelling time that might have involved walking or active travel. Sitting for prolonged periods of time can increase risk of chronic health problems such as heart disease, diabetes and some cancers, as well as having a detrimental effect on our mental health.⁷⁸

Adult recommendations for physical activity are for adults to be moderately physically active for 150 minutes per week.⁷⁹ Currently 64% of adults in Fife achieve this (69% men, 59% women).

The workplace can be an important place for increasing physical activity for workers of all ages and the people they come into contact with. Workplaces need to increase physical activity in the workplace and protect the health of employees. Local public services can help facilitate active workplaces.

Modifiable factors/local actions

Workplace policies can be designed to provide benefits for both employees and employers. Policies need to encourage positive changes in behaviour and increase everyday incidental physical activity both within workplaces and for those who work from home. The design of workplaces can discourage sedentary behaviour and link to other policies such as active travel.

The Workplace Team in the Health Promotion Service (HPS) of Fife Health and Social Care Partnership actively promote a range of initiatives to Fife workplaces to encourage good and fair work.⁸⁰ This includes encouraging the implementation of policies and procedures in relation to reducing sedentary behaviour and promotion of active workplace initiatives, including promotion of the Healthy Working Lives programme in Fife on behalf of Public Health Scotland. Advice, toolkits, regular training and promotional events for employers and workers is also provided. Walking is the simplest activity to encourage and promote in the workplace. It fits easily in and around the working day and taking part in workplace walking challenges introduce a fun and sociable element.

As large employers in Fife, public sector employers including Fife Council and NHS Fife can be exemplars of both policy and practice. Various services and departments such as human resources, estates and facilities, unions and professional organisations, managers and staff can work with specialist services, such as occupational health services to help tackle existing health conditions and health promotion service to provide preventative information and training to staff to enhance self-care.

⁷⁷ [Time use in the UK - Office for National Statistics](#)

⁷⁸ [The Acute Metabolic and Vascular Impact of Interrupting Prolonged Sitting: A Systematic Review and Meta-Analysis](#): Pub Med

⁷⁹ [6 Physical Activity - The Scottish Health Survey 2023 - volume 1: main report - gov.scot](#)

⁸⁰ [Workplace Team | NHS Fife](#)

Case Study – Annual Walking Challenge

Fife Council's Active Communities team organise an annual walking challenge for people living and working in Fife, encouraging people to walk or wheel everyday over a month.

In 2024 the challenge was to walk or wheel the distance of Fife's Pilgrim Way which is 70 miles.

A total of 262 people participated, either individually or as part of a team, from workplaces and community groups across Fife. They walked or wheeled a combined 9,815 miles.

70% of participants said they had increased their daily walking or wheeling and 97% said they would continue to walk or wheel every day.



Sports and Recreation

Why is this important?

Participating in sports and other recreational activities is important not just for physical health and wellbeing but has an important link to cultural and social outcomes. Play and participation in sport is important for social development of children and continues into adult life.

In adult life continuing to be involved in sport and recreation is a way of encouraging people to keep doing something as they age. Volunteering in sports activities has positive physical and mental health outcomes. Participation in sports has been shown to have positive links to Sustainable Development Goals beyond health including social, economic, development, peace and sustainability goals.⁸¹

Background

Children and adults from more deprived areas tend to be less involved in organised sports clubs but more active via incidental play and walking than children from less deprived areas who participate more in organised clubs and sports activities. Barriers to participation include access, costs and confidence to participate.

Modifiable factors/local actions

Active Fifers is a collaborative strategic approach between Fife Council and Fife Sports and Leisure Trust working towards increasing participation in physical activity, sport and leisure. The process enabled both organisations to work together in a different way: listening differently to users, trying new things, empowering frontline staff to be more innovative and creative to support and encourage more people to be more active more often.

Building in agility and flexibility to always stay relevant, focusing in on a few key important sub-goals (awareness, under 18's, social connectedness and concessions) has helped Active Fife to achieve bigger and better outcomes and provided a strong platform for the development of area groups to continue to focus increasing participation.

These area groups are able to design and promote a more joined up approach to programming, ensuring that we make best use of available venues and spaces and ensure that we maximise the workforce resource to impact the lives of the residents of Fife, of all ages and levels of fitness and health, by working well together and being focused in our actions.



⁸¹ Sustainable Development Goals, [Sustainable Development Goals](#)

Case Study – Bums Off Seats

Health Walks are low level, accessible, short, recreational group walks that are free to attend. Bums off Seats is a Fife wide health walk programme delivered by Fife Council's Active Communities Team.

The main reasons for people joining a walk include, to meet new people, to feel healthier, manage weight and preferring walking to other forms of exercise.

They currently offer 21 weekly Bums Off Seats health walks which are delivered by 59 trained volunteer walk leaders.

Between June 2023-June 2024, 769 walks took place across Fife with around 366 new participants joining a walk for the first time.



Fife Social Work Programme

Fife Sports and Leisure Trust are working in partnership with the Fife Justice Social Work Service to provide supervised gym sessions for service users. Physical activity brings many physical and mental health benefits and plays a key part in therapies that address the emotional and psychological issues that often underpin offending behaviours. This initiative, funded by the Fife Justice Social Work Service, makes physical activity accessible and supports the rehabilitation of service users.

Active for Leisure

The Fife Sports and Leisure Trust Active for Leisure programme, funded by Fife Council Community Recovery Fund, removes barrier for families and individuals facing disadvantage and enables them to make physical activity part of their daily life. Working with local partners families and individuals can be referred and are offered the opportunity to access both junior and adult activities and the health and wellbeing programme. The programme has seen an increase in referrals from health visitors and social work.

Active Places and Spaces

Why is this important?

Place is more than just the physical environment and geographic area around us. As individuals and as different communities we have relationships with the places we live, work, learn and socialise in. The nature of a place has a profound effect on our health and wellbeing. This includes how our places and the spaces within them can promote, or present barriers to, being more physically active. Places and spaces need to be designed and maintained to enable people to be physically active in their community.

Background

There are many ways specific environments such as workplaces and places of learning can promote and address barriers to being physically active. There are also key systems and services including transport and sport and leisure that have a key role to play. These are addressed in other sections of this report. However, there are other aspects of place such as our natural green and blue spaces, streets, houses and areas for play and recreation. These all need to be cared for, safe and accessible for everyone in our communities. People need to be able to get to and between such spaces easily. Such spaces need to be attractive and welcoming environments for everyone. If that can be achieved then people will be more likely to go out and spend time enjoying being active in those spaces, engaging with and building a relationship with their place and community. Nationally in Scotland there are notable policy frameworks that support this approach.

The Scottish Place and Wellbeing Collaborative have developed a set of Place and Wellbeing Outcomes, underpinned by sustainability and equality.⁸²

⁸² [Place and Wellbeing Outcomes | Improvement Service](#)

Fife Council Research and Insight Team working with the People's Panel recently produced the report 'Our Place: Living in Fife 2023' published in February 2024.⁸³ The work used the Place Standard Tool and the Place and Wellbeing Outcomes. This provided some valuable indicators of how people in Fife feel about various aspects of their place.

The Scottish Government National Planning Framework 4 (NPF4) sets out key principles for development of sustainable, liveable and productive places in Scotland. Local Authorities including Fife Council are in the process of producing Local Development Plans in line with these principles and in partnership with community planning partners.⁸⁴

Figure 7: Place and wellbeing outcomes graphic



Modifiable factors/local actions

Partner organisations, both public and voluntary sector, can consider their own places. The physical spaces we have access to are an asset for health and wellbeing. We need to look at these spaces through a lens of how they can make it as easy as possible for people to maximise any opportunity to be active both indoors and outdoors.

Fife Council is currently working through the process of producing 'Fife's Place Plan' which is our Local Development Plan (LDP).⁸⁵ Based on the principles set out in the NPF4 this sets out how places will change in the future through how and where developments happen or not. This has a significant potential to influence place-making through spatial planning. LDPs are developed in partnership and the first step is evidence gathering and production of an evidence report. This provides the basis and rationale for the subsequent development of the local approach to planning. The draft evidence report is available and will continue to be developed in partnership.

There are local examples of collaborative work in progress in Fife that can make a valuable contribution to this agenda.

⁸³ [Our-Place-Fife-2023.pdf](#)

⁸⁴ [Scottish Government 2024: National Planning Framework 4](#)

⁸⁵ [Fife LDP Evidence Report 2024](#)

NHS Fife's Greenspace Strategy

NHS Fife Greenspace Strategy 2030 was developed in 2023.⁸⁶ The aim of this is to use our greenspace estate to take a holistic approach to tackling the interlinked challenges of climate, nature and health emergencies. One of the six key themes in the strategy is improving health and wellbeing for patients, staff and local residents.

Case Study – Lynebank Hospital



Lynebank Hospital has been identified as a site with massive potential to support the success of the Greenspace Strategy which addresses many of the Public Health Priorities. To hear how staff, visitors and patients would like to see the greenspace around Lynebank developed in line with the strategy, Health Promotion conducted a consultation to collect their views. As a result of this consultation process, Health Promotion also held a Lynebank Greenspace Workshop to bring together key stakeholders to discuss plans for the site.

One of the key priorities involves creating greenspaces at the site that will improve health and wellbeing. Ideas for the site put forward by clinical psychology colleagues include making full use of the enhanced grounds and running nature connection sessions. They would use quiet areas to practice mindfulness exercises with patients (and colleagues). Patients would enjoy tending to a sensory garden. When working with families, a relaxing outdoor space for sessions would be less intimidating for young children. They would also introduce eco-therapy with residents, in a place to be at peace and listen to the sounds of nature. We would also like to encourage an increase in physical activity, outdoor meetings, staff taking screen breaks and having lunch when often breaks are not factored into their working day.

The results from the consultation process focused heavily on wellbeing in general and how improvements to the environment in which we work, live and rest can have a positive impact on both mental and physical health and wellbeing.



⁸⁶ [NHS Fife Greenspace strategy - Draft 2 May 23](#)

The Leven Programme 'Growing with the Flow'

The Leven Programme is a 10-year regeneration project led by the Scottish Environmental Protection Agency (SEPA). It has a large number of partner and stakeholder organisations invested in a number of projects along the River Leven.⁸⁷ One goal is to connect people with the local environment. One of the key project themes is health and wellbeing. A particular project under this theme is development of a Levenmouth Green Health Partnership (GHP). This project is led by Fife Health and Social Care partnership (HSCP) and Fife Coast and Countryside Trust. The Green Health Partnership will utilise and build on existing social referral networks with local providers to improve pathways. The aim is to support people to engage with their natural spaces and places both as part of their everyday lives and to help address healthcare needs.



⁸⁷ [The Leven Programme](#)

Active Travel and Transportation

Why is this important?

Travelling beyond our homes is a part of everyday activity, whether for work or for meeting friends and family and for everyday activities like shopping. Travelling even for short distances is something that we all have to do on most days.

Being able to move out with the home is a social determinant of health. Social isolation is compounded for those who cannot leave their homes to carry out normal daily activities.

Background

In recent decades more and more of us travel by car rather than by public transport or by walking or cycling for every journey that we make. This has resulted in an overall decline in how active we are in our everyday lives. The links between urban design, transport and health and wellbeing are well recognised. Having active travel plans across organisations can support physical activity of staff as well as that of people who use services.

At the 2022 Census, 30% of people aged 16 and over living in Fife who were in work, worked from home.⁸⁸ The number of people working from home in Fife, and across Scotland, has trebled since the 2011 Census when the figure in Fife was 10%. This increase was as a result of the COVID-19 pandemic but for many has become an established way of working. Of those living in Fife who travelled to work (115,483 persons), 16% travelled 20km or more, 35% travelled 5-19km and 28% of people travelled less than 5 km.

