



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 26 NOVEMBER 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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| 9 | GOVERNANCE & OUTCOMES 9.1 IJB Workplan 9.2 Membership Update | Vanessa Salmond Vanessa Salmond | 248 - 249 250 - 252 |
| 10 | LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 10.1 Equality, Diversity & Inclusion Annual Report 10.2 Public Sector Climate Duties Annual Report | Roy Lawrence Lisa Cooper | 253 - 285 286 - 305 |
| 11 | MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Strategic Planning Group Confirmed Minute from 3 September 2025 Quality & Communities Committee Confirmed Minute from 5 September 2025 Local Partnership Forum Confirmed Minute from 16 September 2025 Finance, Performance & Scrutiny Committee Confirmed Minute from 17 September 2025 Audit & Assurance Committee Confirmed Minute from 19 September 2025 | Colin Grieve Rosemary Liewald Vicki Bennett David Alexander Dave Dempsey | 306 - 311 312 - 326 327 - 343 344 - 349 350 - 354 |
| 12 | AOCB | ALL | Verbal |
| 13 | DATE OF NEXT MEETINGS INTEGRATION JOINT BOARD – Wednesday 28 January 2026 | | |

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) - MONDAY 29 SEPTEMBER 2025 AT 10am

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| Present: | <p>David Ross (DR) (Chair) Colin Grieve (CG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Sam Steele (SS), NHS Fife Board Members (Non-Executive), John Kemp (JK), 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 McCallum (KMcC), Staff Representative, Fife Council Kenny Murphy (KM), Third Sector Lead Lynne Parsons (LP), Employee Director, NHS Fife Paul Dundas (PD), Independent Sector Lead Vicki Bennett (VB), Staff Representative, NHS Fife</p> |
| Professional Advisers: | <p>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</p> |
| Attending: | <p>Chris Conroy (CC), Head of Community Care Services Hazel Williamson (HW), Communications Adviser Jacquie Stringer (JS), Service Manager Joy Tomlinson (JT), Director of Public Health Karen Marwick (KM) Head of Complex & Critical Care Services Lisa Cooper (LC), Head of Primary & Preventative Care Services Roy Lawrence (RLaw), Head of Culture, Engagement and Communities Tracy Hogg (TH), Finance Manager Vanessa Salmond (VS), Head of Corporate Services Gemma Reid (GR), Fife HSCP Coordinator (Minute)</p> |

| No. | AGENDA ITEM | ACTION |
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| 1 | <p>CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES</p> <p>David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting.</p> <p>David advised that apologies had been received from Morna Fleming, Jo Bennett, Fiona Forrest and Mary Lockhart.</p> | |

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| | <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that a recording device was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p> <p>David acknowledged that this was Audrey Valente's final IJB meeting due to her impending retirement on 8th October and gave thanks for her longstanding commitment to the IJB and Fife HSCP as Chief Finance Officer and for her many years of service preceding.</p> | |
| 2 | <p>DECLARATION OF MEMBERS' INTERESTS</p> <p>David Ross confirmed that there were no declarations of interest highlighted.</p> | |
| 3 | <p>MINUTE OF PREVIOUS MEETING AND ACTION NOTE 30 JULY 2025</p> <p>The Minute and Action Note from the meeting held on Wednesday 30 July 2025 were both approved as an accurate record.</p> | |
| 4 | <p>CHIEF OFFICER UPDATE</p> <p>Lynne Garvey commenced her update by extending a warm welcome to all attendees of the Integration Joint Board (IJB).</p> <p>She expressed her pleasure at the Senior Leadership Team now being fully established, and conveyed confidence that the revised structure will enhance efficiency, adaptability, and overall effectiveness. An updated organisational chart will be shared in her forthcoming briefing.</p> <p>Lynne acknowledged that this meeting marks Audrey Valente's final attendance at the Board due to her impending retirement. She paid tribute to Audrey's significant contribution to the Fife Health and Social Care Partnership and to the wider Fife community, highlighting her exceptional leadership, insight, and dedication. Lynne offered sincere thanks and best wishes to Audrey for the future.</p> <p>She noted the commencement of the staff flu vaccination programme, emphasising efforts to facilitate easy access for staff and encouraging team leaders to promote uptake within their teams.</p> <p>Lynne reaffirmed that the refreshed Strategic Plan remains a key priority, with final approval anticipated at the next IJB meeting. She highlighted the ongoing engagement work led by Participation and Engagement Officers, who continue to gather valuable public feedback, including from the recent Fife Wide Public Engagement Forum and hard to reach groups which will be instrumental in shaping future service delivery.</p> <p>Lynne highlighted ongoing enhancements to our website and social media platforms to better promote careers in health and social care, noting it is all about making it easier for people to access the information</p> | |

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| | <p>they need and encouraging more people to consider joining this rewarding sector. Lynne highlighted Speak Up week, during which senior leaders are actively seeking staff input and encouraging open dialogue across all service areas. Upcoming drop-in sessions with Lynne and members of the Senior Leadership Team were also highlighted.</p> <p>Lynne extended heartfelt congratulations to Cherisse Baker, Rachael Mallis, and Kimberley Grubb, Occupational Therapy Assistants within the Community Occupational Therapy Service, on successfully completing their HNC in Occupational Therapy Support, describing it as a commendable achievement.</p> <p>She was also delighted to announce that the Speak Your Mind group from Shared Lives Fife has been shortlisted as a finalist in the Co-Production category at the Great British Care Awards. Lynne described this as a shining example of meaningful participation, with the awards ceremony scheduled for 10 November in Glasgow.</p> <p>In closing, Lynne reaffirmed that transformation programmes continue to progress and expressed deep appreciation to all involved for their dedication and hard work in driving change while maintaining service delivery. She also thanked the IJB for their continued commitment to advancing transformation efforts.</p> | |
| 5 | <p>COMMITTEE CHAIR ASSURANCE REPORTS</p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa 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 no items to escalate.</p> <p>Agreement on the principles of these reports was discussed at the Strategic Planning Group on 3rd September 2025, the Quality & Communities Committee on 5th September 2025, the Finance, Performance & Scrutiny Committee on 17th September 2025 and the Audit & Assurance Committee on 19th September 2025.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Colin Grieve, Chair of the Strategic Planning Committee noted nothing to report.</p> <p>Rosemary Liewald, Interim Chair of the Qualities & Communities Committee confirmed there were no areas of concern to escalate.</p> <p>David Alexander, Interim Chair of the Finance, Performance & Scrutiny Committee confirmed there was nothing to escalate.</p> <p>Dave Dempsey, Chair of the Audit and Assurance Committee, confirmed that there were no matters requiring escalation at this time. He drew the Board's attention to Section 6 (page 26) concerning forward planning and horizon scanning, noting that the Committee had identified risk target</p> | |

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| | <p>dates and the pursuit of best value through transformation as key areas for future focus.</p> <p>Recommendation</p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p> | |
| 6 | <p>STRATEGIC PLANNING & DELIVERY</p> <p>6.1 Mental Health & Wellbeing Strategy</p> <p>David Ross advised that this report has been discussed at the Strategic Planning Group on Strategic Planning Group on 3rd September 2025 and the Quality & Communities Committee on 5th September 2025 and invited Karen Marwick to present the report.</p> <p>Karen Marwick advised that the full documentation, including the final draft and supporting materials, was included within the meeting papers. She noted that the assessment section outlines the feedback received and the subsequent amendments made to the draft. The Integration Joint Board is now asked to formally approve the strategy and its accompanying documents.</p> <p>David Ross then opened to questions from Board members.</p> <p>Dave Dempsey referenced page 118 (direction) noting that line 10 should reference the measures column in the delivery plan.</p> <p>Karen Marwick concurred and confirmed this would be updated.</p> <p>Recommendation</p> <p>The Board: -</p> <ul style="list-style-type: none"> • Reviewed the draft strategy and advise of any changes required. • Provided final approval of the Mental Health and Wellbeing Strategy (Appendix 1) the Year One Delivery Plan (Appendix 2) and other supporting documents. • Approved the Directions to NHS Fife and Fife Council. | KM |
| 7 | <p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Lived Experience – Community Led Support</p> <p>David Ross invited Lynn Barker and Roy Lawrence to present the Lived Experience video highlighting Community Led Support.</p> <p>Roy Lawrence introduced the Community Led Support video, noting that it was being presented to the Integration Joint Board in conjunction with the Annual Report, which would be shared later in the meeting.</p> <p>Rosemary Liewald complimented the video and noted that it truly evidenced community support in action.</p> | |

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INTEGRATED PERFORMANCE & QUALITY

8.1 Finance Update

David advised this report has been discussed at the Local Partnership Forum on 16th September 2025 and the Finance Performance & Scrutiny Committee on 17th September 2025 and invited Audrey Valente to present the report.

Audrey Valente provided an update on the financial position based on information to 31 July 2025, noting the forecast for Fife Health & Social Care Partnership is currently a projected overspend of £5.477m, which is an adverse movement of £257,000 since May 2025.

This overspend is accountable to key areas: -

- Service Level Agreements
- Mental Health Services
- Care at Home

Audrey also noted a slight movement in non-achievement of savings delivery in-year accountable to £3m.

These overspends are partially offset by around £5m by underspends in:-

- Supported Living, Community Support & Social Care Fieldwork
- Learning Disabilities
- Primary & Preventative Care

Much of the above is attributable to vacant posts.

Audrey explained that we will not achieve the £2.9 million Transforming Care savings target this year. However, there is assurance that the full £5.9 million will be delivered next year. As a result, substitute recovery actions are required for the current year.

Audrey noted a marked improvement in relation to medicines efficiencies and GP prescribing.

Audrey reported a small reserve balance of circa £800,000 and is proposing that the IJB consider using these reserves to help offset some of the current areas of overspend.

Delivery of savings currently stands at a likely 83%, with Audrey noting that PRU meetings are continuing weekly to review and scrutinise delivery of savings with support from SLT.

Early indications from the August figures suggest a slight deterioration in the financial position. Audrey advised that this could result in a projected overspend of as much as £2 million, which will need to be factored into recovery actions.

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, further work will be progressed, and this will be reported through the next Governance cycle.