The most common method of travelling to work was to drive a car or a van, reported by 73% of people living in Fife who travelled to work at the 2022 Census. This was a small increase from 70% in 2011 Census. At the 2022 Census an additional 6% of people who travelled to work were a passenger in a car or a van and 9% travelled by bus or train. Travelling to work on foot was reported by 9,500 persons living in Fife or 8% of people who travelled to work and 1.1% of people who travelled to work did so by bicycle.

Modifiable factors/local actions

Shorter trips can often be made by foot or by bike, linking into public transport, but this relies on our public transport systems having capacity to meet people's needs. Fife Council's Local Transport Strategy for Fife 2023-2033 sets out the council's vision and priorities for transport in Fife over the next 10 years.⁸⁹ This strategy includes ambitions relating to active travel including the objective to increase the proportion of trips that are walked, wheeled or cycled to 30% by 2033, from a baseline of 23% in 2019. Action one in the Local Transport Strategy is to produce an Active travel Strategy for Fife, this strategy focuses on how active travel can be improved and made more accessible for all. This includes both infrastructure and behaviour change elements. The draft strategy has engaged a wide range of stakeholders, with the aim of the strategy being approved in early 2025.

⁸⁸ [Scotland's Census](#)

⁸⁹ [Local Transport Strategy for Fife | Fife Council](#)

Figures from NHS Fife's 2024 travel survey of employees reported that just over three-quarters of respondents (77%) travelled to work in a single occupancy vehicle with 11% taking public transport and a further 6% actively travelling to work (walking, running and cycling). More needs to be done to increase accessibility to public transport and to more active forms of travel and to encourage a move away from driving to work.

Within NHS Fife action to encourage cycling has included a year-round cycle-to-work scheme, an e-bike scheme, cycling training for staff, bike maintenance events and cycling information days and cycling champions via the NHS Fife Active Travel Group. NHS Fife are in the process of finalising an Active and Sustainable Travel Plan which provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities, and Policies) associated with supporting and encouraging active and sustainable travel choices.



Active Health and Social Care Services

Why is this important?

Physical activity is an important part of prevention, treatment, and recovery of many illnesses, diseases and conditions. Physical activity is an important part in the treatment to control diabetes, and in rehabilitation from respiratory conditions, stroke and coronary heart disease interventions and in mental health conditions.⁹⁰ There is growing evidence that movement and meaningful activity can improve quality of life and wellbeing of older adults and those experiencing care. Staff supporting older adults in communities and care settings are key to enabling older adults find ways to continue being active in a way that is meaningful to them.

Background

Health and social care professionals come into contact with large proportions of the population on a daily basis and interact with people who either have or are at risk of having chronic diseases. Healthcare based interventions that target physical activity or combine physical activity with other factors are effective and mostly cost effective. The benefits of physical activity for their patient groups needs to be included within training of health and social professionals.

Modifiable factors/local actions

NHS National Physical Activity Pathway

The NHS National Physical Activity Pathway consists of a set of steps that healthcare professionals can take to encourage people in their care to be more active.⁹¹ The pathway targets adults who are inactive, or not active enough to benefit their health. It can be used in both primary and secondary care settings and can be integrated into existing clinical pathways. The pathway provides health benefits to every adult that becomes more active.

Resources exist to help health and social care professionals with the knowledge and skills to raise the issue of physical activity and to screen adults for current levels of physical activity. Health and social care professionals can then gauge readiness to change and provide person-centred advice to engage, motivate and support people to introduce physical activity into daily lives.

NHS Fife and Fife Health and Social Care Partnership work with Fife Sports and Leisure Trust and Fife Council's Active Communities to deliver physical activity programmes and projects across different population groups and with groups who have different needs. This includes working with social care providers to incorporate physical activity into the daily lives of those living within care settings.

⁹⁰ [Pulmonary rehabilitation | NHS Fife](#)

⁹¹ [NPAP overview - NHS Physical Activity Pathway \(NPAP\) - Food and physical activity - Improving Scotland's health - Population health - Public Health Scotland](#)

Moving More for Health

Being active and moving more has lots of positive benefits for health and wellbeing. Staff from across the Health and Social Care Partnership can play a key role in raising awareness of the health benefits of physical activity.

To explore this topic Health Promotion and Active Communities led a workshop for HSCP Community Led Support Workers in April 2024. This workshop aimed to raise awareness of the health benefits of physical activity, and to discuss opportunities for physical activity in Fife. It also looked at what counts as physical activity and some of the common misconceptions around this.

Feedback from the workshop was very positive with participants reporting that the training was impacting positively on their practice and how they think about physical activity. The workshop has now been adapted and a new training session called Moving More for Health and Wellbeing has been developed. This course is available as part of the Health Promotion Prevention and Early Intervention Training Programme. The training could also be delivered to teams and services on an ad hoc basis.

The training will support participants to understand the benefits of movement and physical activity for health and wellbeing and provide information and knowledge to enable them to support people to be more active. It will allow participants:

- To reflect on the ways we are active and explore perceptions of physical activity
- To raise awareness of the health benefits of physical activity and how moving more can benefit health and wellbeing
- To identify barriers to physical activity and ways of overcoming these
- To explore ways of bringing movement and activity into our day and raising it with the people we support
- To signpost opportunities, services and training in Fife to support physical activity.

Meaningful Activity Network

Fife Council's Active Communities team and Fife Health and Social Care Partnership Care Homes occupational therapy team along with staff who have a role in supporting older adults in care homes and care settings are part of a Meaningful Activity Network. The aim of the network is to allow staff to explore ways of supporting people experiencing care to live active, engaging and meaningful lives to improve wellbeing and positively impact quality of life. The network provides a supportive space for staff working with older adults in care or community settings to be able to share good practice, learn together and collaboratively solve problems.

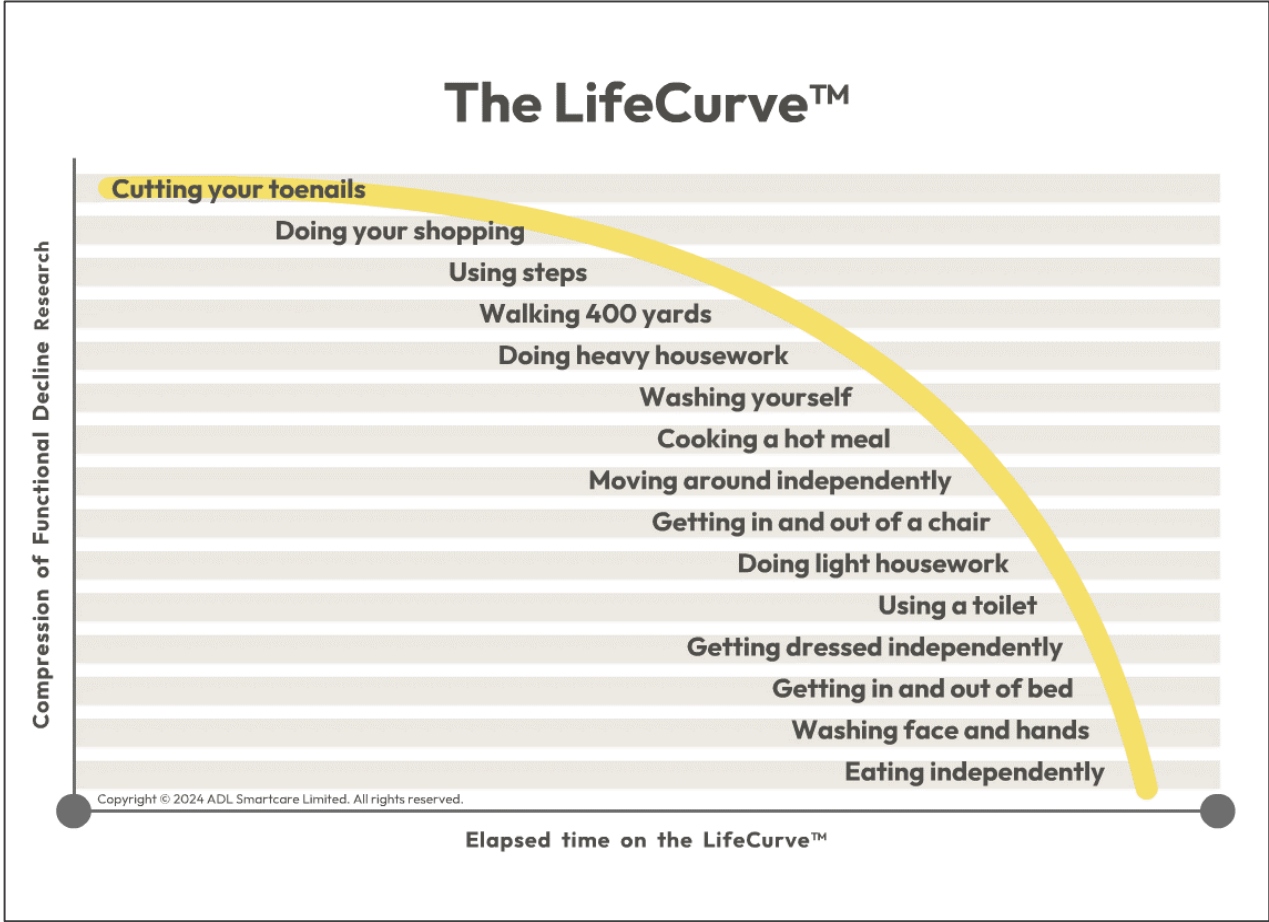
Move More Programme

Fife Sports and Leisure Trust have relaunched a cancer specific rehabilitation programme. Informed by feedback from participants and people using the Maggie's Centre Fife, Fife Sports and Leisure Trust have invested and trained 3 health and wellbeing advisors to deliver the Active Move programme. This programme provides support for people living with a cancer diagnosis to increase physical activity before, during and after cancer treatment.

The Life Curve™

The LifeCurve™ is an example of a tool that can be used with patients and service users to aid understanding of how keeping more physically active as we age aids our ability to carry out everyday tasks.⁹² It provides a common language on how individuals are ageing which can be understood by the public, professionals and organisations, regardless of their level of experience in ageing or their profession. Research has shown that people lose the functional ability to complete activities of daily living in a specific order. Using activities of daily living along with fitness and strength markers enables a person to position themselves on the LifeCurve™ to see how they are ageing. In developing the LifeCurve™ research showed that intervening with people and increasing their healthy life expectancy does not increase their overall life expectancy, but rather reduces the time they have with greater care needs.⁹³

Figure 8: Graphic showing The LifeCurve™



⁹² [Smart Life in Fife: LifeCurve Assessment](#)

⁹³ [The Scottish national LifeCurve™ survey: costs of functional decline, opportunities to achieve early intervention to support well-being in later life, and meaningfulness of the LifeCurve™ - ePrints - Newcastle University](#) Abstract only

Community Engagement for Musculoskeletal (MSK) Waiting Lists

An example of partnership working across health and partnership services is a successful community engagement event held for people currently waiting to see either physiotherapy or podiatry with the purpose of supporting them to self-manage musculoskeletal conditions and signpost them to community resources that can provide further help. One hundred people on the waiting list for either hip or knee problems were given an appointment from the event. The event was a collaboration between Fife Sports and Leisure Trust, Podiatry and Physiotherapy Services, as well as Health Promotion Service and other services from the H&SCP and third sector including Versus Arthritis. The event was a pilot to test this approach with useful feedback from attendees and staff.

Health and Transport

NHS Fife has partnered with SEStran 'Transport to Health' programme of work to support staff and patients look at active travel options when attending work and/or appointments. This is supported by NHS Fife's work towards the NHS Scotland Annual Delivery Plan 2023/24, Priority 6 – Health Inequalities, action 6.6 which is to support Patients have access to all information on any relevant patient transport (including community Transport) and travel reimbursement entitlement. These actions are reflected in the NHS Fife Population Health & Wellbeing Strategy - Delivery Plan 2023/24.

Since March 2023 NHS Facilities and FHSCP Health Promotion Service have designed and promoted a New NHS Fife Travel Expenses Leaflet and Posters across primary care, community services and NHS acute. This resource supports patients understand how to reclaim travel expenses in hope that it supports patients attend appointments. This resource is promoted through the Health Promotion Poverty Awareness Training, and through local anti-poverty groups across Fife.

To complement the Travel expenses resources a new Community Transport Services Leaflet and Poster has been developed in partnership with a range of Community Transport Services to raise awareness of dedicated patient transport available across Fife.⁹⁴



⁹⁴ [How to get to our main hospitals | NHS Fife](#)

Summary and Recommendations

The themes of this years' report fit well with our national and local direction as we address the challenges of health and inequalities in Fife. How we eat and how we move in the context of the places where we live, work and play are crucial influences on our health and wellbeing. In addition, there are inequalities in how these fundamental determinants of health are experienced by individuals and communities.

When we look at the seven 'local levers for diet and healthy weight' there are some areas where we have data, and we have seen some improvements in the Fife context. We are seeing improvements in breastfeeding but this needs to be maintained. Healthy weight at P1 has stalled so we need to find ways of reinvigorating this work. Provision of healthy and nutritious meals throughout school age is important. We have seen encouraging improvements in uptake of school meals through both primary and secondary school which also needs to be maintained. What we are learning about the challenges for some families of feeding their children healthy nutritious meals throughout the school holidays is concerning. Partners could consider further collaboration to address this aspect of eating well.

Other local levers include food procurement, food environments, work with the out of home sector and food advertising. There are good examples of work in these areas. However, a relatively untapped opportunity exists to address some of these areas. The links between public health and spatial planning are increasingly recognised. The ongoing work on Fife's Local Development Plan, 'Fife's Place Plan', provides a means of influencing how our healthier places and communities can develop. Examples could include exploring and addressing the clustering of retail related to unhealthy commodities in some of our most deprived communities.

If we consider physical activity there are key settings where a whole systems approach is possible with particular populations. Examples include places of learning and places of work. Sport and active recreation, active travel and active places and spaces are examples again of where the development of 'Fife's Place Plan' provides opportunities to influence healthier environments and communities. There are some great examples of work in all these areas. We need to make sure within all this we maintain a keen eye on inequalities and make sure access to services, systems and places is focused in populations and communities where it is most needed.

Organisations and partners across Fife have the opportunity to look at their own places and spaces through a physical activity lens. Community Planning structures also provide a significant opportunity for partners across Fife to work together and learn from each other about maximising physical activity in different settings. Collaboration and connection is a key part of this. Community planning partners' engagement with the LDP process provides a significant opportunity to influence spatial planning to create spaces and places that maximise the opportunity for people to be physically active.

Finally, for both eating well and physical activity in addition to a whole systems approach we need to consider where we can address these issues across the life course. The health and social care system may play a crucial role here particularly in view of our ageing population. The 'life curve' gives us a really useful insight into how maintaining basic movement and flexibility into older age can have a significant positive impact on independence, health and wellbeing. This will become increasingly important in the future.

Healthy Eating

Local Lever	Recommendations	Strategic Alignment
Protect and Support Breastfeeding and Healthy Diets for Children	1. Continue to prioritise resource use for services that support breastfeeding and health diets for children, such as the Breastfeeding Support Workers, and Fife Loves Life.	Children's Services Plan
	2. Promote the NHS Fife Child Healthy Weight Toolkit to professionals who work with families to support consistent evidence-based communication about child diet and physical activity.	Children's Services Plan
	3. NHS Fife Child Healthy Weight Service to develop targeted approach to offering support from NHS Fife Child Healthy Weight Service in areas of deprivation and poor health outcomes.	Children's Services Plan
	4. Extend the Baby bites session into nurseries in all localities in Fife.	Children's Services Plan
Improve uptake of school meals	5. Work with stakeholders to explore best practice and evidence for how to further increase nutritional content and uptake of school lunches.	Children's Services Plan Food4Fife Strategy
	6. Work with stakeholders to explore how nutritional content and uptake of Café Inc can be promoted to families in receipt of free school meals.	Children's Services Plan Food4Fife Strategy
Public Food Procurement and Provision Standards	7. Public Sector organisations in Fife to explore the feasibility of promoting healthier options in catering provision by increasing the proportion of health food and drinks on offer to at least 75% in on-site catering outlets, providing price promotions on healthier items, reducing the calorie contents of food on offer, creating a mandatory calorie cap per item sold and providing free drinking water at catering outlets.	NHS Fife Anchor Strategy Food4Fife Strategy
Utilising Planning/National Planning Framework 4 to Improve Food Environments	8. NHS Fife and Fife Council to explore the feasibility of mapping food outlets and food growing as part of the local development plan process.	Fife's Place Plan (LDP2) Food4Fife Strategy

Local Lever	Recommendations	Strategic Alignment
Reduction in Calories on Eating Out of Home Sector Menus	9. NHS Fife, the Fife HSCP and Fife Council to explore the feasibility of a pilot to work with the out of home sector to explore understanding among retailers of the calories on their menus, and options to reduce these including portion size reduction.	Food4Fife Strategy
Food Advertising	10. NHS Fife and Fife Council to explore the feasibility of advertising healthy foods using existing sites or assets.	Fife's Place Plan (LDP2)
	11. NHS Fife and Fife Council to encourage community planning partner organisations to restrict advertising of products high in fat, sugar or salt in spaces and at events under their control.	Food4Fife Strategy
	12. Fife Council to explore roundabout sponsorship to exclude unhealthy food from advertising at these sites.	Fife's Place Plan (LDP2)
	13. NHS Fife and Fife Council to work collaboratively and with national partners to explore how NPF4 could be used locally to influence local planning decisions around unhealthy commodities.	Fife's Place Plan (LDP2)

Active Living for Everyone

Systems Approach Theme	Recommendations	Strategy Alignment
Active Places of Learning	1. Fife adopt a “Whole of School Approach” in schools including to create active environments, policies and opportunities across all places of learning. 2. Fife to prioritise suitable physical environments, dedicated time and resources to support structured and unstructured physical activity throughout the day.	Children’s Service Plan Plan for Fife ambitions Children’s Service Plan Plan for Fife ambitions
An Active Workplace	3. Health Promotion Service to provide expert Public Health advice by implementing workplace health initiatives to support employees increase physical activity and reduce sedentary behaviour, particularly through increasing incidental physical activity during the working day. 4. Health Promotion Service to co-ordinate the delivery of Moving More for Health and Wellbeing Training to increase understanding around the benefits of movement and physical activity for health and wellbeing, and to provide information and knowledge to support people to be more active.	Prevention and Early Intervention Strategy Prevention and Early Intervention Strategy
Sports and Recreation	5. Through Active Fifers approach physical activity providers strengthen their understanding of barriers to participation in sport and recreation to develop programmes that prioritise the least active, while supporting those who are already active to remain so. 6. Fife Council and Fife Sports and Leisure Trust physical activity providers to provide universally accessible programmes and mass participation events for people of all ages and abilities across our community settings and facilities.	Plan for Fife ambitions Plan for Fife ambitions
Active Places and Spaces	7. Fife Council to strengthen access to good quality public and green spaces, green networks, recreational spaces (including blue), play and sports facilities through Fife’s Place Plan. 8. Integrate urban design, transport planning and land-use policies to ensure increasing levels of physical activity is a priority within planning consideration.	Fife’s Place Plan (LDP2) Fife’s Place Plan (LDP2)

Systems Approach Theme	Recommendations	Strategy Alignment
Active Travel and Transportation	9. Through implantation of the finalised Active Travel Strategy, Fife Council prioritise investment in walking, wheeling and cycling infrastructure and actions that influence active travel behaviour to encourage modal shift.	Local Transport Strategy for Fife 2023-2033
	10. NHS Fife to finalise an Active and Sustainable Travel Plan to support an increase in active travel by staff and patients.	NHS Fife Active and Sustainable Travel Plan
Active Health and Social Care Services	11. NHS Fife and Fife Health and Social Care Partnership review and integrate the NHS Physical Pathway and develop programmes to support health care professionals to encourage patients to be more active.	Population Health and Wellbeing Strategy
	12. Develop partnerships between health and social care professionals and physical activity providers to embed the provision of appropriate physical activity opportunities and programmes for different patient groups.	Prevention and Early Intervention Strategy

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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**CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE
FRIDAY 27 JUNE 2025 AT 10.00 AM (TEAMS MEETING)**

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
David Alexander, Fife Council (DA)
Sinead Braiden, NHS Non-Executive Board Member (SB)

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Vanessa Salmond, Head of Corporate Services (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)

Barry Hudson (NHS Fife) (BH)
Amy Hughes, External Auditor (AH)
Tracey Hogg, Finance Business Partners (H&SCP) (TH)
Chris Brown, External Auditor (CB)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: None

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were approved.	
3.	ACTION LOG Action note discussed and approved.	
4.	FIFE IJB DRAFT UNAUDITED ANNUAL ACCOUNTS & FINANCIAL STATEMENT Audrey Valente presented the unaudited accounts to the Board which had 3 recommendations, 1 st being assurance for members information, 2 nd for members to discuss the unaudited annual accounts. The 3 rd recommendation is asking for decision to submit the Unaudited Annual Accounts to External Auditors. Tracy Hogg gave a presentation and an overview to the Committee which explained the accounts process. The annual accounts financial statements are a statutory requirement to be provided each year. The accounts play a part in	

	governance arrangements and the IJB is responsible for ensuring that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. The accounts can also be used to hold management to account at corporate level. Key dates 31st March was the financial year end. 27th June the submission of unaudited accounts to external audit if approved to handover today. 1st July the accounts have to be made available for public inspection for 15 working days and on 19th September the audited accounts will be presented back to this Committee for a recommendation to move them forward to the IJB Board on the 29th September where they will be presented to be approved and for signature at that point. The management commentary is designed to tell the story and help the readers understand the annual accounts. It provides an analysis of past operational and financial performance and focusses on the elements which are material to understanding the financial position highlighting the key messages in the financial statements. It also gives insight into future priorities, risks and strategies to achieve the priorities of the partnership. Key messages from the annual accounts – the comprehensive income and expenditure statement show the accounting costs within the year providing services in accordance with the accounting standards and it shows whether our operations resulted in a surplus or deficit. Discussion took place around the management commentary within the accounts and work which is happening in the background to keep up with demands within the budget. Recommendations: Members of the IJB Audit and Assurance Committee were invited to note and discuss the Draft Unaudited Annual Accounts. Members were also asked to agree to submit the Unaudited Annual Accounts to External Auditors – All agreed.	
5.	INTERNAL AUDIT PROGRESS REPORT Jocelyn Lyall gave a verbal update on this report. Since the last meeting of the Audit and Assurance Committee Auditors have issued the Internal Control Evaluation and the Annual Report for 24/25 both are on the agenda today. There is one outstanding audit from the 24/25 plan which is Performance Reporting this will be a priority over the next few weeks and that will complete the 24/25 plan. Jocelyn confirmed the ICE and Annual Report coverage does provide sufficient evidence as they cover performance in both of those pieces of work . Jocelyn stated that they are continuing to progress the Internal Audit Improvement Action Plan and continuing to monitor the audit follow up position. They are also planning to start the IJB audit work much earlier in the year to make sure that there is that flow of reports throughout the year.	
6.	INTERNAL ANNUAL REPORT (incl. IJB ANNUAL ASSURANCE STATEMENT	

	Jocelyn Lyall presented this report to the committee for assurance and discussion. The 2024/25 Internal Audit Annual Report is at Appendix 1. This report provides the IJB Audit and Assurance Committee with an independent view of the overall adequacy and effectiveness of the framework of governance, risk management and control within the IJB. The Annual Report identified one additional finding which was risk assessed as moderate, which relates to year end assurances and agreeing robust reciprocal reporting processes between NHS Fife, Fife Council and the IJB and this is about ensuring timely 2-way assurance to make sure that everything should be included in the respective governance statements of those organisations . Discussions took place around the relationship between the timing of the ICE and this report regarding findings. Recommendations: Members of the IJB Audit and Assurance Committee were asked to note this report in the context of evaluating the Internal Audit Annual Report for 2024/25. Members were also asked to discuss and take assurance from the Internal Audit Annual Report for 2024/25. Assured.	
7.	INTERNAL AUDIT F06/25 INTERNAL CONTROL EVALUATION Jocelyn Lyall presented this report to the Board for assurance and discussion. The Internal Control Evaluation report is an overall overview of the IJB Governance Arrangements and covers all areas of governance and provides the follow up position on previous annual report recommendations and aims to provide early warning of any significant issues that may affect the Governance Statement. All 4 recommendations from the 23/24 annual report were complete and that position has been validated. There is one outstanding action on the 22/23 annual report and that is around further developing the use of risk appetite . This is planned for completion by the end of December this year. The report sets out a number of key developments on the areas of governance and risk management There were 9 findings, 3 of which are risk assessed as significant, 4 as moderate and 2 merits attention. Discussion took place around findings as opposed to the recommendations style in doing the ICE report which puts more responsibility on management responses. Recommendation: Members of the IJB Audit and Assurance Committee were asked to note this report for assurance. Members were also asked to discuss and take assurance from the Internal Control Evaluation. Discussed and assured.	
8.	ANNUAL REVIEW - TERMS OF REFERENCE Vanessa Salmond presented this report to the Board for decision. The annual review of the Terms of Reference is to ensure that it is still fit for purpose for this Committee and to provide effective governance .	