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| | <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Vicki Bennett, Chair of the Local Partnership Forum noted some concerns which she advised would be addressed directly with Lynne Garvey.</p> <p>David Alexander, Interim Chair of Finance, Performance and Scrutiny Committee queried increased charges from NHS Lothian with very little consultation.</p> <p>Audrey provided assurance of partnership working around this issue, alongside Susan Dunsmuir and other Boards to negotiate a reduction in pricing.</p> <p>Recommendation</p> <p>The Board: -</p> <ul style="list-style-type: none"> • 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 July 2025 as outlined in Appendices 1-4 of the report; • Approved the Direction to NHS Fife & Fife Council for additional allocations. | |
| | <p>8.2 Fife IJB Draft Audited Annual Accounts</p> <p>David advised this report has been discussed at the Audit and Assurance Committee on 19th September 2025 and invited Audrey Valente to present the report.</p> <p>Audrey Valente presented the draft Annual Accounts, noting that they had been approved by the Audit and Assurance Committee on 27 June. In addition to the audited accounts, the external auditor's report was included within the meeting papers. Audrey invited Amy Hughes to present the report and respond to any specific questions regarding the external audit.</p> <p>Amy Hughes provided an overview of the external audit report, highlighting the key findings. She noted that the Annual Audit Report had been scrutinised by the Audit and Assurance Committee on 19 September. Unqualified opinions were issued across all areas, with only minor disclosure amendments made prior to submission for approval.</p> <p>Amy confirmed that the Integration Joint Board has appropriate arrangements in place across all four assessed areas. She noted that the financial sustainability rating was classified as 'orange', reflecting the challenging financial environment, a position consistent across the wider public sector. She also acknowledged the smooth audit process, as reflected in the report, and extended her thanks to Audrey, Tracy, and Maria for their contributions.</p> <p>David Ross then invited Dave Dempsey, Chair of the Audit and Assurance Committee to comment on discussions from Committee before opening to questions from Board members.</p> | |

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| | <p>Dave Dempsey advised Committee had noted the historical issues around funding for the reduction in the working week and were supportive of the accounts being presented to IJB for approval.</p> <p>Recommendation</p> <p>The Board: -</p> <ul style="list-style-type: none"> • Noted the IJB’s audited Annual Accounts and External Annual Audit Report • Approved and signed the audited Annual Accounts | |
| | <p>8.3 Refreshed Performance Approach</p> <p>David advised this report has been discussed at the Finance Performance & Scrutiny Committee on 17th September 2025 and invited Audrey Valente to present the report.</p> <p>Audrey Valente outlined a revised approach to performance monitoring, whereby services are now required to provide assurance to the Senior Leadership Team (SLT) regarding how performance will be maintained or improved.</p> <p>She noted that the Executive Summary now offers an overview of the performance framework. As the system continues to mature, a list of indicators currently subject to enhanced scrutiny by SLT will be incorporated. This will support the Integration Joint Board in receiving assurance on the improvement actions being undertaken.</p> <p>Audrey further advised that performance reporting is currently under development, with a renewed emphasis on improvement activity aligned to the governance structures in place at SLT level. A further update will be provided to the IJB in November.</p> <p>David Ross then invited David Alexander, Interim Chair of the Finance, Performance & Scrutiny Committee to comment on discussions from Committee before opening to questions from Board members.</p> <p>David Alexander noted more professionalism and focus than ever before, complimenting the report.</p> <p>Paul Dundas acknowledged Audrey Valente’s contribution and welcomed the refreshed approach to local targets and benchmarking performance against comparable organisations. He emphasised that having clarity on targets and current performance enables more informed decisions around local resource allocation and planning. This approach provides a valuable level of local intelligence to support future service development.</p> <p>Eugene Clarke queried what is done to measure the effectiveness of health promotion activity.</p> <p>Lisa Cooper provided an example relating to smoking cessation, highlighting that improvement actions are currently in place. She advised that the Prevention and Early Intervention Strategy Annual Report is scheduled for the next reporting cycle. This report will include the performance framework and is expected to offer further assurance</p> | <p>TH/VS</p> |

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| | <p>regarding performance reporting.</p> <p>Colin Grieve noted that staff absence targets don't match partner bodies. Audrey advised corporate attendance targets are set by partners, hence why there is a differentiation.</p> <p>Recommendation</p> <p>The Board: -</p> <ul style="list-style-type: none"> • Noted the progress being made • Discussed potential improvements to the reporting format | |
| 9 | <p>GOVERNANCE & OUTCOMES</p> <p>9.1 Membership Update</p> <p>David Ross advised that the IJB Workplan had been made available for member information.</p> | |
| | <p>9.2 Monitoring Progress of Directions</p> <p>David Ross advised this report had been discussed at the Finance, Performance & Scrutiny Committee on 17th September 2025 and introduced Vanessa Salmond to present this report.</p> <p>Vanessa Salmond advised that the update relates to the current status of directions for 2024–25 and 2025–26. She noted that she is actively engaging with partners to strengthen governance arrangements and enhance reporting mechanisms for updates on directions. This work is progressing at pace and will be brought back to the Board in the near future.</p> <p>Chair invited David Alexander, Interim Chair of Finance, Performance & Scrutiny to comment on discussions at the Committee before opening to questions from Board members.</p> <p>No comments or questions were highlighted.</p> <p>Recommendation</p> <p>The Board: -</p> <ul style="list-style-type: none"> • Noted the current status of the open Directions as per Appendix 1 • Were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme. | |
| 10 | <p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Carers Strategy Annual Report 2025</p> <p>David Ross advised this report had been discussed at the Strategic Planning Group on 3rd September 2025, the Quality & Communities Committee on 5th September 2025 and the Finance, Performance & Scrutiny Committee on 17th September 2025 and introduced Roy Lawrence who presented the report.</p> <p>Roy Lawrence expressed his gratitude to Morna Fleming for her support</p> | |

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| | <p>in compiling the report. He advised that the report is intended to provide assurance that the Health and Social Care Partnership is fulfilling its statutory responsibilities under the Carers (Scotland) Act 2016.</p> <p>Roy highlighted Caitlin’s poem, which effectively sets the tone for the carers’ stories featured in the report. He explained that support for carers is delivered through a tiered model and noted a 43% increase in carers supported by social work investment for 2024–25. He also shared that Fife Young Carers reached almost 4,800 young people, with 48 receiving short breaks. The report demonstrates compliance with legal duties, strong partnership working and a clear commitment to continuous improvement.</p> <p>David Ross invited Colin Grieve, Chair of Strategic Planning Group, Rosemary Liewald, Interim Chair of Quality & Communities and David Alexander, Interim Chair of Finance, Performance & Scrutiny to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Colin Grieve confirmed the group were happy with the report.</p> <p>Rosemary Liewald commended the report, expressing her appreciation for the work involved.</p> <p>David Alexander advised committee were extremely positive about the report.</p> <p>Kenny Murphy expressed his appreciation to Roy Lawrence, Scott, and the wider team for their work on the strategy, highlighting the high level of engagement and strong focus on carers. He raised a query regarding Section 3.3.3 on funding, noting that £6.1 million had been received, with a breakdown showing £5 million spent, and asked whether this indicated a £1 million underspend.</p> <p>In response, Roy Lawrence clarified that funding for respite services is drawn from other budget areas and confirmed that a full financial breakdown had been provided in the paper presented to the Finance, Performance and Scrutiny Committee.</p> <p>Recommendation</p> <p>The Board were assured 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.</p> | |
| | <p>10.2 Community Led Support Annual Report 2024/25</p> <p>David Ross advised this report had been discussed at the Quality & Communities Committee on 5th September 2025 and introduced Roy Lawrence who presented the report.</p> <p>Roy Lawrence noted that the report outlines the key achievements and strategic importance of the Community Led Support (CLS) service, which continues to provide support for non-clinical needs with a strong emphasis on early intervention. In 2024–25, the service received nearly</p> | |

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| | <p>5,000 referrals, with strong engagement from The Well, Link Life Fife and Macmillan Cancer Support. The open-access model enables individuals to receive timely support, and as demand increases, CLS remains vital in preventing issues from escalating and keep the wider services running effectively. Evaluation shows high user satisfaction with a score of 26 out of a possible 27.</p> <p>Roy highlighted that the service generated an additional £540,000 in income for service users and referenced the 'No Wrong Door' initiative, as well as implementing a test of change aligned to the triage approach in Cowdenbeath.</p> <p>The Integration Joint Board was asked to take assurance that the Community Led Support service continues to be a strategic asset within the Partnership's service delivery model.</p> <p>David Ross invited Rosemary Liewald, Interim Chair of Quality & Communities to comment on discussions from Committee before opening to questions from Board members.</p> <p>Rosemary Liewald confirmed Committee were supportive of the report and gave thanks to Roy and Jacquie, noting that this is exactly what we need to see at locality level with great examples and statements within the report, highlighting that linked up work with no wrong door aligns very well.</p> <p>Recommendation</p> <p>The Board were assured that the Community Led Support Service (CLS) continues to deliver high-quality, community-focused services with meaningful impact and is recognised as a strategic asset within the Partnership.</p> | |
| | <p>10.3 Resilience Assurance Group Annual Report</p> <p>David Ross advised this report had been discussed at the Quality & Communities Committee on 5th September 2025 and the Local Partnership Forum on 16th September 2025 and invited Chris Conroy to present the report.</p> <p>Chris advised that the Annual Report covering the period from September 2024 to August 2025 was being presented to provide assurance that the Integration Joint Board (IJB) continues to meet its statutory responsibilities as a Category 1 responder.</p> <p>He outlined the key priorities, which include maintaining service delivery, ensuring the safety of patients and service users, and supporting coordinated and well-considered decision-making. The group continues to meet quarterly, with the annual workplan refreshed in April 2025. Appendix 1 outlines the 2024–25 workplan, while Appendix 2 presents the revised 2025–26 workplan, with actions remaining ongoing.</p> <p>Chris confirmed continued representation from the Health and Social Care Partnership on both local and multi-agency groups, with a sustained focus on business continuity planning. Annual reviews are conducted to ensure plans remain current and relevant. Training related to emergency</p> | |

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| | <p>resilience is actively monitored, with Section 3.3 of the report indicating positive overall uptake. Issues previously experienced with Oracle have been resolved, and Fife Council PROTECT training is now delivered biennially.</p> <p>He noted that lessons learned are reviewed through the forum, citing the recent fire at Raith Manor Care Home as an example that provided valuable system-wide insight into emergency response. Confirmation was received in May 2025 that all actions from the internal audit have been completed and validated. A deep dive into risk relating to the IJB's ability to respond as a Category 1 responder demonstrated a substantial level of assurance. As a result, at the Qualities and Communities Committee meeting on 5 September, the associated risk was stood down and is now being managed as part of routine business operations.</p> <p>David Ross invited Rosemary Liewald, Interim Chair of Quality & Communities and Vicki Bennett, Chair of Local Partnership Forum to comment on discussions from Committee before opening to questions from Board members.</p> <p>Rosemary gave thanks to Chris for the report and questioned if there was a need last weekend for us to step in for the fire at Lochgelly? Chris confirmed there was no need due to there being no impact to Fife HSCP.</p> <p>Vicki Bennett confirmed no comments from LPF.</p> <p>Paul Dundas commended the layout of the report and acknowledged the efforts of Avril Sweeney and colleagues in strengthening resilience across the system. He highlighted the value of the workshops and the tailored support provided to individual organisations, noting that this work has placed the Partnership in a strong position ahead of the winter period.</p> <p>Joy Tomlinson echoed these sentiments, praising the collaborative working with NHS colleagues and the robust relationships that underpin resilience efforts. She drew attention to the NHS Resilience Forum and the integrated approach being taken through training initiatives. Joy described the approach as commendable and recognised it as a significant area of development, adding that it was encouraging to see a clearly defined workplan outlining future activities.</p> <p>Recommendation</p> <p>The Board 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.</p> | |
| | <p>10.4 Records Management Annual Report 2025</p> <p>David Ross advised that this report was discussed at the Audit & Assurance Committee on 19th September 2025 and invited Audrey Valente to present the report.</p> <p>Audrey advised this report was being presented for assurance and a decision regarding the frequency of records management reports.</p> | |