	Vanessa gave an overview of the assessment and asked members if there were any revision that they would like to take forward within the terms of reference. Recommendations: The IJB Audit and Assurance Committee were asked to discuss current Terms of Reference at Appendix 1 and to agree any required amendments to the Committee's Terms of Reference. The Board agreed to leave the Terms of Reference as they stand.	
9.	AUDIT & ASSURANCE WORKPLAN The purpose of the workplan is for discussion and noting	
12.	ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB None	
13.	AOCB None	
14.	DATE OF NEXT MEETING Friday 19th September – 10.00 am – 12.00 noon.	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 4th JULY 2025, 1000hrs - MS TEAMS

Present:

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

Attending:

Lynne Garvey, Director of Health & Social Care Partnership (LG)
Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Avril Sweeney, Risk Compliance Manager (AS)
Audrey Valente, Chief Finance Officer (AV)
Jillian Torrens, Head of Complex and Critical Care (JT)
Vanessa Salmond, Head of Corporate Services (VS)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Caroline Cherry, Principal Social Work Officer (CC)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (EB)
Nicola Harkin, Clinical Services Manager (NH)
Tom Cross, Service Manager (TC)

In

Attendance: Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies

for Absence: Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Chris Conroy, Head of Community Care Services (CC)
Fiona Forrest, Acting Director of Pharmacy and Medicines (FF)

NO	AGENDA ITEM	ACTION
1.	CHAIRPERSON'S WELCOME AND OPENING REMARKS Sinead Braiden opened the HSCP Quality & Communities Committee meeting held on 04 July 2025 by welcoming everyone. She informed those present, Cllr Margaret Kennedy has stepped down as a full member of the IJB, SB thanked Cllr Kennedy very much for her contributions to the Committee over the years. She is replaced on the Q&CC by Cllr Eugene Clarke, a warm welcome was extended to Cllr Clarke and also to Caroline Cherry, who joins the Committee and Partnership as Principal Social Work Officer. SB informed the Committee that she will be stepping down from the Integration Joint Board (IJB) in September 2025, although she still has a year remaining on the Health Board. She shared that she has greatly enjoyed her time chairing the Quality and Clinical Care Committee (Q&CC). LG expressed sincere thanks to Sinead on behalf of herself and the Senior Leadership Team (SLT), acknowledging the valuable contributions she has made. Her diverse background and deep knowledge have brought constructive challenge when needed, and her calm, balanced approach to chairing has been deeply appreciated. Councillor Liewald echoed LG's sentiments, describing Sinead's leadership as a breath of fresh air and noting that she will be greatly missed.	
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 25 APRIL 2025 The previous minutes from the Q&CC meeting on 25 April 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 25 APRIL 2025 The Action Log from the meeting held on 25 April 2025 was discussed and updated – see Action Log (04.07.25).	
7.	GOVERNANCE & OUTCOMES	

7.1	Q MAG Update This report is brought to Committee by Lynn Barker. It comes for Assurance. LB introduced the report, which summarised recent QMAG meetings and QMAHs. She confirmed that all Services had attended, provided updates, and offered assurance from their respective areas and portfolios. No issues or escalations were noted. She drew attention to the Executive Summary, highlighting trends within the Datix system. There were delays in the opening, reviewing, and closing of incidents due to pending approvals. A paper has been submitted to the Senior Leadership Team (SLT) to raise awareness and seek support for improvement. LB reported an increase in falls, both with harm and in general. This issue has been escalated to SLT, Clinical Governance Oversight (Professor McKenna) and also reviewed at QMAH. While some cases are linked to individual patients, the overall deterioration is reflected across Fife. Clinical areas are reviewing data locally. Between December 2024 and January 2025, five extreme incidents were reported. Pressure ulcer data showed random variation, and quality improvement activities are underway for both issues. She also noted Health and Welfare visits have taken place and were well received. All findings have been reported. A Health Improvement Scotland audit was conducted, including a visit and inspection of Mental Health wards. This will be discussed later in the agenda. LB reported an increase in missing persons during March and April 2025. A report has been submitted and a plan for improvement and support is being developed. Questions were invited: JB expressed appreciation to LB for the paper and was pleased to see that communication with patients and families following adverse events was being tested. She emphasised how important this aspect is, especially in light of five extreme incidents that had occurred. JB showed particular interest in the actions being taken to reduce falls and asked whether the upward trend in falls was continuing. She wanted reassurance that improvement efforts went beyond simply raising awareness. In response, LB explained that the communication initiative with patients stemmed from a specific adverse event. The clinical team had identified the issue and worked on it using the PDSA cycle in collaboration with the Lead Nurse. LB responded to JB's concerns about falls by confirming that formal programmes are in place in affected areas. CG added that improvement groups are refocusing efforts on repeat falls—both by individuals and within specific areas—and are actively monitoring any worsening trends. JB asked about the context of the Public Dental Service review. LG explained it relates to Dental Body Corporates becoming more prominent in Fife, alongside the Scottish Dental Access Initiative, which is exploring how locations in Fife can be better used. LG also noted that falls data is being interpreted in different ways—for example, a fall in a rehab ward might signal a more serious concern.	

	Cllr Liewald raised concerns about the MAPPA Annual Report, noting that information about where individuals managed under MAPPA are housed appears to be reaching the public via social media. She was aware that a review involving partner agencies is planned and expressed concern about how such sensitive information is being disclosed. JT stated that while robust processes are in place, there are challenges for staff, and improvements will be explored. Cllr Liewald appreciated the swift action taken by services during incidents and praised the positive outcomes for the 672 individuals supported. Cllr Steel mentioned that victims are notified when prisoners are released, which may be one route through which information becomes public.	

7.2	Deep Dive Risk Review – IJB Risk 11 Clinical & Care Governance This report was brought to Committee by Audrey Valente and was presented by Avril Sweeney. It came for Assurance and Discussion. AV introduced the Deep Dive Review Report for Clinical and Care Governance. She stated the Risk is assigned to the Quality & Communities Committee only. The purpose of the Deep Dive is to ensure Committee members are assured Risks are being effectively managed within the agreed Risk appetite and at appropriate tolerance levels. AV outlined the Risk description and explained the scoring, the factors impacting on the Risk and the assurances provided. She stated a Gant chart Appendix 2, relates to the Digital Programme. 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. The key mitigation for this Risk includes Quality Matter Governance structure within the Partnership and the reporting routes both to Q&C Committee and the relevant groups and committees within the Partner bodies. Also includes Assurance routes for Adult and Child Protection and close monitoring of performance, in relation to quality of care. The draft Clinical and Care framework is currently being discussed with Partners to ensure alignment with relevant frameworks prior to sign off. There is confidence there is a reasonable level of assurance that work is ongoing to support management of this Risk and close scrutiny is being applied to delivery actions and delivery of performance. Internal audit of clinical and care governance in 2024 also found a reasonable level of assurance in this area. There were five actions points recommended and agreed from the audit and these have now been addressed. It is acknowledged there is some external factors out with the Partnership's sphere of control, these are also being closely monitored. MF advised she finds the Risk Registers challenging to interpret. She wished to make the point that the focus of financial pressures risks compromising the quality of care. She stressed she was aware of the financial pressures, however, the vision of the Partnership is to support the people of Fife to live independent and as healthy lives as they can. She felt financial pressures are foregrounded to the extent, there is a very definite Risk that care may be compromised. She highlighted areas within the report where this is referred to. She questioned how this Risk is being managed to ensure it reduces. AF agreed with MF and felt decisions should be very carefully made. JB spoke of decision makers considering quality of service, all the dimensions of quality, not just efficiency. LG resonated with what JB said. She stated the report is to ensure correct structures are used in providing the assurances the IJB needs in terms of clinical and care governance. She stated the committee structures are being reviewed currently to ensure committees are fit for	

	purpose, also partners, Fife Council for Social Work and Social Care assurance and NHS Fife for clinical governance and clinical governance framework. She advised there are also professional leads feeding in, LB, CC and HH to provide clinical assurance. LG felt there is lots of assurance which can be given in terms of structures in place. She queried MF's question. She asked which part specifically was MF querying? MF stated she was referring to "a focus on financial constraints can have an impact on the quality of care". She advised her basic point was, we cannot allow financial constraints to impact upon the quality of care. LG confirmed due to current financial challenges, HSCP Fife cannot afford to deliver what they currently do, the changes to be made are transformational but should not affect the quality of care. She suggested the wording in the report should be changed to reflect this. Cllr Liewald stated the Committee recognise the financial constraints the Partnership are facing, however, she felt very assured by what can be seen in reports, teams and staff are absolutely putting into practice what the Partnership stands for. She felt Risk will never disappear, it is the way the world is. The assurance which is presented to Committee gives confidence what the Partnership is doing is the right thing. LB stated it is impossible to ignore the financial crisis currently being faced, however, her place on the IJB is person-centred, ensuring safe effective right place care and this is not compromised at all. SB confirmed the Committee were content to leave the Risk at a reasonable level of Assurance.	
7.3	Terms of Reference Review This report was brought to Committee by Helen Hellewell and was presented by Vanessa Salmond. It comes for Decision. VS introduced the report which is an annual review of the current Terms of Reference for the Committee. VS wished to draw attention to 3.3 Assessment, which outlines 3 areas which were highlighted as not being correct during the recent process of preparing the Committee Annual Governance Statement. JB suggested the diagram should include the Mental Health Oversight Group chaired by Professor McKenna. VS will ensure the diagram is updated. LG advised she co-chairs the Group with Professor McKenna and advised the Group reports to Clinical Governance. SB asked the Committee if they were content to support the proposed amendments, the Committee agreed they were supportive.	VS

7.4**Learning Disability Strategy Verbal Update**

A verbal update was delivered by **Jillian Torrens** for **Assurance**.

JT thanked the Committee for the opportunity to provide some context in terms of the Learning Disability Strategy. She stated she is often asked for an update on the Local Strategy and wished to clarify, Fife do not have a Local Strategy and work to the National Strategy. The National LD Strategy is called The Keys to Life, which was originally published in 2013. She explained, as the Partnership came out of Covid, there was national recognition there was a need to revise the Strategy, this took place in 2023.

JT stated, there is a clear focus now on working towards transformation and also a request of all Boards and Local Authorities, to submit what is called the Dynamic Support Register to Scottish Government on a quarterly basis. This has taken place for just over a year and the data is available nationally and to the public via Public Health Scotland. She advised the register contains the details of people, predominantly with LD and with the most complex needs and complex care packages in Fife. In addition to detail of individuals and the cost of care, it also requests plans for the future for individuals.

In terms of the focus of the National Strategy, there is an ongoing focus on human rights, ensuring health checks are in place for people with LD, seeking to improve the quality of their life overall to help people reach their full potential and be able to participate in their local communities. There is a renewed focus on care packages for when people leave hospital. Also, a focus on workforce development, ensuring the LD workforce within Fife and across all agencies, is trauma informed and upskilled to work in a collaborative fashion.

JT also wished to refer to the National LD Autism and Neuro-Diversity Bill. A draft Bill was published in 2023/24, with a huge consultation exercise across Scotland. Scottish Government have been overwhelmed with response to the Bill, therefore there is not a concrete timeline on when the final Bill can be expected. JT stated, it is likely to be 2027/28, by which time Fife will want to renew focus locally to ensure there is a renewed action plan in relation to the Bill, allowing focus on the outcomes from the Bill. JT invited questions.

AG queried care packages for someone to be cared for at home. He asked who exactly is involved in creating a care package which is required in the home. JT advised Social Work would lead, however, a multi-disciplinary approach is taken given the complexity of people's needs.

PD thanked JT for the summary of such a complex and broad area. He queried if there is anything Fife are outliers on, or are there any specific Risks to be aware of. He was aware of work around the Dynamic Support Register which is ongoing. He looked forward to seeing an action plan in 2028 of what future provision will look like. JT advised there is nothing Fife are an outlier on, however, do have quite a large LD population. PD was aware of, mostly front sector organisations, in Fife who are interested to collaborate beyond the way they currently do. He queried if there was any progress with that and the direction of travel. JT stated the recent event which PD attended with providers

	around commissioning some of the packages was the start of the conversation, and Fife will look to build on this initial event. Cllr Clarke asked in the comments to speak off-line with JT regarding the Strategy. Cllr Liewald was very encouraged to hear the Scottish Government has had a good depth of information coming to them. She felt very assured that partners and third sector organisations want to work collaboratively.	JT / Cllr Clarke
8.	STRATEGIC PLANNING & DELIVERY	

8.1	NHS Safe Delivery of Care Mental Health Inspection - Unannounced Inspection to Queen Margaret Hospital This report comes from Lynn Barker and is brought for Assurance. LB reported that the Health Improvement Scotland inspection identified 6 areas of good practice, along with 15 requirements and 2 recommendations. An action plan has been developed with governance in place to ensure both management and clinical teams monitor and implement the necessary changes. LB acknowledged the report contains extensive information but wished to highlighted positive feedback from inspectors, including evidence of compassionate, person-centred care. She noted that the action plan involves a significant number of tasks currently being undertaken by colleagues. Training, both mandatory and statutory was highlighted as an area for improvement and this was discussed at length. LG was happy to note the great work which goes on in MH wards, and advised HIS were very impressed with the fantastic interaction which goes on in the wards. She stated, it is natural to be drawn to recommendations however, the Partnership welcomes inspections to drive improvement forward. LG thanked LB, JT, HH and all the Teams involved, very much. Cllr Clarke supported LB's comments. He wished to raise the reference to training, he queried one wards which is reporting 90% statutory training as not being completed. He asked if this is being monitored correctly. SB commented the Staff Governance Committee have strongly focused on training with a plan put in place. She handed onto JT who advised there have been significant work force challenges which may have contributed to the dip in training, she spoke of renewed focus to improve stats. She told of an newly introduced 'policy of the month' focus where staff are expected to undertake the training relevant to underpinning that policy. Training is also tabled at every Team meeting, part of safe staffing legislation and going forward time ring-fenced for staff to undertake training. Cllr Clarke asked if we know why the problem has emerged. JT felt it is mainly due to workforce challenges, which she explained. Cllr Steel commented she knew in Midwifery, LD and MH, the Senior Charge Nurses constantly encourage staff to bring Turas up to date. However, trying to juggle an exceptionally busy shift and trying to get training up to date does prove very challenging. SB commented there is a great deal of training, with an ever growing list. MF commented on mixed-sex wards, that these cause issues relating to privacy and dignity, present challenges in the safe provision of patient care, owing to the vulnerability of the patient group and can lead to heightening of distress and agitation, which could require increased staff intervention. She asked if there is any intention to remove mixed-sex wards in the future, also considering the Supreme Court's decision regarding the requirement for female-only spaces.	

MF also referred to page 80, commenting she cannot understand the logic of nursing staff employed to check curtain rails. She stated plans were in place to recruit Activity Co-ordinators, and asked how this was progressing.

JT advised Activity Co-ordinators are signed off and out to recruitment. They are no longer called Activity Co-ordinators but their remit will include activities and recreation and purposeful engagement of patients. The curtain rails have been bought and there is a replacement programme afoot. She acknowledged there have been challenges with the supplier of the curtain rails and their installation, which is now resolved, the staffing will be stood down in the next few weeks. She added, the staff are not specifically checking the curtain rails, they are checking the activity in the areas where the curtain rails are, ensuring patients are not doing anything untoward with the curtain rails. She advised there are no plans currently to move to single sex wards which was expanded on. SB added, there is the same situation in Tayside. MF was disappointed to hear about the lack of intention to move to single sex wards. JT advised there is single sex spaces within the wards, also availability of single-sex rooms.

LB wished to mention, when staff have completed training, there has been a delay of this being recorded, this has been found to be the situation in a couple of wards. She spoke of volunteer Activity Co-ordinators who have been engaging with patients.

AG supported MF's comments regarding mixed-sex wards. He also referred to the gardens which were to be made more therapeutic. JT acknowledged there is plans to upgrade the gardens and outdoor areas, which is part of the Estates Project moving forward.

SB commented it is usually the Mental Welfare Commission which carries out inspections, this was one of the first HIS inspections, which could partly explain the number of recommendations. The good care strongly comes through and acknowledged staff training is challenging to keep on top of.

JT stated the HIS inspection was a much more intensive process which took place over several weeks. It is expected the process will be refined moving forward. She advised the MWC and HIS do liaise with one another and share intelligence.

SB asked if the Committee were content to take a moderate assurance from the report. The Committee indicated they were assured.

8.2**Home First Strategy**

This report is brought to Committee by **Chris Conroy** and was presented by **Nicola Harkins, Clinical Services Manager** in Chris' absence. It comes for **Assurance**.

NH introduced the report and stated Fife's Home First Strategy aims to help people live longer, healthier lives at home or in homely settings. As part of this, the Community Hospitals Transformation programme will redesign services to better meet patient needs, reducing two hospital wards by March 2026. The plan was approved by Fife IJB and NHS Fife Board and is being delivered in partnership with HSCP and NHS Fife Acute Directorate.

NH advised Fife currently has five community hospitals with 263 beds serving various rehabilitation and care needs. The project's goals include improving access to timely care, reducing delays in guardianship processes, and enabling more people to receive long-term care in homely settings.

To support this, initiatives such as expanding Hospital@Home capacity, enhancing care at home services, and refurbishing wards at Glenrothes and Cameron are underway or planned.

NH stated the new model places people at the centre of decision-making, ensuring care is delivered at or near home, with ward functions tailored to individual needs. It supports long-term care choices in more homely settings and reflects a commitment to improving rehabilitation quality, guided by the six principles of good rehabilitation. The HSCP aims to build a sustainable, multi-professional workforce aligned with specialist services, supported by expertise across nursing, AHPs, and Physician Associates. The transformation is expected to improve recruitment and retention and enable more sustainable staffing models across community hospitals. Discussions are also underway to explore a Service Level Agreement with NHS Lothian for neuro-rehabilitation medical cover.

NH confirmed Staff Side and Trade Unions are actively involved, recognising opportunities for career development and integrated working. All changes will follow organisational change policies to ensure staff wellbeing and strong governance.

NH acknowledged a section relating to Carers has been omitted, which she will amend. Carers are currently included in the EqlA section.

LG thanked NH for a comprehensive overview. She advised the paper is here for information as it has already been agreed by IJB. She was delighted to be at a place where this will now happen and was confident it is the right thing for Fife. She advised, community pathways are being built just now, reducing dependency on community hospital beds and creating centres of expertise.

	Several members of the Committee were very supportive of the paper and it was felt to be an exciting step forward. Cllr Liewald asked how quickly this will progress and alluded to an individual she was aware of who is desperate to get home from hospital but cannot, as support is not in place. Cllr Liewald was asked to liaise with NH regarding this query. Cllr Liewald also asked how quickly this will be rolled out to the Adamson Hospital. LG advised Adamson is part of the whole system, including developing community hubs to support care in the community. PD thanked NH for a very helpful update. He stated, it has been a long time in the making, led by LG in her formal role and acknowledged her passion to see the programme through to fruition. He felt the programme has been the key driver for change due to its connectivity. LG wished to acknowledge PD's input from the start and welcomed the fact he has recognised Transformation is not always about saving money, it is about the correct models and pathways for Fife. AG referred to the financial summary, he queried the CapEx, LG advised this has been confirmed, as part of the allocation to NHS Fife. MF welcomed the report, she stated she had questions which she emailed to NH and had received replies. She wished to raise the point (page 116) Future Vision – worded currently: “this gives us the opportunity to support NHS Fife to reduce revenue spend, consolidate our estate and provide better places for our patients and staff.” She felt this wording should be changed to prioritise the impact on patients. She also raised the issue of same sex awards. She pointed out there is good reason to take note of the Supreme Court's judgement. She also felt there should be a note of Adamson being developed in the same way, as a Centre of Excellence as the report will be read by the public. LG thanked MF for her helpful points raised and spoke of talks ongoing with Cupar Community Council re future plans.	

8.3**Review of Short Stay Bed Base in Local Authority Residential Care Homes for Older People**

This report was brought to Committee by **Chris Conroy** and will be presented by **Tom Cross, Service Manager** in Chris' absence. It comes for **Decision and Direction**.

TC introduced the report and gave a summary of the current situation. He advised, following a review of short stay beds in local authority care homes for older people, the report seeks approval to modify the current operating model. The proposed changes aim to better align with related workstreams, available resources, population needs, and staff skillsets. Based on local intelligence, the new model is expected to improve system-wide service delivery, enhance hospital flow, increase community access, and generate efficiency savings.

TC outlined challenges which are currently being experienced - staffing levels, particularly in Social Care and Allied Health Professional input, are insufficient to support all 36 beds across 3 sites. Around half of referrals do not meet current criteria, and service users are often delayed in STAR units awaiting assessments or further services. Beds are also being used for purposes outside the intended STAR model, and community access—especially from GPs—remains problematic. Additionally, other bed types have faced issues, such as building defects at Methilhaven and hospital flow pressures at the Jean Mackie Centre

It is proposed the 59 beds currently in scope are reconfigured to 3 types of beds tailored to specific needs. **STAR Beds** (12 at Napier House, Glenrothes) support short-term reablement after hospital stays, helping people return home and reducing long-term care admissions. Centralising these beds improves staffing efficiency and outcomes, though it may limit local choice.

Short Stay Beds (24 across Ostler's House, Kirkcaldy and Lindsay House, Lumphinnans) serve individuals needing temporary support without intensive reablement. These beds will replace current assessment beds, broaden access, improve hospital flow, and reduce reliance on independent sector commissioning.

Respite Beds (12 at Methilhaven, Methil and 11 at Jean Mackie Centre, Dunfermline) offer planned and emergency relief for carers, helping prevent crisis admissions and supporting independent living. This service aligns with the Prevention & Early Intervention Strategy and will also reduce costs by shifting away from commissioned respite beds.

MF was very pleased to see this and advised TC had offered her a meeting prior to the Committee meeting to discuss her queries, which she found very helpful, particularly around the respite which gives a chance for Carers to have a break.