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| | <p>The report outlines the Integration Joint Board’s statutory duty under the Public Records (Scotland) Act 2011 to develop and implement a Records Management Plan. This plan must be agreed with the Keeper of the National Records of Scotland and subject to regular review. Fife IJB’s original Records Management Plan was approved in 2019, accompanied by an action plan extending to 2021. Following the impact of the COVID-19 pandemic, this action plan was subsequently extended to 2024.</p> <p>The report outlines the 14 core elements of the Records Management Plan, along with the associated assessment criteria. An action plan, colour-coded for clarity, and a graphical summary within the SBAR document illustrate the current status. A progress update submitted by the Integration Joint Board in December 2023 confirmed that all elements of the Records Management Plan were rated green. A further update, submitted in December 2024 and included as Appendix 2, is also available on the National Records of Scotland website. Audrey confirmed that this update reaffirms that all 14 elements continue to be assessed as green.</p> <p>Audrey advised that going forward, the Keeper of the National Records of Scotland will invite authorities to submit a Progress Update Review (PUR) every two years. In light of this change, it is recommended that the next Records Management Report be scheduled for 2027. Audrey confirmed that this recommendation was supported by the Audit and Assurance Committee on 19 September 2025.</p> <p>David Ross then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at Committee before opening to questions from Board members.</p> <p>Dave supported the recommendation.</p> <p>Recommendation</p> <p>The Board were: -</p> <ul style="list-style-type: none"> • Assured of the current position • Agreed that the current action plan would 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. | |
| | <p>10.4 Director of Public Health Annual Report 2024</p> <p>David Ross advised that the Integrated Joint Board was offered the report for information and is invited to feedback any comments.</p> <p>David Ross introduced Joy Tomlinson presented the report and shared a short slideshow presentation with members.</p> <p>Joy Tomlinson expressed her thanks to all involved for their collaboration, with particular recognition given to Lucy Denvir, Joanne Valentine, and contributors from Fife Council and Third Sector organisations.</p> <p>She outlined two key priorities: developing a whole-system approach to improving food environments and establishing mechanisms to prioritise</p> | |

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| | <p>the reduction of inequalities.</p> <p>Joy concluded her presentation by inviting feedback on how the Director of Public Health (DPH) report could be developed or shared differently in future iterations.</p> <p>David Ross commended the approach taken to the report.</p> <p>Rosemary Liewald thanked Joy Tomlinson for her comprehensive and detailed report. She referred to page 387, which discusses food advertising, and expressed surprise that Fife does not own any billboards and only owns six bus shelters. She queried whether more could be done to enhance healthy eating advertising in public spaces.</p> <p>Joy confirmed that the data originated from Obesity Action Scotland and noted that it was also new information to her that the bus shelters are externally owned. She suggested this may be a matter for further discussion with Fife Council.</p> <p>David Ross added that income is generated from external advertising arrangements.</p> <p>Dave Dempsey asked about the intended audience for the report. In response, Joy explained that the report is designed to raise awareness of the importance of the topic and to provide clear messages and actions that can be implemented locally. She noted that the report includes recommendations that will be monitored, and its purpose is to place deliberate focus on an area where meaningful change is needed.</p> <p>Eugene Clarke thanked Joy for the report and asked whether all children are able to remain at school for school meals. Joy responded that this is a matter of choice and noted some resistance from parents. She reiterated the ambition to create a healthier food environment.</p> <p>Dave Alexander commended the report and praised Joy's positive approach.</p> <p>Recommendation</p> <p>The Board:-</p> <ul style="list-style-type: none"> • Noted and offered comment on the Director of Public Health Annual Report 2024. | |
| 11 | <p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee – 27 June 2025 • Quality & Communities Committee – 4 July 2025 • Finance, Performance & Scrutiny Committee – 16 July 2025 • Strategic Planning Group – 18 July 2025 <p>David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.</p> | |

| | | |
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| <p>12</p> | <p>AOCB</p> <p>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.</p> | |
| <p>13</p> | <p>DATE OF NEXT MEETINGS</p> <p>IJB Development Session – Wednesday 22 October 2025</p> <p>Integration Joint Board – Wednesday 26 November 2025</p> | |

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 30 JULY 2025

| REF | ACTION | LEAD | TIMESCALE | PROGRESS |
|-----|---|-----------------|-----------|---|
| 1 | <p>IJB 290925</p> <p>8.3 Refreshed Performance Approach</p> <p>Audrey advised that performance reporting is currently under development, with a renewed emphasis on improvement activity aligned to the governance structures in place at SLT level. A further update will be provided to the IJB in January.</p> | Vanessa Salmond | Jan 2026 | Report to be brought back to IJB in January |

COMPLETED ACTIONS

| | | | |
|--|--|-------------------------|---|
| <p>IJB 290925</p> <p>6.1 Mental Health & Wellbeing Strategy</p> <p>Dave Dempsey referenced page 118 (direction) noting that line 10 should reference the measures column in the delivery plan.</p> | <p>Karen Marwick</p> | <p>Immediate</p> | <p>Action Complete: LGauld updated Direction paper point 10.</p> |
| <p>IJB 300725 – Home First Strategy Update – Community Hospitals Transformation</p> <p>EQIA section to be reviewed</p> <p>Direction to be issued to NHS Fife</p> | <p>Chris Conroy</p> | | <p>Action closed – EQIA reviewed and Direction issued to NHS Fife</p> |
| <p>IJB 280525 – Strategic Risk Register</p> <p>Review with risk owners to be carried out.</p> | <p>Audrey Valente / Avril Sweeney</p> | <p>Sept 25</p> | <p>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.</p> |
| <p>IJB 280525 – Adult Protection Biennial Report 2022-24</p> <ul style="list-style-type: none"> • 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. <p>Jillian to share information around referral routes.</p> | <p>Caroline Cherry</p> | <p>July 2025</p> | <p>Due to internal restructure of responsibilities within SLT – verbal update will be provided at IJB meeting 30.07.25</p> |
| <p>IJB 290525 – Reconfiguration of MIU Services</p> <p>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</p> | <p>Lisa Cooper</p> | <p>Immediate</p> | <p>Action Complete</p> |

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| radiology services at Adamson under the proposals in Option 3. | | | |
| <p>IJB 290525 – Spring Booster Campaign</p> <p>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.</p> | Lisa Cooper | | 25.6.25 Email sent to Dave Dempsey from Lisa Cooper and Olivia Robertson detailing the narrative around this. |
| <p>IJB 260325 9.2 Draft IJB Workplan 2025-26</p> <p>Review draft workplan to explore if this could be set up as a rolling year (as per comment from Dave Dempsey)</p> | 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. |
| <p>IJB 260325 8.2 Revenue Budget 2025/26 & Medium-Term Financial Strategy</p> <p>Typo on page 14 of the report relating to budget uplift</p> <p>Request from Dave Dempsey to ensure that Directions are specific to each individual partner.</p> <p>Review of Respite – position to be clearly articulated within documentation (per request from Morna)</p> | <p>Audrey Valente</p> <p>Vanessa Salmond</p> <p>Jillian Torrens</p> | | <p>09.05.25 Noted and corrected.</p> <p>Directions amended prior to issue.</p> |
| <p>IJB 260325 – 6.2 Carers Eligibility Criteria</p> <p>Dave Dempsey noted that the table on page 116 is an image and therefore would not be accessible to people with sight loss.</p> | Roy Lawrence | | <p>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.</p> |

| | | | |
|---|---|--------------------|---|
| <p>Monitoring to be incorporated into the plan (as per comment from Arlene Wood)</p> | | | <p>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.</p> |
| <p>IJB 260325 – 6.1 Strategic Plan Annual Report & Year 3 Delivery Plan</p> <p>Dave Dempsey noted that page 57 states “completed work continues” which does not make sense.</p> | <p>Audrey Valente</p> | | <p>Original action completed as planned with additional work underway to enhance delivery.</p> |
| <p>IJB 290125 – Fife Immunisation Strategic Framework</p> <p>Morna requested uptake percentage be added to the report along with narrative around why people are not attending and actions taken to encourage.</p> <p>Word omission within the report (page 41 of the IJB papers at end of paragraph 1)</p> <p>Page 19, figure 7 is an image which breaches accessibility guidelines</p> | <p>Lisa Cooper</p> <p>Lisa Cooper</p> <p>Lisa Cooper</p> | | <p>LC confirmed all actions complete</p> |
| <p>IJB 290125 – Mainstreaming the Equalities Duty</p> | <p>Lisa Cooper</p> | <p>ASAP</p> | <p>Response from Hilary Munro 27.02.25. Where a person has been identified</p> |

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



Fife Health & Social Care Partnership

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|---------------------------|--|--------------|--------------------------------|
| Meeting: | Integration Joint Board | Date: | 26 th November 2025 |
| Report Title: | Chairs Assurance Report – Quality and Communities Committee | | |
| Agenda Item No: | 5.1 | | |
| Committee Chair: | Rosemary Liewald (Interim) | | |
| Responsible Owner: | Helen Hellewell, Deputy Medical Director Lynn Barker, Director of Nursing, HSCP | | |
| Report Author: | Vanessa Salmond, Head of Corporate Governance | | |

Executive Summary

- This report provides assurance that the Quality and Communities Committee is operating in line with its Terms of Reference and relevant statutory requirements.
- There are no issues highlighted for escalation to the Integration Joint Board.

Recommendations

| This paper is presented to: - | Clearly outline below what the Board/Committee are being asked to do: - |
|---|--|
| Seek a Decision Risk Appetite Section MUST be completed | <input type="checkbox"/> |
| Provide Assurance | <input checked="" type="checkbox"/> Members are assured that the Quality and Communities Committee are discharging their responsibilities effectively as per the Terms of Reference. |
| For Discussion | <input type="checkbox"/> |
| For Noting | <input type="checkbox"/> |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

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

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Quality and Communities Committee has an approved Annual Workplan. There were 4 items of business due to be presented at this Committee cycle which were delayed: Governance Self-Assessment; Armed Forces Covenant Duty; Adult Support and Protection (Social Work/Social Care) and Digital Strategy, which have all been rescheduled.

At the meeting on 5th November the following was discussed:-

- **Regular Business:** Minutes of previous meeting and Action log.
- **Governance & Outcomes:** QMAG Update; IJB Strategic Risk Register
- **Strategic Planning & Delivery:** Care Home Grading Report; Winter Plan
- **Legislative Requirements & Annual Reports:** Advocacy Strategy; Prevention & Early Intervention Strategy; Primary Care Strategy; Workforce Strategy; EDI Annual Report

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **QMAG Update:** Members were assured that effective governance, quality and safety arrangements are in place across HSCP.
- **Care Home Grading Report:** Members were assured that care home inspection grades and required improvements are being monitored.
- **Winter Planning:** Members were assured that plans are in place to address the predicted winter pressures.
- **Advocacy Strategy:** Members were assured that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively.
- **Prevention & Early Intervention Strategy:** Members commended the report which provides assurance on the positive progress of activities being pursued in delivery of the priorities identified within the Strategy.
- **Primary Care Strategy:** Members were assured that the delivery of the Primary Care Strategy remains on track and endorsed the actions proposed for Year 3 delivery.
- **Workforce Strategy:** Members were assured that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce and that plans are in place to support our refreshed Strategic Plan from 2026 onwards.
- **EDI Annual Report:** Members were assured that the work being done to support the workforce to feel included and supported is making real progress and having a positive impact for a range of staff.

Related Documents/Appendices

N/A

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|-------------------------------|-------------------------------------|--------------------------|------------|--|--------------------------|-----------------------|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05.11.2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |



Fife Health & Social Care Partnership

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|---------------------------|---|--------------|--------------------------------|
| Meeting: | Integration Joint Board | Date: | 26 th November 2025 |
| Report Title: | Chairs Assurance Report – Finance, Performance and Scrutiny Committee | | |
| Agenda Item No: | 5.2 | | |
| Committee Chair: | David Alexander (Interim) | | |
| Responsible Owner: | Tracy Hogg, Chief Finance Officer | | |
| Report Author: | Vanessa Salmond, Head of Corporate Governance | | |

| Executive Summary | |
|---|--|
| <ul style="list-style-type: none"> This report provides assurance that the Finance, Performance and Scrutiny Committee is operating in line with its Terms of Reference and relevant statutory requirements. There are no issues highlighted for escalation to the Integration Joint Board. | |

| Recommendations | | |
|---|---|---|
| This paper is presented to: - | Clearly outline below what the Board/Committee are being asked to do: - | |
| Seek a Decision Risk Appetite Section MUST be completed | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | Members as assured that the Finance, Performance and Scrutiny Committee are discharging their responsibilities effectively as per the Terms of Reference. |
| For Discussion | <input type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

| Directions | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

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

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an approved Annual Workplan. There was one item of business due to be presented at this Committee cycle delayed, Digital Strategy, which has been rescheduled.

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

- **Regular Business:** Minutes of previous meeting and Action log.
- **Finance:** Finance Update; FP&S Risk Register
- **Performance:** Winter Plan
- **Scrutiny:** Public Sector Climate Change Duties 2025
- **Strategies:** Advocacy Strategy; Primary Care Strategy; Workforce Strategy; EDI Annual Report

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Winter Planning:** Members were assured that plans are in place to address the predicted winter pressures.
- **Advocacy Strategy:** Members were assured that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively.
- **Primary Care Strategy:** Members were assured that the delivery of the Primary Care Strategy remains on track and endorsed the actions proposed for Year 3 delivery.
- **Workforce Strategy:** Members were assured that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce and that plans are in place to support our refreshed Strategic Plan from 2026 onwards.
- **EDI Annual Report:** Members were assured that the work being done to support the workforce to feel included and supported is making real progress and having a positive impact for a range of staff.

Recommendations

- **Finance Update:** Members agreed to remit the Directions to IJB for formal agreement to issue.
- **Public Sector Climate Change Duties 2025:** Members agreed the priorities highlighted for the year ahead for onward submission to the IJB.

Related Documents/Appendices

N/A

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|--|-------------------------------------|--------------------------|------------|--|--------------------------|-----------------------|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12.11.2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |



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|---------------------------|---|--------------|------------|
| Meeting: | Integration Joint Board | Date: | 26.11.2025 |
| Report Title: | Chair's Assurance Report: Audit and Assurance Committee | | |
| Agenda Item No: | 5.3 | | |
| Committee Chair: | Dave Dempsey | | |
| Responsible Owner: | Tracy Hogg, Chief Finance Officer | | |
| Report Author: | Vanessa Salmond, Head of Corporate Governance | | |

Executive Summary

- The Audit and Assurance Committee wishes to emphasise to the IJB the critical importance of conducting Deep Dive Risk Reviews and seeks members' commitment to fully examine these risks at the relevant committee meetings responsible for their oversight.
- The Committee will continue their sustained focus of transformation at future meetings.

Recommendations

| This paper is presented to: - | | Clearly outline below what the Board/Committee are being asked to do: - |
|---|-------------------------------------|---|
| Seek a Decision Risk Appetite Section MUST be completed | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | Members as assured that the Audit and Assurance Committee are discharging their responsibilities effectively as per the Terms of Reference. |
| For Discussion | <input type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

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

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. There were one items of business due to be presented at this Committee cycle delayed, Best Value Annual Report., which has been rescheduled.

At the meeting on 14th November the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Internal Audit Progress Report; Internal Audit Follow-Up Report and Internal Audit Charter.
- Governance & Compliance: Transformation.

Update on Risks

Risk Management Update Report

Members were assured by the progress with the IJB Risk Management Policy and Strategy Delivery Plan noting work is continuing on the outstanding actions with progress highlighted within the report.

Deep Dive Risk Review

Members agreed to continue the approach and methodology for Deep Dive Risk Reviews.

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Internal Audit Progress Report** – Members were assured on progress with current Audit plan acknowledging a delay to the final report for the 2024-25 workplan.
- **Internal Audit Follow-Up Report** - Committee were assured that all recommendations are being progressed as expected.
- **Internal Audit Internal Control Evaluation (ICE) Report** – Members were assured that an action plan has been agreed in response to internal audit identifying 9 areas for improvement with progress being monitored and reported to this Committee.

Decisions

- **Internal Audit Charter** – Members approved the Internal Audit Charter.

Related Documents/Appendices

N/A

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|-------------------------------|-------------------------------------|--------------------------|----------|--|--------------------------|-----------------------|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Audit & Assurance (A&A) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11/11/25 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |



Fife Health & Social Care Partnership

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|---------------------------|---|--------------|--------------------------------|
| Meeting: | Integration Joint Board | Date: | 26 th November 2025 |
| Report Title: | Chairs Assurance Report – Strategic Planning Group | | |
| Agenda Item No: | 5.4 | | |
| Committee Chair: | Colin Grieve | | |
| Responsible Owner: | Vanessa Salmond, Head of Strategic Planning and Performance | | |
| Report Author: | Vanessa Salmond, Head of Corporate Governance | | |

Executive Summary

- This report provides assurance that the Strategic Planning Group is operating in line with its Terms of Reference and relevant statutory requirements.
- There are no issues highlighted for escalation to the Integration Joint Board.

Recommendations

| This paper is presented to: - | | Clearly outline below what the Board/Committee are being asked to do: - |
|---|-------------------------------------|---|
| Seek a Decision Risk Appetite Section MUST be completed | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | Members are assured that the Strategic Planning Group are discharging their responsibilities effectively as per the Terms of Reference. |
| For Discussion | <input type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

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

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. There was one item of business due to be presented at this Committee cycle delayed: Review of Terms of Reference, which will be incorporated into a wider review of the group.

At the meeting on 14th November the following was discussed:-

- **Regular Business:** Minutes of previous meeting and Action log
- **Annual Reports:** Advocacy Strategy, Prevention & Early Intervention Strategy, Primary Care Strategy and Workforce Strategy.
- **Flash Reports:** Alcohol & Drugs, Commissioning, Digital and Local Housing
- **Strategy Updates:** Strategic Plan
- **Governance:** Workplan

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Advocacy Strategy:** Members were assured that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively.
- **Prevention & Early Intervention Strategy:** Members commended the report which provides assurance on the positive progress of activities being pursued in delivery of the priorities identified within the Strategy.
- **Primary Care Strategy:** Members were assured that the delivery of the Primary Care Strategy remains on track and endorsed the actions proposed for Year 3 delivery.
- **Workforce Strategy:** Members were assured that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce and that plans are in place to support our refreshed Strategic Plan from 2026 onwards.
- **Alcohol & Drugs Flash Report:** The SPG welcomed the progress of completed and planned activities in delivery of the Strategy.
- **Commissioning Flash Report:** The SPG were assured that the vision and principles of the Commissioning Strategy 2023–2026 are being effectively delivered as reported within the annual report.
- **Digital Flash Report:** The SPG were assured by the progress in delivering the priorities identified within the Digital Strategy.
- **Local Housing Flash Report:** The SPG were assured with the progress in deliverables reported within the Local Housing Strategy which directly attribute to improving the health and wellbeing of people within Fife.

Related Documents/Appendices

N/A

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|--------------------------------|-------------------------------------|--------------------------|------------|--|--------------------------|-----------------------|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Strategic Planning Group (SPG) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14.11.2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | | | |
|---------------------------|---|--------------|------------------|
| Meeting: | Integration Joint Board | Date: | 26 November 2025 |
| Report Title: | Prevention and Early Intervention Strategy 2024 – 2027 Year 1 Report | | |
| Agenda Item No: | 6.1 | | |
| Responsible Owner: | Lynne Garvey, Director, Fife Health & Social Care Partnership | | |
| Report Author: | Ruth Bennett, Health Promotion Service Manager | | |

Executive Summary

- This paper provides assurance on the progress made during Year 1 of delivering the Prevention and Early Intervention (P&EI) Strategy Delivery Plan.
- Strategic oversight and delivery groups have been established and meet regularly to drive progress across the 10 identified areas for action.
- A series of communication and briefing sessions have engaged service managers, staff, and partner organisations in the P&EI agenda and its strategic and operational implications.
- A baseline assessment survey has been developed and piloted to inform future planning.
- A performance framework is currently under development to support monitoring and evaluation.
- Staff training and capacity-building opportunities have been delivered through the Fife P&EI training programme, with impact and outcomes measured via training audits.
- Concerns have been raised by service managers, staff, and partners regarding the sustainability and scaling of P&EI activity, citing capacity, resource pressures, and the current financial climate as key challenges to delivering change at pace.
- The launch of the [Scotland's Population Health Framework 2025-2035](#) June, provides a national direction for a whole-system, prevention-focused approach. Fife's P&EI Strategy translates these principles into locally tailored action to meet the needs of Fife's communities.

Recommendations

This paper is presented to:-

| | | |
|---|-------------------------------------|--|
| Seek a Decision Risk Appetite Section MUST be completed | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | |
| For Discussion | <input type="checkbox"/> | |

| | | |
|------------|--------------------------|--|
| For Noting | <input type="checkbox"/> | |
|------------|--------------------------|--|

| Directions | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

| Situation/Background (Purpose of Report) |
|---|
| <p>This report provides assurance on the progress made during Year 1 of delivering the Prevention and Early Intervention (P&EI) Delivery Plan (<i>Appendix 1</i>), following the launch of the Fife Health & Social Care Prevention and Early Intervention Strategy 2024-2027 in November 2024.</p> <p>Fife Health and Social Care Partnership remains firmly committed to implementing a P&EI strategy that sets out a clear framework and rationale for embedding proactive, preventative approaches across all services and partner organisations. The strategy is designed to shift the focus towards preventing health and social care challenges before they arise, and ensuring early intervention becomes standard practice.</p> <p>The 3-year delivery plan is now actively guiding our collective efforts. It provides a shared direction for embedding prevention and early intervention into everyday practice, commissioning, and strategic planning across the partnership.</p> |

Assessment (Key Points/Issues and Risks)

Prevention & Early Intervention Strategy Delivery Plan sets out 10 Key priority areas for action in year 1 (*Appendix 2*)

Area 1: Working together services and organisations will create supportive environments that prioritise prevention and early intervention to meet the diverse and specific needs of their communities based on data and local intelligence.

Year 1 - P&EI is demonstrably a priority for locality working groups.