PD also thanked TC for giving him time earlier in the week to discuss queries. He valued the detail of the intelligence and data which had been

produced indicating a clear need for change. He felt there was a little inconsistency in the report that there would be a cessation of the commissioning of independent beds but also says there will be a reduction of the independent beds, which could cause confusion. He stated, currently we are talking about agreeing the model before it has gone through the consultation phase. He felt other stakeholders must be consulted before a model can be developed for approval. PD was supportive in principal of the model, but felt 'how we get there' should be given further consideration.

LG stated the report is about planting the seed with the Committee to allow TC to carry on with the work before reaching further decisions. However, this is an operational decision within the internal FC homes as we know the current model is not optimal, therefore there is a need to change the way internal homes are configured to maximise use. She felt the wording in the paper may have raised PD's concerns. PD felt a greater level of engagement is required moving forward. There was a great deal of discussion regarding consultation with all parties involved.

JB fully understood the paper relates to repurposing, she was not aware of undercapacity across all of the sites. She asked if at any point we are hitting 85-95%, if data is examined over time. If so, she asked if are we confident we have other services in place to cope with the need.

TC advised it was possible to flex back up if required., which is included within the paper.

CC has spent time with TC looking at this and she felt it makes sense in terms of the skill base. Short-term rehabilitation takes a different focus and long term care can be problematic and has proved not to be successful, which she explained.

SB queried bringing back to Committee. LG agreed and felt there was further work to do with PD around engagement and will then bring back. She was cautious the operational decision is crucial to help to create platforms which are needed to ensure the reduction in the bed base works and correct pathways are in place. She spoke of the Risk of not doing something sooner and suggested taking off-line to progress.

SB summarised, the Committee is accepting the operational decision is the correct decision, however, further updates around communication and engagement will come through. TC queried if this can be included in the project plans. The SBAR can be amended according to feedback received today which will set the direction and get the project management underway. PD and CConroy will give assurance to LG, that what has been raised by PD today has been taken into consideration and there is a plan.

PD took on board CC's comments, however, he was aware this will have an impact on organisations who are already financially struggling and proceeding without their knowledge is not appropriate. The impact in other areas is not known, creating concern.

	AV queried if it would be beneficial to have a chat with CCon upon his return. She believed there was other pathways and was unsure if PD was aware of these, which could have an impact on externally commissioned services. She felt alternatives being considered could mitigate what PD feels may happen. PD believed it was for the Committee to be sighted on, not just him alone. VS reminded the Committee, they do not have the authority to make decisions, it would be IJB. She added, the matter is an operational decision and the role of Q&CC is to provide oversight. She suggested the item is brought to a close with the caveat, this committee do not make the decision. SB asked the Committee to confirm whether they were satisfied that the matter was an operational decision, with the Committee maintaining oversight and accepting this approach. PD, TC, and CCon will collaborate and provide a verbal update at a future meeting.	
9.	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	

9.1

ADP Annual Report and Scottish Government ADP Annual Survey 2024/25

This report was brought to Committee by Jillian Torrens and was presented by **Elizabeth Butters** and comes for **Discussion and Decision**.

EB introduced the ADP Annual Survey and explained it is presented in two parts, Appendix 1 is the Local Annual Report, reflecting on progress in implementing the ADP Strategy 2024–2027. Appendix 2 is a Scottish Government template used to assess compliance with national strategic priorities linked to funding. EB explained, Appendix 2 requires formal approval from the ADP Committee, its Chair, and the IJB governance structure before submission to the Scottish Government.

EB outlined the Priority Themes which have been achieved throughout the first year of the ADP Delivery Plan. She told how the Delivery Plan is flexible, adapting to national guidance and local partnership opportunities. Fife ADP supports the NHS Board’s inclusion of drug-related deaths in its corporate Risk register and coordinates updates, particularly around ADP actions linked to the High-Risk Pain Medication Safety Programme. In the Scottish Government Survey, the ADP outlines work undertaken to strengthen governance, improve service availability, and address broader issues such as lived experience and stigma.

Cllr Liewald thanked EB for an excellent report and acknowledged the hard work of the teams. She was pleased to see the return of the KY5 drop-in and is interested in its development. Referring to page 211, she noted the year-on-year rise in take-home Nyloxin figures and questioned whether this increase was negative, but suggested it might reflect more people seeking help. Overall, she described the report as outstanding.

EB thanked Cllr Liewald for her comments, noting the report was a team effort. She clarified that the policy is to widely distribute Nyloxin kits, encouraging friends and neighbours to keep them in case of overdose incidents. She emphasized that the increase in distribution does not reflect higher drug use, but rather proactive harm reduction.

MF thanked EB for the report and was impressed by the volume of work carried out by ADP and its partners. She raised a question about the high number of treatment discharges being marked as incomplete, as noted on page 209. She also asked why there has been a reduction in Alcohol Brief Interventions (ABIs) in Primary Care, why Fife consistently reports figures above the Scottish average, and why more women than men are dying from alcohol-related causes. These questions reflect concern about underlying trends and the need for further understanding of local and national patterns in alcohol-related harm.

B responded to MF’s query by explaining that some individuals do leave treatment before completion, and actions are being taken to understand and reduce this. The team is currently analysing when people are most likely to disengage. JT added that leaving treatment can sometimes be a personal choice, with individuals returning when ready. She highlighted a

	successful outreach approach where services are tailored around the individual and actively seek to re-engage those in need. EB explained that Fife's higher-than-average drug-related deaths are linked to the emergence of new substances not previously seen in the area. Work has begun to understand these substances and to upskill the workforce accordingly. She also spoke about efforts to improve access to services, which remains a significant challenge. These efforts are somewhat restricted by limitations in harm reduction work, including not being able to distribute certain equipment that could support safer practices. EB explained, the higher number of women dying from alcohol may be linked to stigma, with women potentially less likely to seek treatment due to concerns about how it might affect their families. She described ongoing work to provide more wraparound support to address these barriers. SB acknowledged the broader societal challenges faced by people in Fife, noting that high levels of deprivation are closely linked to issues with drug and alcohol use. SB advised the Committee were content to take Assurance.	

Duty of Candour – Fife Council 2023-2024

This report is brought to Committee by **Audrey Valente** and was presented by **Avril Sweeney**. It comes for **Information** and **Assurance**.

AV advised, the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and introduced a new organisational Duty of Candour on health, care and social work services. the Duty of Candour has been in effective from 1 April 2018. It is the duty of the Council to produce and publish an annual report detailing when and how the duty has been applied in the previous year. The report was presented to the Council's People and Communities Scrutiny Committee in March '25. Its purpose is to ensure openness, honesty, and support when an unintended or unexpected incident results in death or harm. Organisations must follow a formal procedure that includes notifying the affected person or their family, offering an apology, reviewing the incident, and providing support. They are also required to publish an annual report detailing incidents, actions taken, and learning outcomes. Learning should be captured from the event to make improvements going forward.

AV stated Fife Council established a Duty of Candour Working Group chaired by the Chief Social Work Officer to ensure compliance. The group collaborated with NHS Fife to align procedures and has recently reviewed processes to ensure they remain effective and support learning from Duty of Candour events. The report is published on Fife Council's website and shared with relevant regulators as part of the existing arrangements for reviewing quality of health and social care delivery in Scotland.

No questions were asked.

The Committee were happy to note the report.

9.3

Annual Performance Report

This report is brought to Committee by **Audrey Valente**. The report comes for **Assurance and Discussion**.

AV introduced the report which is from 2024/25. She advised, the IJB is required to publish an Annual Performance Report by the end of July each year. The report has been reviewed by the Senior Leadership Team and today, Q&C Committee. It will go on to be reviewed by the Strategic Planning Group, the Local Partnership Forum and the Finance, Performance & Scrutiny Committee, prior to presentation at the IJB at the end of July.

The report has been structured around the 9 health and wellbeing outcomes and includes an overview of the current situation in Fife, including population trends and changes, life expectancy, some ongoing challenges including increased demand for health and social care services and reduced financial resources as the cost of living crisis continues.

AV stated, there are 41 case studies, service updates which showcase some of the innovations and improvements which have been introduced over the past year. There is also a summary of internal and external awards receiving by colleagues and teams across the Partnership. An easy read version is available in Appendix 2.

Once approved, the report will be sent to the Scottish Government and Fife partner Agencies and also published on the Partnership website for members of the public to read. There will be a copy included in the director's briefing for staff.

Some updates, eg. national performance indicators, were published on 01 July and are not included, these will be included in the final report.

JB thanked AV for the report, she loved the easy read. She asked how the data from the report and comparisons are used for planning. She commented Fife are higher than the Scottish average for emergency emissions and reemissions rates, although may depend on locality and services provided.

AV advised, as discussed at the recent Development Session, currently looking at internal governance structures and want to have more of a focus on performance reporting, making more active decisions based on this information. Continuous improvement being a priority moving forward. She added the information helps to develop the Strategic Plan and the data will be used for the refresh of the Strategic Plan. LG agreed with AV and advised the deeper dive the SLT will have on performance, will use this data to help inform decision making. She told of a portfolio based dashboard which is being developed and how this will be utilised moving forward.

JB commented that the carer experience across Scotland appears to be poor, with carers feeling unsupported. She asked whether there is a dedicated Carer Approval or Action Plan, or if support for carers is integrated throughout existing work. MF agreed, noting that the carer experience has not shown

	improvement year on year, either in Fife or nationally. She mentioned a Carer Experience Survey currently open until the end of the month, but did not expect the results to reflect significant progress. There was discussion around carers not being fully aware of available services or how to navigate them. RL shared that several developments are currently progressing through governance, including a refreshed Carer Experience Survey, the Joint Carer's Strategy Group, the Carer Provider Forum, and the Fife Wide Engagement Forum. He explained that all of these initiatives are aligned to the same outcomes and deliverables, aiming to clarify roles and improve support so that carers feel more informed and better supported. SB advised the Committee were content to take Assurance from the report.	
10.	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	10.1 Quality Matters Assurance Group Unavailable	L Barker
	10.2 Clinical Governance Committee Unconfirmed Minute 20.05.25	A Wood
	10.3 Fife Drugs and Therapeutics Committee Unconfirmed Minutes 23.04.25	F Forrest
	10.4 Prevention and Early Intervention Oversight Group Minute 08.05.25	L Cooper
	10.5 Strategic Planning Group Unavailable	A Valente
11.	ITEMS FOR ESCALATION	
	No items were raised for escalation	
12.	AOCB	
	No items were raised under AOCB	
13.	DATE OF NEXT MEETING	
	Wednesday 5 th November 2025, 1000hrs, MS Teams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 16TH JULY 2025 AT 2.00PM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member (Chair)
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander

Attending: Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lisa Cooper, Head of Primary & Preventative Care
Vanessa Salmond, Head of Corporate Services
Chris Conroy, Head of Community Care
Jillian Torrens, Head of Complex & Critical Care

In attendance:

Tracy Hogg, Finance Manager HSCP
Roy Lawrence, Head of Culture, Engagement & Communities
Dafydd McIntosh, Organisational Development & Culture Specialist
Gillian Muir, Management Support Officer (Minutes)

Apologies for Lynn Barker, Director of Nursing
Absence: Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	WELCOME AND APOLOGIES Alastair Grant 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 – 13TH MAY 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.	
5.	FINANCE	
5.1	Revised Budget Direction The Committee considered a report presented by Audrey Valente, Chief Finance Officer detailing revised budget directions for approval and issue to Fife Council and NHS Fife as a result of a change in the funding position from both partners. Committee noted that following IJB's approval of the 2025-26 Revenue Budget further constructive discussion had been had with the Executive Director of Finance & Corporate Services, Fife Council and the Director of Finance, NHS Fife whereby agreement had been given from both partners to provide additional contributions to the Partnership totalling £14m. These additional contributions have been allocated across service areas as detailed within the appendices of the report. Committee noted that the report recognises the additional funding available by partners and asks the Committee to approve the increased budget and associated directions. The discussion was opened to Committee members and considerable discussion was had around the revised directions and additional monies received. Questions raised included is Committee being asked to approve the additional spend or has that been used to fill in the gaps of what we had previously budgeted but didn't have the £14m for and we are being asked to approve a set of directions which has a new budget of £755m but in subsequent paper the budget goes up again to £763m – could we be agreeing directions that are £763m rather than £755m and are we going to do that in subsequent time or doesn't that matter? <u>Decision</u> The Committee: 1. Approved the issue of the Directions 2025.005 and 2025.006 which supersede Directions previously issued. 2. Agreed to close Directions 2025.001 and 2025.002.	
5.2	Finance Update The Committee considered a revised report presented by Tracy Hogg, Finance Manager detailing the projected outturn position as at 31 st May 2025 of the delegated and managed services noting the forecast is currently projecting an overspend of £5.221m. Tracy Hogg took Committee through a detailed explanation of the amendments to the revised report.	