P&EI is a priority within all seven locality planning groups. Each locality action plan has embedded P&EI activity, aligning their work with the strategic direction set out in the P&EI Delivery Plan. Localities have actively mapped their actions to the 10 P&EI priority areas, ensuring a clear link between local delivery and strategic objectives. This alignment reflects a strong commitment to embedding P&EI as a core element of locality based planning and service delivery.

Area 2: In partnership we will design and deliver a communication plan to ensure that all stakeholders are well informed to enable them to lead on implementation of the strategy within their own area and across services.

Year 1 - Design and delivery of a communication plan that ensures all stakeholders are well informed to enable them to lead on implementation.

A communication plan has been delivered to launch and promote the P&EI strategy and delivery plan, supporting a wide range of services and partners organisations to have a shared understanding of prevention, early intervention, the life course approach, P&EI activity and the operational delivery requirements. A variety of mechanisms were used to promote the strategy and the implications for services and partner organisations. These activities have helped build awareness, foster collaboration, and support the integration of P&EI approaches across services and sectors.

Communication activities include:

- news articles
- face to face and digital briefing sessions
- presentation and group discussions at HSCP extended leadership workshop in June, and the 7 locality planning groups
- attendance at Communities and Wellbeing Partnership
- executive briefings for NHS Fife and Fife Partnership leadership group.
- established P&EI network and monthly news bulletin.

Area 3: We will ensure effective leadership and management activities focus on ensuring the provision of universal services, delivered at scale and intensity proportionate to the need to reduce health inequalities.

Year 1 - Designing and delivering services in a way that is responsible to the varying needs of different

populations.

The Strategic Oversight Group and the Communication and Self Care Delivery Group have created valuable spaces for service leads and partner organisations to share new work, innovations, and emerging practice. This provides learning opportunities, improved communication and coordination of work and offers scope to identify gaps and the prospect for further development. This collaborative approach supports more responsive service design and strengthens the collective capacity to embed prevention and early intervention across the system.

Area 4: We will ensure that all service and organisations specification are aligned to and specific regarding activities which deliver the strategic direction and priorities of the P&EI strategy.

Year 1 - Evidence of decision making and strategic planning within services and organisations.

Services and organisations are moving towards designing and delivering work that supports the P&EI priorities, which will, in time demonstrate a shared commitment to embedding prevention and early intervention as a core principle across the system. This will include clearly defining the activities that contribute to delivering on the strategy's ambitions. This alignment strengthens accountability, supports consistency in delivery, and ensures that resources are directed toward interventions that have the greatest potential to improve outcomes across the life course. This was highlighted at the Extended Leadership Team workshop discussion in June.

Area 5: Together we will remain outcome focused and work collaboratively with service users to ensure they are listened to so what matters to them and their perspectives are integrated into decision making process so that our services remain relevant and responsive and can be tailored to meet their needs effectively.

Year 1 - Involving services users in the planning and implementation of services is a demonstrable priority.

Through active engagement, services and partner organisations across Fife are committed to co-producing solutions that reflect what matters most to people. This collaborative approach strengthens trust, improves service design, and enhances outcomes by ensuring that services are shaped by those who use them.

A key example of this is the work of the HSCP Participation and Engagement Team, who have supported services to involve service users in discussions on a wide range of topics and concerns — particularly around the development of the refreshed HSCP Strategic Plan. Partner organisations have also adopted a variety of tools, resources, and feedback mechanisms to gather insights and improve service delivery. These efforts demonstrate a shared commitment to inclusive, person-centred approaches that ensure services remain relevant, responsive, and tailored to the needs of Fife's communities.

Area 6: We will work in partnership to ensure that individuals, carers and communities have the tools, including the necessary knowledge and skills to proactively manage their own health, wellbeing and social circumstances through informed decision making.

Year 1 - Identify/develop tools and signposting to information so individuals can make informed

decisions about their health and wellbeing and activity participate in P&EI activities.

As we respond to the needs of an ageing population, our focus is on supporting both current service users and those who are well now to live independently for longer. This requires a proactive, person-centred approach to self-care. Self care refers to the everyday actions individuals can take to maintain their health and wellbeing. This approach includes supporting informed decision-making and promoting independence across the life course.

We recognise that people need access to the right support, education, and services to manage effectively. Support is flexible and responsive, adapting to each person's life stage, condition, and circumstances.

Work has commenced to strengthen links between services and community assets, ensuring individuals can access the information, education, and peer support they need to manage their health and wellbeing proactively. Services and organisations are actively promoting both digital and face-to-face options for self care support, tailored to individual preferences and needs. This dual approach helps ensure accessibility and flexibility across diverse populations. In addition, progress has been made to promote and communicate quality-assured resources, tools, and information to partner organisations, the workforce and the general public. We recognise that navigating self care resources can be complex and confusing, both for professionals and communities. The P&EI Communication and Self Care delivery group are developing this work and currently carrying out scoping exercise of the range of self management tools currently in use across Fife. This exercise will support our approach focuses on clarity, consistency, and accessibility, helping people find the right support at the right time (Appendix 3)

Area 7: In collaboration we will design and deliver a range of accessible learning opportunities to ensure that the workforce is informed, engaged and skilled to deliver prevention and early intervention priorities.

Year 1 - Provision of training and capacity building opportunities for staff for all agencies to ensure they have the necessary skills and knowledge to apply it to their day to day practice.

There are established delivery groups to support P&EI workforce development and the [Health Promotion Service Prevention and Early Intervention Training Programme 2025-2026](#) which provide accessible, relevant and high-quality learning and development initiatives that build competence and confidence across Fife's workforce to increase P&EI delivery, improve health and wellbeing outcomes and reduce health inequalities. This is a sustainable model of delivery and shares local expertise, knowledge and information which supports the requirements of P&EI strategy, NHS Fife Population Health and Wellbeing Strategy Framework and the requirements of Fife's Local Outcome Improvement Plan: Plan 4 Fife 2027-2027. The outcomes and impact of the training is reported in the full Training Audit Report [Health Promotion Service Prevention and Early Intervention Training Programme Audit 2024-2025](#) (Appendix 4) and the shorter Executive Summary Report [Executive Summary: Health Promotion Service Prevention and Early Intervention Training Audit Report 2024-2025](#)

There are 8 locality summary reports (including Fife-Wide) which are being used to target specific

training based on evidence, data and need within that particular locality area (Appendix 5).

Area 8: We will identify, document and evaluate current and planned P&EI activity.

Year 1 - Opportunities which enable individuals to collectively contribute to enhancing the quality of life for the people of Fife.

A working group was established to develop and pilot a Baseline Assessment Survey with 10 services and organisations across Fife Health and Social Care (FHSC) and partner services. This survey aims to gather information on current P&EI activity across these organisations. The primary purpose is to:

- Establish a clear starting point for understanding existing P&EI efforts.
- Enable evidence-based tracking of progress over time.
- Support continuous improvement by identifying strengths, gaps, and opportunities.
- Ensure meaningful impact by aligning future work with identified needs and priorities.

In collaboration with the Public Health Intelligence Team, pilot survey responses were reviewed to refine the final version. The goal is to ensure the survey is accessible and easy to complete across a wide range of services and partner organisations, maximising response rates.

A reporting framework for collating and analysing results is being developed jointly with Public Health Intelligence, alongside plans for communication materials and briefing sessions to support the full survey launch in early 2026.

This baseline will serve as a foundation for measuring change and guiding strategic decisions as the P&EI implementation plan evolves.

Area 9: We will develop a performance assurance framework to support the implementation and evidence the positive impact and ambition of the strategy.

Year 1 - Key performance metrics to track progress and measure impact of P&EI deliverables

See information below for Area 9 and 10

Area 10: Establish a measurement for the proportion of prevention activity against all activity, to show the shift towards prevention over time. This is based on activities identified in Area 8.

Year 1 - Develop a group of indicators for both preventable and prevention activity

See information below for Area 9 and 10

Year 1 - Area 9 and 10

A short life working group was established and is working in partnership with members of HSCP Performance Management and Quality assurance team to progress the development of a P&EI outcome map and to create a framework and indicators to measure progress and the outcomes for the 3 year delivery (Appendix 6).

The outcome framework is underdevelopment and will align with the HSCP strategic outcomes and

overall organisational indicators. The scope of the strategy covers partner organisations and has to be accessible and relevant to partners.

Shared Vision and Strategic Alignment – Scotland’s Population Health Framework (PHF) and Fife’s Prevention and Early Intervention Strategy (P&EI)

The Scottish Population Health framework 2025-2035 was published in June 2025. Both frameworks aim to improve population health outcomes, reduce health inequalities, and embed prevention and early intervention across systems. The National Population Health Framework sets a national direction for a whole-system, prevention-focused approach, while Fife’s Prevention and Early Intervention Strategy translates these principles into local action tailored to the needs of Fife’s communities, for example:

- **Whole-System Approach**

PHF emphasises cross-sector collaboration involving NHS, local government, third sector, academia, and communities. Fife P&EI applies this locally through integrated planning with Fife HSCP, NHS Fife, Fife Council, third sector, and community partners.

- **Community Planning and Empowerment**

PHF highlights the role of Community Planning Partnerships (CPPs) as critical mechanisms for aligning local resources for prevention. Fife P&EI strategy uses locality planning and community engagement to co-design services and ensure local relevance.

The P&EI Strategy is a key enabler in delivering the ambitions of the Population Health Framework. It adopts a proactive approach to improving health outcomes by addressing the wider determinants of health, such as poverty, housing, education, and employment and prioritising early intervention across the life course. The strategy is designed to reduce health inequalities by targeting resources towards communities and population groups experiencing the greatest disadvantage.

This strategic approach is underpinned by robust governance, data-driven decision-making, and a commitment to continuous improvement. It supports the development of a skilled and confident workforce capable of delivering preventative interventions as part of routine practice. By fostering strong partnerships across statutory, third sector, and community organisations, the strategy creates a collaborative environment where prevention is prioritised, integrated, and sustained.

Fife H&SC and partners will continue to embed a whole systems approach by fostering deeper integration across health, social care, education, third sector, and community partners. The P&EI Strategy provides a shared framework for collaboration, enabling partners to align priorities, pool resources, and co-design solutions that reflect the complexity of people’s lives.

This approach will be supported by strengthened governance structures, joint planning mechanisms, and shared outcomes frameworks that promote accountability and collective impact.

By maintaining a strong partnership focus Fife H&SC will create the conditions for sustained, system-wide change ensuring that prevention is not only integrated but actively drives improvements in health and wellbeing across the population.

The Fife HSCP refreshed strategy is underdevelopment and the P&EI strategy aligns to the priorities in the new strategy.

Challenges and risks

During the development of the strategy and year 1 delivery 3 key themes have been raised by services, key partner agencies and staff:

- Reduced capacity and resources to maintain and increase P&EI activity.
- Workforce skills and knowledge gaps to deliver P&EI activity.
- Lack of evidence and understating of what activities have the greatest impact

We have been working to mitigate these risks, by undertaking the baseline survey we will be able to identify gaps and which services and organisations need additional support to progress P&EI activity. We have a robust offer and sustainable model of training and workforce development and in response to feedback from organisations and service managers we are offering a flexible range of options and targeted training to ensure staff can access the opportunities. The Communication and Self Care delivery group are communicating clear and consistent messages to help staff and managers to navigate the priority areas of work, toolkits, examples of best practice, evidence-based approaches and local case studies to demonstrate and promote impact and outcomes.

Related Documents/Appendices

1. Prevention and Early Intervention 3 year strategy delivery plan (including progress status)
2. [Fife Health & Social Cares Prevention and Early Intervention Strategy 2024-2027](#) (which contains governance and monitoring arrangements).
3. [Health Promotion Service Prevention and Early Intervention Training Programme 2025-2026](#)
4. [Health Promotion Service Prevention and Early Intervention Training Programme Audit 2024-2025](#)
5. [Executive Summary: Health Promotion Service Prevention and Early Intervention Training Audit Report 2024-2025](#)
6. Performance Management Framework - draft

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|--|-------------------------------------|-------------------------------------|------------------|--|--------------------------|--|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20 October 2025 | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> Additional EQIA narrative Delivery Plan with RAG status Additional narrative to expand on assurance of how the P&E strategy will support delivery of Population Health Framework Strengthen narrative regards position and conditions being created by this strategy for people of Fife, taking a whole systems approach going forward. Removal of 2 appendices relating to baseline survey. |
| Local Partnership Forum (LPF) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11 November 2025 | <input type="checkbox"/> | <input type="checkbox"/> | Supportive of the paper and progress. Acknowledged the training plan aligned to P&E |
| Strategic Planning Group (SPG) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14 November 2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5 November 2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Finance, Performance & Scrutiny (FP&S) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6 November 2025 | <input type="checkbox"/> | <input type="checkbox"/> | Supportive of the paper and progress, recognising system challenges and risks to progress |
| Public Health & Wellbeing Committee | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10 November 2025 | <input type="checkbox"/> | <input type="checkbox"/> | Committee asked for the performance assurance framework to be in place within the next 6 months. |
| NHS Board | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 25 November 2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |
| Communities and Wellbeing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4 December 2025 | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | |
|-------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Partnership | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

| Implications/Impacts | |
|---|---|
| Description of any +/- implications/impacts and any suggested actions arising | |
| Service Users/Carers | <input checked="" type="checkbox"/> <p>Prevention and early intervention efforts impact positively on health and prevention of disease, by embedding prevention and early intervention efforts in routine practice, in patient pathways; and improving access to services, this will improve the quality of care.</p> <p>By integrating realistic medicine principles into the strategy delivery plan we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.</p> <p>Prevention and early intervention activities are contributing to improved quality of life, reduced risk factors for poor health, decreased disease burden and symptoms, extended healthy life expectancy and increased economic and social engagement as well as reducing long term costs to the health services.</p> |
| Localities/Communities | <input checked="" type="checkbox"/> <p>P&EI is a priority within all seven locality planning groups. Each locality action plan has embedded P&EI activity, aligning their work with the strategic direction set out in the P&EI Delivery Plan. This alignment reflects a strong commitment to embedding P&EI as a core element of locality based planning and service delivery.</p> |
| Quality of Care | <input checked="" type="checkbox"/> <p>Prevention and early intervention efforts impact positively on health and prevention of disease, by embedding prevention and early intervention efforts in routine practice, in patient pathways; and improving access to services, this will improve the quality of care.</p> <p>By integrating realistic medicine principles into the delivery plan we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.</p> <p>Prevention and early intervention activities are contributing to improved quality of life, reduced risk factors for poor health, decreased disease burden and symptoms, extended healthy life expectancy and increased economic and social engagement as</p> |

| | | |
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| | | well as reducing long term costs to the health services. |
| Workforce | <input checked="" type="checkbox"/> | <p>Workforce is seen as a key enabler to support delivery of the priorities of the strategic plan. A skilled workforce in prevention is essential in order for them to lead and progress work.</p> <p>Providing a range of training options in different learning formats (e-learning, digital learning bites etc) and taking the training to services and staff groups is critical to allow key staff to access learning opportunities.</p> |
| Legal | <input type="checkbox"/> | |
| Financial | <input checked="" type="checkbox"/> | <p>It is important to recognise given the current and projected financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on effectiveness of efficiency focused programmes of work and/or deliverables.</p> <p>A performance and assurance framework is under development and will evidence the impact of delivery of the strategic ambition priorities and allow for targeted and focused improvement work through the timeline of the strategy implementation and beyond. This will be reported via the committees of the IJB to provide assurance of progress and tangible outcomes in line with best value.</p> |
| Performance | <input checked="" type="checkbox"/> | <p>A performance and assurance framework is under development and will evidence the impact of delivery of the strategic ambition priorities and allow for targeted and focused improvement. Monitoring, reporting and governance arrangements are in place via the P&EI Strategy Oversight group and annual governance reporting pathway.</p> |
| Climate Climate Fife 2024 Strategy and Action Plan | <input checked="" type="checkbox"/> | <p>We have a representative on the P&EI strategic oversight group and HSCP Climate Change group and consideration is being given to identifying implications and alignment of actions as part of the P&EI delivery plan.</p> |
| Communication and Engagement | <input checked="" type="checkbox"/> | <p>To develop the Prevention and Early Intervention Strategy we communicated, involved and engaged with a wide range of stakeholder from communities, carers and general public to service providers and HSCP partners and third and independent sectors.</p> <p>Localities are viewed as key enabler within delivery of the strategy and the locality actions plans will ensure targeted and universal approaches to deliver the ambitions of the strategy to achieve the vision.</p> |

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|---|---|--|---|
| | <p>We recognise that service user and communities voices are essential as part of developing and delving prevention and early intervention activities. Participation and engagement is taking place as part of a range of developing and activities being undertaken by a number of services. We have Participation & Engagement representation on the P&EI strategic oversight group and participation and engagement work will be ongoing through the 3 year delivery plan.</p> <p>The ambition would be that participation and engagement is routine practice as part of prevention and early intervention delivery.</p> | | |
| Risk & Mitigation | ☒ | <p>We have reviewed the P&EI strategy risk register and identified that we have been able to mitigate 5 out of the 7 risks. The delivery plan is addressing some of the risks and the P&EI Oversight is monitoring risks and working to take forward mitigation management actions for all 7 areas of risk.</p> <p>The areas which remain a risk are:</p> <ul style="list-style-type: none"> • Strategy timeframe of 3 year still poses a risk of taking on too many initiatives or spreading resources too thinly to make meaningful progress. • There is a risk that the scope of the strategy is too wide, may prove challenging to manage/control within the allotted timeframe. <p>Resource and funding: the strategy requires a long term approach and cultural change to shift the balance to increase prevention and early intervention activity. Current financial pressures could impact and restrict the effectiveness of the strategy.</p> | |
| Equalities and Human Rights, including children’s rights and health inequalities | ☐ | No Impact/Not Required | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | ☐ | Age | |
| | ☐ | Disability | |
| | ☐ | Gender Reassignment | |
| | ☐ | Marriage/Civil Partnership | |
| | ☐ | Pregnancy/Maternity | |
| | ☐ | Race | |
| | ☐ | Religion | |
| | ☐ | Sex | |
| | ☐ | Sexual Orientation | |
| | ☒ | Full EQIA has been completed and is available on request | |

| | |
|--|--|
| | <p>A comprehensive EQIA has been developed for the Prevention and Early Intervention Strategy to ensure compliance with the Public Sector Equality Duty.</p> <p>The strategy shifts focus towards proactive and early support to reduce inequalities, improve outcomes, and promote sustainable service delivery. It is informed by robust evidence including local health intelligence (e.g., SIMD, Public Health Scotland), national policy drivers (e.g., Christie Commission), and extensive engagement with service users, carers, equality groups, and staff.</p> <p>The strategy will impact the population of Fife, including all protected characteristics, with particular relevance to young people, individuals experiencing health inequalities, and communities with limited access to preventative services.</p> <p>Positive and negative impacts have been assessed, with mitigation actions identified to address risks such as digital exclusion, language barriers, and unintended service access issues. The strategy emphasises culturally competent services, inclusive pathways, and accessible information.</p> <p>The EQIA is embedded within the implementation plan, with annual review and community feedback loops ensuring ongoing monitoring. Strategic oversight will be maintained through the Prevention & Early Intervention Strategic Oversight Group, with any significant changes triggering a refreshed EQIA.</p> <p>Full EQIA has been completed and is available on request</p> <p>The EQIA will be reviewed as part of year 2 delivery plan.</p> |
|--|--|

Prevention and Early Intervention Strategy

Fife Health
& Social Care
Partnership



**Delivery
Programme**

Welcome...

...to our prevention and early intervention delivery plan. In this delivery plan we have outlined the key actions that will guide our approach to embed and deliver prevention and early intervention across services and organisations.

This plan outlines our approach to identify, address and mitigate potential or actual health, wellbeing and social disadvantage problems or issues before they escalate, as well as providing timely support and interventions to individuals who may be at risk from these.

This delivery plan emphasises the involvement of our communities individually or collectively; the stakeholders and relevant partner organisations such as the H&SCP, Fife Council, and the Third and Independent sectors, to ensure a comprehensive and inclusive approach. By implementing proactive strategies and engaging in early intervention, we aim to create a safer and healthier environment for all focused on outcomes and what matters to people, their families and/or carers.

We understand that the effectiveness of our strategy will evolve over time and we provide assurance that we are committed to regularly assessing and evaluating our progress, gathering feedback and making necessary adjustments to enhance our delivery. Ensuring that this occurs in regular and frequent cycles and a performance and assurance framework will evidence delivery and impact and support us in reviewing and changing our approaches and plans as appropriate.




| Our priorities: We will... | |
|-----------------------------------|---|
| Priority 1 | ensure inclusive and equitable access to care across Fife |
| Priority 2 | improve data collection and management, ensuring that our resources are deployed effectively |
| Priority 3 | develop a life course approach which values and improves the health and wellbeing of both current and future generations |
| Priority 4 | assess existing service provision and identify both current and future requirements |
| Priority 5 | introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers |

Strategy Enablers



| Priority | Enablers | Overarching Deliverables | Short Term (2025) | Medium Term (2027) | Long Term (2030 and beyond) | Yr 1 | Yr 2 | Yr 3 | Measure of Success (2025) | Progress Yr1 |
|---------------------------------|----------|---|---|--|---|------|------|------|---|--------------|
| Area 1 Priorities 1-5 | | Working together, services and organisations will create supportive environments that prioritise prevention and early intervention to meet the diverse and specific needs of their communities based on data and local intelligence. | P&EI is demonstrably a priority for Locality working groups. | P&EI approaches become business as usual for locality planning. | P&EI is embedded in communities. | | | | Locality plans have a focus of P&EI priorities for individuals and communities | |
| Area 2 Priorities 1-5 | | In partnership, we will design and deliver a communication plan to ensure that all stakeholders are well informed to enable them to lead on implementation of the Strategy within their own area and across services. | Design and deliver a communication plan that ensures all stakeholders are well informed and able to lead on the implementation. | P&EI approaches/ interventions become part of routine care across services and organisations . | Sustained cultural shift to P&EI across organisations and services. | | | | Key measures and performance indicators will demonstrate impact of communication plan through engagement and interaction with communication plans across service areas. | |

| Priority | Enablers | Overarching Deliverables | Short Term (2025) | Medium Term (2027) | Long Term (2030 and beyond) | Yr 1 | Yr 2 | Yr 3 | Measure of Success (2025) | Progress Yr1 |
|--------------------------------------|----------|---|--|---|--|------|------|------|--|--------------|
| Area 3 Priorities 1, 3 & 4 | | We will ensure effective leadership and management activities focused on ensuring the provision of universal services, delivered at scale and intensity proportionate to the need to reduce health inequalities. | Designing and delivering services in a way that is responsive to the varying needs of different populations. | Demonstrable data and intelligence led service delivery plans. | Leveling up across social gradient and promoting health equity across diverse populations | | | | Performance and assurance measures will demonstrate a reduction in demand for crisis and urgent care and improvement in population health. | In progress |
| Area 4 Priorities 3-5 | | We will ensure that all service and organisation specifications are aligned to and specific regarding activities which deliver the strategic direction and priorities of the P&EI Strategy. | Evidence of decision making and strategic planning within services and organisations. | P&EI would be easily and clearly identified as a service/ organisation priority. | P&EI has influenced and informed strategic, operational and business continuity planning decisions based on a culture of prevention. | | | | An embedded review and audit cycle of service specifications will evidence service deliverables which prioritise P&EI. | In progress |
| Area 5 Priorities 1 & 2 | | Together we will remain outcome focused and work collaboratively with service users to ensure they are listened to so what matters to them and their perspectives are integrated into decision making processes so that our services remain relevant and responsive and can be tailored to meet their needs effectively. | Involving service users in the planning and implementation of services is a demonstrable priority. | Embedding the voices of those who use and those who deliver health and social care services are heard and actively used to inform the development of services and improvement plans | Culture of listening and responsiveness that ensures that service users are at the centre of decision making processes | | | | Demonstrable qualitative improvement measures will be agreed and evaluated through effective participation and engagement activity. | In Progress |

| Priority | Enablers | Overarching Deliverables | Short Term (2025) | Medium Term (2027) | Long Term (2030 and beyond) | Yr 1 | Yr 2 | Yr 3 | Measure of Success (2025) | Year 1 Progress |
|--------------------------------------|---|--|--|--|--|------|------|------|--|-----------------|
| Area 6 Priorities 1, 3 & 5 |  | We will work in partnership to ensure that individuals, carers and communities have the tools, including the necessary knowledge, and skills to proactively manage their own health, wellbeing and social circumstances through informed decision making. | Identify/develop tools and signposting to information so individuals can make informed decisions about their health and wellbeing and actively participate in P&EI activities. | By promoting preventative care individuals may be able to identify and address health issues before they escalate. | Changes in attitudes, beliefs, behaviours and self management practices. | | | | Demonstrable qualitative improvement measures will be agreed and evaluated by effective participation and engagement activity. | In progress |
| Area 7 Priorities 3 & 5 |  | In collaboration, we will design and deliver a range of accessible learning opportunities to ensure that the workforce are informed, engaged and skilled to deliver prevention and early interventions priorities | Provision of training and capacity building opportunities for staff from all agencies to ensure they have the necessary skills and knowledge to apply their day-to-day practice. | More knowledgeable and competent workforce that is better equipped to address issues proactively and effectively. | Culture of innovation, collaboration and adaptability among the workforce. | | | | Dedicated staff surveys, KPIs, audits, impact evaluation and other modes of assessment will be gathered to inform impact and success of any learning plans implemented. | In progress |
| Area 8 Priority 4 |  | We will identify, document and evaluate current and planned P&EI activity | Opportunities which enable individuals to collectively contribute to enhancing the quality of life for the people of Fife. | Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities. | More resilient and healthy environment for all. | | | | Through audit and reporting arrangements, documentation related to service delivery, redesign and/or transformation will be assessed to evaluate impact on strategic priority of P&EI. | In progress |

| Priority | Enablers | Overarching Deliverables | Short Term (2025) | Medium Term (2027) | Long Term (2030 and beyond) | Yr 1 | Yr 2 | Yr 3 | Measure of Success (2025) | Year 1 Progress |
|-----------------------------|----------|---|--|--|--|------|------|------|--|-----------------|
| Area 9 Priority 2 | | We will develop a performance assurance framework to support the implementation and evidence the positive impact and ambition of the Strategy. | Key performance metrics to track progress and measure impact of P&EI deliverables. | Sustained improvements in P&EI outcomes and reduced incidence of negative outcomes. | Culture of continuous improvement and evidence based decision making within communities and organisations. | | | | A regular and consistent cycle of reporting will be evidenced via agreed governance and assurance routes within HSCP and NHS Fife. | In progress |
| Area 10 | | Establish a measurement for the proportion of prevention activity against all activity, to show the shift towards prevention over time. This will be based on activities identified in Area 8. | Develop a group of indicators for both preventable and prevention activity. | Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities. | P&EI activity is embedded across organisations and services. | | | | Specific metrics defined and agreed for the proportion of prevention activity to be tracked and reported against. | In Progress |

Prevention & Early Intervention Strategy 2025-26

Vision: To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer

What we do (Strategic deliverable)

Develop, coordinate and evaluate health promotion activities

Work collaboratively to design, deliver and commission services and supports that help people to build protective factors at all life stages

Have good conversations with people about factors impacting their wellbeing and what they can do to make progress towards own outcomes

Deliver and promote participation in universal prevention programmes, including immunisation and screening

Strengthen community capacity and connectedness to support local wellbeing and mutual care

Who is engaged and involved

HSCP workforce including Third and Independent Sector Partners and Community Planning Partners

People who live in Fife, including those with or at risk of long-term conditions, carers, and communities experiencing inequality

How they feel

People feel informed and motivated to take action to help themselves, a family member, friend or colleague to improve health and wellbeing.

People feel connected, hopeful, respected, understood, listened to, valued and supported

People feel involved in decisions about their health and in control of how they manage it

Our workforce and communities feel confident and empowered to support prevention and early intervention

What they learn and gain

People gain knowledge, tools, skills and confidence to proactively manage health and wellbeing

People gain access to preventative support e.g. digital, self help, community resources, screening and immunisation programmes

HSCP know what is working well and what needs to improve

What they do differently

People make positive lifestyle changes to support their physical, mental and emotional wellbeing (e.g. regular activity, healthy eating, sleep routines, stress management)

People feel more in control and can manage long-term conditions effectively

People support others in their families and communities to live healthier lives

People work together across sectors to share learning and create conditions that support healthier living for all

What difference does this make

People experience better physical and mental health, and can live a 'good life' for longer

Resources are used more effectively by focusing on prevention and early intervention



Fife Health & Social Care Partnership

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| | | | |
|---------------------------|---|--------------|--------------------------------|
| Meeting: | Integration Joint Board | Date: | 26 th November 2025 |
| Report Title: | Primary Care Strategy Year Two Annual Report | | |
| Agenda Item No: | 6.2 | | |
| Responsible Owner: | Lisa Cooper, Head of Primary and Preventative Care Services | | |
| Report Author: | Nicola Broad, Team Manager Strategic Planning | | |

Executive Summary

- Fife's Primary Care Strategy (2023–26) sets out a clear and ambitious vision for recovery, quality, and sustainability across general practice, community pharmacy, dental, and optometry services.
- Year Two delivery has achieved significant progress across all service areas, strengthening access, integration, and person-centred care.
- This Annual Report provides assurance that strategic delivery is on track and highlights key achievements across the system.
- In Year Three will be increased focus on evaluating impact of the strategy. Actions will prioritise strengthening integration, reducing variation in access and experience, and using data and feedback to understand what is working well and where improvement is needed.
- New elements, including a draft Outcomes Map, will support a stronger outcome-focused approach as the strategy matures.

Recommendations

This paper is presented to:-

| | | |
|-------------------|-------------------------------------|---|
| Seek a Decision | <input type="checkbox"/> | This paper is being presented to provide assurance that the delivery of the Primary Care Strategy remains on track, and to invite discussion and endorsement of the actions proposed for Year Three delivery. |
| Provide Assurance | <input checked="" type="checkbox"/> | |
| For Discussion | <input checked="" type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

The Primary Care Strategy aims to build a resilient, person-centred system that delivers the right care, in the right place, at the right time. Year Two focused on embedding multidisciplinary working, improving access, and strengthening local service delivery across general practice, pharmacy, dental, and optometry services.

This SBAR presents the Year Two Annual Report, providing assurance that delivery is progressing as planned and outlining priorities for Year Three.

Assessment (Key Points/Issues and Risks)

The Primary Care Strategy Year Two Annual Report (Appendix 1) provides an overview of progress against the Delivery Plan, demonstrating continued momentum across all service areas.

Key Achievements:

- **General Practice:** Transfer of Health Board-managed practices to independent status; expansion of multidisciplinary teams; launch of the GP Cluster Quality Improvement Hub; delivery of protected learning time and innovation through home blood pressure monitoring.
- **Pharmacy:** Strengthened Pharmacy First and self-care messaging; improved application process for new pharmacies; enhanced role as community anchors; public engagement on the Pharmaceutical Care Services Report.
- **Dental Services:** Improved emergency access and referral pathways; SDAI funding increased NHS capacity in Dunfermline; continued delivery of the Oral Health Improvement Plan and Childsmile programme; expanded school-based and care home toothbrushing support.
- **Optometry:** Expanded emergency eyecare and glaucoma shared care; increased uptake of low vision support via Seescape; preparation for national glaucoma service and rollout of OpenEyes digital system.
- **Strategic Enablers:** Workforce video launched; “Right Care, Right Place” campaign delivered; new performance reports developed; locality profiles created; governance structure refreshed and aligned with NHS Fife strategies.

These achievements reflect a system-wide commitment to transformation. In Year Three, we will build on this momentum by evaluating impact, embedding learning, and tailoring improvements to meet local needs.