Committee noted the areas of overspends:

- GP Prescribing ~ £1m
- SLA Budget ~ £3.5m
- Mental Health and Psychology ~ £1.9m
- Care at Home ~ £1.5m
- Internal Care Homes ~ £750k

These are partially offset by underspends in:

- Supported Living and Community Support Services ~ (£2.6m)
- Learning Disabilities (£0.958m) all due to vacant posts.

Committee noted the savings approved by the IJB for 2025-26 total £29.424m. £27.447m are currently on track to be delivered which equates to 93% delivery. Committee's attention was drawn to appendix 3 where further detail of savings is shown and includes additional narrative captured through the PRU process to provide assurance to Committee in relation to progress.

Committee also noted a reserves balance of £1.712m brought forward from last year and as part of the updated budget direction £0.782m was to be transferred to reserves available for use and a request to the IJB will follow as part of the recovery plan to draw down and utilise the £0.782m to reduce the projected overspend.

Tracy Hogg advised recovery actions as per the Integration Scheme states that any in-year overspend requires recovery actions to be put in place to bring the position back to breakeven and recovery actions are currently being discussed by SLT and a plan is being developed which will be presented to a future Committee.

Tracy Hogg also advised that during 2024-25 funding of £200m was made available by Scottish Government in relation to Agenda for Change cost pressures associated with the reduction in working week, review of B5-6 nursing roles and protected learning time. Fife received in excess of £15m, and this funding was allocated on a non-recurring basis while the scale and implementation of the reforms were better understood. The IJB received £0.011m of this funding in 2024-25 with the balance allocated to NHS Fife. It is essential that all costs are recognised and recompensed in 2025-26 to ensure the financial sustainability of the IJB. Discussions are ongoing with the Director of Finance NHS Fife in relation to this funding and it is anticipated that agreed receipt of this funding will form part of the recovery plan.

There continues to be continued close monitoring of the projected outturn position and Officers will ensure 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, and these will also continue to be monitored and scrutinised.

	The discussion was opened to Committee members and considerable discussion was had around the budget and financial position. Questions raised included ignoring the £14m the £5m is a whole year projection based on the situation at the end of month 2; what is the budgetary control process before you commit to more staff doing more in areas that are in overspend; what is the process for deciding when we are content that service is provided and when it's not; on page 46 the table of the £14m there is reference to an accounting transaction adjustment to resource transfer – does the fact that it's an accounting transaction does it mean that somehow balanced up somewhere else in all of that; on the same table miscellaneous income figure of £4.5m – what is that; mental health and psychology on page 48 states savings will remain under review and alternatives sought if required – if there are other savings which can be made then why aren't these being made anyway; service level agreements – do we just accept what we are being charged or do we look at the figures from our point of view? <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 31st May 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. Noted the onward submission to the IJB of the financial monitoring position as at May 2025 and the onward submission of the direction to NHS Fife for approval by IJB.	
5.3	Finance Performance & Scrutiny Strategic Risk Register Deep Dive Review Report - Governance The Committee considered a report from Audrey Valente, Chief Finance Officer provided for discussion and assurance that risks are being effectively managed within the IJB's agreed risk appetite and at the appropriate tolerance levels as well as noting as part of the IJB's risk reporting framework the risk is assigned to this Committee. Audrey Valente drew Committee's attention to appendix 1 highlighting this sets out the risk description, risk scoring and highlights internal and external factors that may impact on this risk as well as providing relevant assurances, performance measures, benefits and linked risks as appropriate. Committee noted key mitigations for this risk include the Integration Scheme, Governance manual and governance arrangements, Monitoring of Directions and Risk Management arrangements. Regular management reporting to Committee and the IJB ensures appropriate scrutiny. This is then supplemented by the work of internal and external audit teams who provide reports highlighting good practice and providing recommendations for improvement.	

	Committee noted there is confidence there is a reasonable level of assurance that work is ongoing to support management on this risk and close scrutiny is being applied to delivery actions and monitoring of performance. Audrey Valente advised that additionally, in the internal audit annual report for 2024/25, the auditors have concluded that: - The IJB has adequate and effective governance, risk management and internal controls in place. The discussion was opened to Committee members who were appreciative to hear the outcome of the internal audit review. Committee provided their comments and feedback on the report. Questions were raised around the SMART actions in that these don't appear to be smart in terms of specific measurables and risk score will the two actions get us to the target risk score? <u>Decision</u> The Committee - Discussed the deep dive review and provided comments and suggestions for improvement. - Noted the level of assurance provided on this risk.	
6.	PERFORMANCE	
6.1	Annual Performance Report The Committee considered a report presented by Audrey Valente, Chief Finance Officer for discussion and assurance. Committee noted this is a requirement of the Scottish Government and is due for submission by end of July 2025. Audrey Valente advised that the report is structured around the nine health and wellbeing outcomes and includes an overview of the current situation in Fife including population trends, changes to life expectancy and some of the increased challenges including increased demand for services and reduced financial resources as the cost-of-living crisis continues to impact on national and local budgets. Committee noted that the report includes 41 case studies/service updates which showcase some of the innovations and improvements the Partnership has introduced over the last year, and a summary of internal and external awards received by colleagues and teams across the partnership is also included. An easy read version has been created and is available in appendix 2 and a shorter version has also been produced for members of the public. Committee also noted that some updates are still awaited, therefore not all information is included in the draft version of the report but will be included in the final report to the IJB.	

	The discussion was opened to Committee members who provided additional comments and feedback on the report which Officers will take on Board when the final report is submitted to the IJB for approval. No further questions were raised. <u>Decision</u> The Committee 1. Reviewed the Annual Performance Report 2024 to 2025, highlight any changes required, and provided agreement that the report should progress to the Integration Joint Board. 2. Were assured that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.	
7.	SCRUTINY	
7.1	Whistleblowing Annual Report Committee considered a report presented by Roy Lawrence, Head of Culture, Engagement and Communities for oversight, assurance and decision and noting the report covers period 2024-2025 using the format endorsed by Audit and Assurance Committee and Auditors during the first year the report was presented and is a collaborative piece of work with partner organisations and stakeholders. Committee noted the report covers the five key themes and actions that partners are taking to support the workforce and demonstrates a collaborative approach designed to provide the Local Partnership Forum and the IJB with assurance that employer partners are both confident in their individual policies, procedures and practice related to whistleblowing and are working closely together to consider ways in which they can further integrate practice in this area to support the collective workforce. The discussion was opened to Committee members who provided comments and feedback on the report. Questions raised included what was the percentage of people who responded to the iMatter survey; are whistleblowers happy/confident to speak out and are we ensuring we are not being overwhelmed by anonymous malicious complaints? <u>Decision</u> The Committee: 1. Discussed the Annual Whistleblowing Report 2024-25. 2. Noted the Whistleblowing activity in the Partnership over the reporting period and share any thoughts about the findings. 3. Noted the improved performance within iMatter results and increased training uptake across partners. 4. Were assured that the HSCP, NHS Fife, Fife Council and Trade Union and Staff Side are working together to continually improve Whistleblowing work in support of the Partnership.	

	5. Approved the report should progress to the IJB.	
7.2	Terms of Reference (Annual Review) Committee considered a report presented by Vanessa Salmond, Head of Corporate Governance for discussion and approval noting that in terms of maintaining a continued focus on governance arrangements, Committee Terms of Reference require to be reviewed on an annual basis to ensure they remain fit-for-purpose. Committee noted that the contents of the Terms of Reference as detailed in appendix 1 should provide assurance to the IJB that Finance Performance and Scrutiny Committee is fulfilling all its statutory requirements on the adequacy and effectiveness of systems of internal control and assurance. Vanessa Salmond drew Committee's attention to p220 of the papers section 3.3 - Assessment and the bullet points therein which highlight areas within the current Committee Terms of Reference whereby no business was transacted throughout 2024/25. These were highlighted during the recent process of preparing the Committee Annual Governance Statement. Clarity and Committee's views were sought in relation to the bullet point • Report to the IJB on resources required to carry out Performance Reviews and related processes. - (item 13 in Remit of Terms of Reference): did this require more clarity / definition around performance review and related processes? What would Committee be expecting to happen? The discussion was opened to Committee members and considerable discussion and debate took place around the statement. Committee agreed the item should remain on the Terms or Reference Remit for now and be re-considered when governance is reviewed again later in the year. Committee also felt that further examination was required to item 4 in the Remit of The Terms of Reference – monitor and scrutinise the use of all resources available to the IJB in relation to the tie up between what the Partnership spends and what it receives not being the same. <u>Decision</u> The Committee: 1. Discussed and reviewed the current Terms of Reference at Appendix 1. 2. Agreed any required amendments to the Committee Terms of Reference.	

7.3	Review of Short Stay Bed Base in Local Authority Care Homes for Older People Committee considered a report presented by Chris Conroy, Head of Primary and Preventative Care for discussion and agreement onward submission to the IJB. Committee were provided with an overview of the report and noted that following a review of how the Partnership uses short stay beds in its local authority care homes it was seeking approval to modify the current operating model to better align with interdependent workstreams, resource availability, the needs of the Fife population and reflect the skill-set of its care home workforce with the proposal itself having been developed on intelligence of need across Fife. Committee noted that it is proposed the changes outlined in the report will impact positively on the whole system, make best use of resources, create efficiency savings and improve service delivery both in terms of community access and hospital flow. Committee also noted that the proposed model outlined in table 2 within the report will support equitable access to Community and Hospital Teams working in Social Work and Acute and Primary Care settings. The new model will be aligned to the Home First Strategy and the Prevention & Early Intervention Strategy 2024-27. The model also makes best use of available resources and will generate efficiency savings through fully utilising the capacity within local authority care homes. Significant efficiency savings and potential income can be achieved. After staffing and other costs have been offset against this, the new model can realise at least £280k in efficiency savings as detailed in appendix 1. If the proposed model is agreed, a number of key actions will be taken to ensure that the model is as successful as it can be. The discussion was opened to Committee members and considerable discussion was had on the proposal. Members also provided their comments and feedback on the report. Committee commended Officers on the thought that had gone into the proposal and commented that if the STAR beds are underused it is important to reconfigure to get the best use of the beds across all the different uses and the fact that it could free up space potentially for reinstating some other respite space could only be beneficial. Questions raised included are there ever occasions where having only 12 beds will result in people being delayed from discharge from hospital because there are only 12 or is that something that has been factored in and not likely to happen; has this report and the next report been considered together due to the potential interaction between potential patients either in community hospitals or assessment beds and have the totality been looked at?	

	Officers reminded Committee that the community hospital paper was agreed by the IJB in 2024 and that this proposal was part of the implementation of the community hospital transformation and is one of the pathways that will mitigate the risk that there will be a reduction in community hospital beds. <u>Decision</u> The Committee: 1. Discussed and reviewed the reconfiguration of local authority short stay residential care home beds to better meet demand, current policy context and budget position; and increase assessment bed provision within Fife HSCP ran local authority residential care homes 2. Highlight any changes required. 3. Provided agreement that the report should progress to the Integration Joint Board.	
8.	STRATEGIES	
8.1	Home First Update – Community Hospitals Transformation Committee considered a report from Chris Conroy, Head of Primary and Preventive Care for assurance and updated detail on progress with regards to the transformation of community hospitals as previously agreed by the IJB in 2024. Committee noted that the community hospital transformation programme aims to transform the community hospital in-patient services by redesigning the community beds provision in Fife whilst enhancing rehabilitation and wider care services that are ultimately delivered in a homely environment or close to home across Fife and whilst doing so will reduce the community hospital footprint as detailed in appendix 1. Chris Conroy highlighted the report provides an update on the detailed plans on the delivery of the programme and Committee noted the reduction of beds will commence in September 2025 with full reduction by January 2026. Committee noted that the overall savings attributed to this would be £1m for this financial year, £2m for full year 2026/27. Projections for 2026/27 are inclusive of approx £800k investment into new models of care of which some of that will be commencing this year but won't impact on the savings projection. Committee were provided with assurance that a clear governance structure and robust communication and engagement plan is in place. The discussion was opened to Committee members and considerable discussion took place around the transformation programme. Members provided their comments and feedback on the report.	

	Questions raised included what is attributed to make this saving; are these transfers and not so much savings; in terms of people how may are we talking about and the refurbishment of Cameron what is the plan and is £100k sufficient? <u>Decision</u> The Committee: 1. Were assured that a clear plan to deliver the ambitions of the Community Hospital Transformation Programme is in place in line with agreement to progress by IJB in March 2024.	
8.2	Fife Alcohol & Drug Partnership Strategy (Annual Report and Scottish Government Survey 24-25) Committee considered a report from Lynda Reid-Fowler, Policy Co-ordinator, Fife Alcohol and Drug Partnership for discussion and decision. Committee noted that the documents submitted provide a comprehensive overview of the drug and alcohol service delivery aligned with the Fife ADP Strategy from 24-27and highlight key achievements and on-going challenges and areas for improvement particularly in light of Fife's higher than average substance related mortality rates. Submission supports national planning and funding decisions and informs the ADP workplan 25-26. Committee were asked to approve the submission of the Annual Report and completed Scottish Government survey for the period of April 2024-March 2025. The discussion was opened to Committee members who thanked Officers for a comprehensive and positive report and also acknowledged the good work being undertaken by the Addictions Team. Comments and feedback were given with a query raised in relation to the format of the report and whether this was dictated by Government? A comment was also provided in relation to the figures being reported on drug related deaths in Fife going up in the timeframe covered within the report and down for the rest of Scotland and the need for the IJB / ADP to be ready to explain that good things are being done, meeting all MAT standards etc but still have an issue with drug related deaths. <u>Decision</u> The Committee: 1. Discussed the Alcohol and Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey and indicated any amendments required. 2. Supported the Alcohol and Drug Partnership (ADP) Annual Report and Survey submission to the Integration Joint Board.	

9.	ITEMS FOR HIGHLIGHTING Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 30 th July 2025.	
10.	AOCB Lynne Garvey on behalf of the Committee and SLT thanked Alastair Grant for his Chairmanship of the Finance, Performance Committee over the past two years and wished him all the best.	
11.	DATE OF NEXT MEETING Wednesday 17th September 2025 at 10.00 am via MS Teams	

UNCONFIRMED MINUTE OF THE STRATEGIC PLANNING GROUP

FRIDAY 18 JULY 2025, 10.00 – 12.00 (via Teams)

Present: Colin Grieve (CG - Chair), Roy Lawrence, Audrey Valente (AV), Vanessa Salmond (VS), Caroline Cherry (CC), Chris Conroy (CC), Paul Dundas (PD), Dave Dempsey (DD), William Penrice (WP), Morna Fleming (MF), Lesley Gauld (LG), Dafydd McIntosh (DM), Sam Steele (SS), Vicki Birrell (VB), Susan Fraser (SF), Anca Wilson (AW), Nicola Broad (NB)

In Attendance: Lynda Reid-Fowler (item 3.2), Gemma Reid (minutes)

NO	AGENDA NUMBER	ACTION
1	SLT CHECK IN, WELCOME AND APOLOGIES Colin Grieve welcomed all to the meeting and noted that the meeting would be recorded for minute taking purposes. Apologies were noted from Rosemary Liewald, Fiona Forrest, Rachel Heagney, Paul Short, Lisa Cooper and Ben Hannan.	
2	MINUTES & ACTION NOTE OF LAST MEETING – 9 MAY 2025 The minutes and action log of the previous meeting on 9 May 2025 were approved as an accurate record. Caroline Cherry highlighted that she will temporarily Chair the Dementia Strategy Working Group.	
3	ANNUAL REPORTS 3.1 Annual Performance Report 2024-25 Audrey Valente presented the Annual Performance Report (APR) for 2024–25, which the Integration Joint Board (IJB) is required to publish by the end of July each year. The report was submitted for assurance and discussion. Audrey advised that the report is structured around the nine Health and Wellbeing outcomes and highlights key challenges, including increased demand for health and social care services and reduced financial resources as the cost-of-living crisis continues to impact on local and national budgets.	

	The report includes: • 41 case studies showcasing service impact and innovation. • A summary of internal and external awards received by colleagues across the Partnership. • An Easy Read version (Appendix 2) and a shorter public-facing version. Once approved, the report will be: • Submitted to the Scottish Government. • Shared with Fife partner agencies. • Published on the Fife HSCP website. • Featured in the Director’s Briefing. Audrey confirmed the final version will be presented to the IJB for approval at the end of July. Chair opened to questions from members. Morna Fleming indicated that she intended to send questions via email to Audrey and highlighted the case study on page 64 which is intended to be gender-neutral, but it currently includes a reference to “her,” which should be revised. Dave Dempsey noted that this report had been presented to the Finance, Performance and Scrutiny Committee on 16 July 2025, where a link was shared to guidance on the contents of a performance report. It was noted that the current report could be more concise, and this should be addressed in future versions. Audrey acknowledged the feedback and will discuss it with her team to support continuous improvement for next year. RECOMMENDATION: • Members were assured by the update, and once completed the report was approved for progression to the IJB. 3.2 Alcohol & Drugs Strategy Annual Report 2024-25 Lynda Reid-Fowler presented the ADP Annual Report for 2024–25 highlighting that some of the timelines referenced in the report are inaccurate due to changes in meeting dates. The report provides an overview of drug and alcohol service delivery in Fife aligned with the Fife ADP strategy and outlines key achievements, ongoing challenges, and areas for improvement, which also helps inform the local ADP workplan 2025-26.	AV AV

	Approval was requested for the submission of both the report and the associated survey to the Integration Joint Board and Scottish Government. No questions were highlighted from members RECOMMENDATION: • Members were assured by this update and supported progression of the report to the IJB AND Scottish Government.	
4	STRATEGY UPDATES 4.1 Home First Strategy Update – Community Hospitals Transformation Chris Conroy presented an update on the <i>Home First Strategy</i>, providing assurance on the ongoing transformation of community hospital services. The programme aims to modernise inpatient care while enhancing rehabilitation and broader care services delivered at home or in homely settings across Fife. The proposal was approved by the Integration Joint Board (IJB) in March 2024 and by the NHS Board in January 2025. A full report is available in Appendix 1. This paper outlines more detailed delivery plans, including timelines. Key developments include: • Specialist Sites: Two specialist sites are being developed at Glenrothes and Cameron Hospitals over the next 12–18 months. Work has already commenced. • Glenrothes Hospital will be dedicated to stroke and neurological community rehabilitation. • Cameron Hospital will be dedicated to general community rehabilitation. • Both sites will undergo remodelling to become fit-for-purpose facilities. • Bed Reduction and Capacity Planning: The transformation includes a reduction of 37 community hospital beds, with contingency plans in place to manage winter surges. Closure of these beds is to commence in September 2025, with full closure of the 37 beds by January 2026. • Financial Impact: The programme is forecast to deliver £1 million in savings this financial year, increasing to £2 million next year. This £2m saving is inclusive of a £800,000 investment to support the shift to community-based models of care. • Governance and Communication: The transformation is supported by a robust communication and engagement plan, with regular updates provided to the IJB and relevant committees.	

	Chair opened to questions from members. Morna Fleming gave thanks to Nicola Harkins for detailed responses to her questions following Quality & Communities Committee and hopes her feedback regarding wording will be reflected in the final paper. Chris Conroy confirmed that the paper would be updated prior to progressing to the Integration Joint Board (IJB). Vanessa Salmond informed members that, since the report was initially approved by the IJB in March 2024, additional detail has been added. As a result, a formal Direction will now accompany the paper when it is presented to the IJB on 30 July 2025. RECOMMENDATION: • Members were assured by the report. Following slight amendments and the addition of a Direction it was approved for progression to IJB.	CC VS
5	PMO OVERSIGHT GROUP 5.1 Minute of previous meeting – 8th April 2025 Morna noted that the <i>Transforming Overnight Care</i> project (p.287) has now been closed and transitioned into business as usual, with a comprehensive explanation as to why the project could not be delivered in the manner previously discussed at various committees. It was Morna's opinion that the lessons learned from this experience were significant and merit further, more detailed discussion. She expressed a desire for more opportunities to reflect on this in future meetings. Audrey indicated that she would explore an alternative approach to this paper for future meetings of the SPG, in discussion with Colin and Vanessa.	CG/AV/VS
6	GOVERNANCE 6.1 Review of SPG Workplan Vanessa Salmond explained that this is a standing agenda item intended to provide oversight of the reports scheduled throughout the year, noting that there may be a need for Extraordinary meetings to conclude business as we travel through the year due to prioritising of the Strategic Plan.	
7	STRATEGIC PLAN 7.1 Strategic Plan Update William Penrice provided an update on the Strategic Plan, apologising to members for the delayed distribution of the paper. He delivered a presentation outlining the current draft of the strategy and proposed ways to involve the Strategic Planning Group (SPG) more actively in the process, noting an early draft was due by September, with the final version targeted for completion by the end of November 2025.	

	William welcomed questions following the presentation. Paul Dundas highlighted a recent survey aimed to assess how engaged local organisations are with strategic planning. • Key findings: ○ 60% approval rating for current strategies. ○ 72% of respondents were unaware of the work done by Locality Planning Groups. ○ Only 3 respondents had ever attended a locality planning group meeting. It was identified that there is significant untapped potential for engagement and awareness, and more effort is needed to raise awareness of available services. A suggestion was made to consider including a summary of the survey into the Needs Assessment to highlight gaps and opportunities. There was discussion around the priorities noted within the plan and it was suggested that the focus should shift from finance with more emphasis on working together and public engagement. Willian Penrice agreed to take an action based on this discussion. Strategic Planning Group Involvement: Colin Grieve suggested that some actions may need to happen outside of regular meetings (e.g., extraordinary meetings) due to misalignment between timescales and governance cycles. Morna highlighted that if SPG is to take ownership of the Plan, they must be more actively involved. Lesley Gauld suggested a Development Session. Vanessa Salmond noted the need to be realistic and focus on what is achievable for the draft, highlighting that the Strategic Plan should set the vision and be refreshed annually. Colin Grieve agreed that the priority is to complete the draft, ensure it meets needs, and have it approved by the IJB by end of September, before implementation begins. Roy Lawrence gave assurance around work ongoing, confirming initial conversations are happening now. NEXT STEPS: 3rd September – outline of 1st draft to SPG for discussion. (William Penrice to circulate pertinent parts to members for comments / feedback prior to this meeting.) Development Session to be scheduled mid-September to agree first draft. (Date TBC following discussion between Audrey and William.)	WP WP WP WP AV / WP
8	AOCB	

	No notification of other business received and therefore the meeting was closed by advising members of the date of the next meeting.	
9	DATE OF NEXT SLT FORMAL (STRATEGIC) MEETING Wednesday 3 September 2025, 14:00 – 16:00	