Related Documents/Appendices

The following appendices are included within this report:

- Appendix 1- Primary Care Strategy Year Two Annual Report

| Assurance Levels | |
|--|--|
| Level: | Descriptor: |
| Significant <input checked="" type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Added Appendix 4- Year Two Delivery Tracker P4- Added paragraph to introduction to highlight corporate risk level reducing from high to medium risk P9- Added narrative to reflect delivering within our means whilst recognising ongoing challenges P17- updated link to recruitment video |
| Local Partnership Forum (LPF) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Strategic Planning Group (SPG) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | Report was commended |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Health & Wellbeing Committee | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Board | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |

| | | | | | | |
|--|-------------------------------------|--------------------------|--|--------------------------|--------------------------|--|
| Primary Care Strategic Oversight Group | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

Implications/Impacts

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

| | | |
|--------------------------------------|--|---|
| <p>Service Users/Carers</p> | <p><input checked="" type="checkbox"/></p> | <p>Delivery of the Primary Care Strategy is already having a positive impact on service users and carers by improving access, enhancing experience, and supporting people to manage their health and wellbeing confidently. The strategy is designed to ensure that people are informed and empowered, can access the right professional at the right time, and receive care close to home wherever possible.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> • Expansion of multidisciplinary roles to improve access and support right care in right place. • Delivery of the Primary Care Improvement Plan (PCIP), supporting person-centred care across service areas. • Implementation of the Oral Health Improvement Plan, promoting prevention and working to reduce inequalities. • Increased low vision support in communities through Seescape, enabling people with sight loss to live more independently. • SDAI funding secured to expand NHS dental registration capacity in Dunfermline. <p>Year Three Delivery Plan actions will further enhance outcomes for service users and carers by:</p> <ul style="list-style-type: none"> • Expanding public awareness of Pharmacy First and self-care advice to improve navigation and reduce unnecessary GP visits. • Evaluating and extending oral health improvement programmes to reduce inequalities and promote lifelong oral health. • Scaling up staff-led toothbrushing support in schools and care homes. • Continuing to grow multidisciplinary teams in line with the PCIP, improving access and supporting GP sustainability. • Supporting GP Cluster Quality Leads and Locality Planning Groups to identify additional ways to recognise and support carers in primary care settings. • Launch a campaign promoting mouthguard use in sport to support oral health and injury prevention. • Launch the National Community Glaucoma Service using OpenEyes to improve access and continuity of care. |
| <p>Localities/Communities</p> | <p><input checked="" type="checkbox"/></p> | <p>The Primary Care Strategy is designed to shape services around local needs, reduce inequalities, and promote community wellbeing. By strengthening local planning and supporting community-based care, the</p> |

| | | |
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| | | <p>strategy is helping ensure that services are accessible, equitable, and responsive to the people they serve.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> • Development of locality profiles and analysis of local-level data including HACE survey to support tailored planning and improvement. • Community pharmacies increasingly acting as anchor institutions, providing accessible care and promoting self-management. • Eyecare being delivered closer to home through shared care arrangements • Promotion of pharmacies as the first point of contact for advice on minor illness and self-care, helping reduce pressure on GPs and urgent care. • SDAI funding secured to expand NHS dental registration capacity in Dunfermline. <p>Year Three Delivery Plan actions will further enhance outcomes for communities and localities by:</p> <ul style="list-style-type: none"> • Reviewing opening hours of community pharmacies to support equitable access across all localities. • Strengthening the co-design process for the Pharmaceutical Care Services Report to ensure services reflect local needs. • Promoting pharmacies as community anchors for health and wellbeing. • Supporting Locality Planning Groups and GP Cluster Quality leads to consider Health and Care Experience Survey findings and tailor service improvements to community-level insights. |
| <p>Quality of Care</p> | <p>☒</p> | <p>Improving the quality, safety, and consistency of care is a core ambition of the Primary Care Strategy. By strengthening infrastructure, data use, and local improvement processes, the strategy is helping ensure that services are high-quality, equitable, and responsive to the needs of the population.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> • Progress on the development of a Primary Care Premises Strategy to support modern, fit-for-purpose facilities. • Launch of the GP Cluster Quality Improvement Hub to support locally driven service improvements. • Improved use of data to monitor registration, participation, and outcomes across dental and optometry services. • Development of new performance reports and locality profiles to support tailored planning and oversight. |

| | | |
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| | | <p>Year Three Delivery Plan actions will further enhance quality of care by:</p> <ul style="list-style-type: none"> • Embedding the GP Cluster Quality Improvement Hub to drive consistent, locally led improvements. • Improving the use of data to monitor access, outcomes, and equity across primary care services. • Finalising and delivering the Primary Care Premises Strategy to support safe, accessible care environments. |
| <p>Workforce</p> | <p>☒</p> | <p>Developing workforce capacity and capability across all primary care services is critical to ensuring sustainable, high-quality care. The Primary Care Strategy aims to build a skilled, supported, and resilient workforce by promoting Fife as a great place to live and work, expanding multidisciplinary roles, and supporting career development across the system.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> • Expansion of multidisciplinary roles, including Community Link Workers, to increase capacity and support person-centred care. • Launch of promotional video content showcasing Fife as a desirable location for primary care careers. • Delivery of protected learning time for GP practices to support reflection, learning, and innovation. <p>Year Three delivery Plan actions will further strengthen our workforce by:</p> <ul style="list-style-type: none"> • Implementing and evaluating the Primary Care Workforce Plan to support recruitment, retention, and career development across all service areas. • Supporting GP resilience through sustainability loans, workforce support, and participation in the Rediscover Joy in General Practice programme. |
| <p>Legal</p> | <p>☒</p> | <p>Robust governance structures are essential to ensuring safe, accountable, and compliant service delivery across primary care. The Primary Care Strategy supports the development of clear leadership arrangements and effective oversight mechanisms to enable continuous improvement and strategic alignment.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> • Completion of the Leadership and Governance Review, resulting in a refreshed governance structure with dedicated groups for each service area. <p>Year Three Delivery Plan actions will further strengthen governance and legal compliance by:</p> |

| | | |
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| | | <ul style="list-style-type: none"> Supporting governance groups to actively drive improvement and innovation, reinforcing accountability and compliance. |
| Financial | <input checked="" type="checkbox"/> | <p>Financial sustainability is a key consideration in the delivery of primary care services. While remuneration for primary care contractors is governed by national frameworks, the strategy supports local investment in infrastructure, workforce resilience, and service expansion to ensure value for money and long-term viability.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> SDAI (Scottish Dental Access Initiative) funding secured to expand NHS dental registration capacity in Dunfermline, improving access in areas of high demand. Continued provision of GP sustainability loans to support practice viability and long-term stability. Progress on the development of the Primary Care Premises Strategy to guide future investment in fit-for-purpose infrastructure. <p>Year Three Delivery Plan actions will further support financial sustainability by:</p> <ul style="list-style-type: none"> Finalising and delivering the Primary Care Premises Strategy to ensure investment is targeted and aligned with service needs. Supporting GP resilience through sustainability loans and workforce initiatives to maintain service continuity. |
| Performance | <input checked="" type="checkbox"/> | <p>Strengthening performance monitoring and evaluation is central to the Primary Care Strategy. By improving access to meaningful data and aligning reporting with strategic priorities, the strategy supports informed decision-making, targeted improvement, and greater accountability across the system.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> Development of Primary Care and Portfolio Performance Reports to provide oversight of key indicators across service areas. Creation of locality profiles and analysis of Health and Care Experience Survey findings to support tailored planning and improvement. <p>Year Three Delivery Plan actions will further strengthen performance and strategic oversight by:</p> <ul style="list-style-type: none"> Rolling out new technology (including a new practice system) and strengthening data on access and outcomes to better understand population needs. |

| | | | |
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| | | <ul style="list-style-type: none"> Supporting SLT to consider the frequency, alignment, and content of performance reports to ensure they inform strategic decision-making. Improving the use of data to monitor registration, participation, and outcomes across services, enabling targeted improvements and reducing variation. | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input type="checkbox"/> | No specific climate related actions are reported in Year 2 or planned for Year 3, however sustainability and energy efficiency will be fully considered in the development of the Premises Strategy | |
| Communication and Engagement | <input checked="" type="checkbox"/> | <p>Effective communication and public engagement are central to helping people understand how to access the right care, in the right place, at the right time as well as how to keep well. Over the past year, we delivered a series of targeted campaigns to raise awareness, promote service pathways, and support system resilience.</p> <p>Specific achievements in Year Two include:</p> <ul style="list-style-type: none"> Delivery of <i>Right Care, Right Place</i> local campaign Delivery of seasonal campaigns such as <i>Stay Summer Safe</i> and <i>Winter Wellness</i> Supported NHS Scotland national campaigns, cascading materials locally. Promoted responsible medicine use and prescription ordering to reduce waste. <p>Year Three Delivery Plan actions include:</p> <ul style="list-style-type: none"> Expand public awareness of Pharmacy First and self-care advice Strengthen the co-design process for the Pharmaceutical Care Services Report Promote pharmacies as community anchors for health and wellbeing Evaluate the impact of 'Right Care, Right Place' Communications campaign and develop refreshed messaging tailored to local needs and seasonal pressures | |
| Risk & Mitigation | <input type="checkbox"/> | A Risk Register was completed during the development of the Primary Care Strategy. This report provides an update on delivery of the Strategy and therefore does not require a further risk assessment to be carried out. | |
| Equalities and Human Rights, including children's rights and health inequalities | <input checked="" type="checkbox"/> | No Impact/Not Required | An EQIA was completed during the development of the Primary Care Strategy. This paper and associated appendix provides an update on the delivery of the Primary Care Strategy and therefore does not require an EQIA to be completed. |
| | <input type="checkbox"/> | Age | |

| | | | |
|--|--------------------------|--|--|
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender Reassignment | |
| | <input type="checkbox"/> | Marriage/Civil Partnership | |
| | <input type="checkbox"/> | Pregnancy/Maternity | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Sex | |
| | <input type="checkbox"/> | Sexual Orientation | |
| | <input type="checkbox"/> | Full EQIA has been completed and is available on request | |

Fife Health & Social Care Partnership



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Primary Care Strategy Year Two Annual Report: 2025

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Executive Summary

Lisa Cooper, Head of Primary and Preventative Care Services

Fife's Primary Care Strategy sets out a clear and ambitious vision for recovery, quality, and sustainability across all services that make up our primary care system, including local doctors (GPs), pharmacies, dentists, and optometrists (eye health).

Primary care in Fife is evolving. Services are becoming more connected, the vision is that they are more accessible, and more focused on what matters most to the people of Fife. Our strategy is helping to build a system that delivers the right care, in the right place, at the right time with prevention, early support, and joined-up care at its core.

In Year Two of our Primary Care Strategy, we've made real progress.

- GP practices are more resilient, with expanding multidisciplinary teams.
- Community pharmacies are continuing to evolve as first points of contact, promoting self-care and easing pressure on urgent care by supporting care in the right place, first time.
- Optometry services are delivering more care locally, improving access and reducing hospital demand.
- Referral pathways between general dental practices, public dental services (PDS) and hospital services have been strengthened, making it easier for patients to get the right care quickly.

We've also worked hard to help people understand how to navigate services confidently, making it easier to get the right care, in the right place, at the right time.

This report highlights key achievements from Year Two (2025) and sets out our priorities for the year ahead (2026). As we move into Year Three, our focus is clear: evaluate impact, strengthen integration, and continue to innovate. We will work closely with communities, improve connections between services, and ensure Primary Care remains the foundation of a healthier, more connected Fife.

New elements in this year's report, including a Delivery Plan on a Page and a Primary and Preventative Care Outcomes Map, reflect our commitment to clearer communication, stronger performance monitoring, and a more outcome-focused approach as the strategy matures.



Introduction

Primary care is at the heart of keeping people in Fife healthy, supported, and able to access the care they need close to home. Fife's Primary Care Strategy, approved in July 2023, sets out our vision for a quality, resilient, and sustainable primary care system that puts people first.

This Year Two Annual Report has three purposes:

- To provide assurance that delivery of the strategy is on track
- To celebrate achievements and share the progress made so far
- To keep the public informed about the difference we are working to make, and how we are getting there

The report highlights successes from the past year and sets out the next steps for Year Three. It shows how we are improving services, closing completed actions, and introducing new initiatives to ensure everyone in Fife can get the right care, in the right place, at the right time.

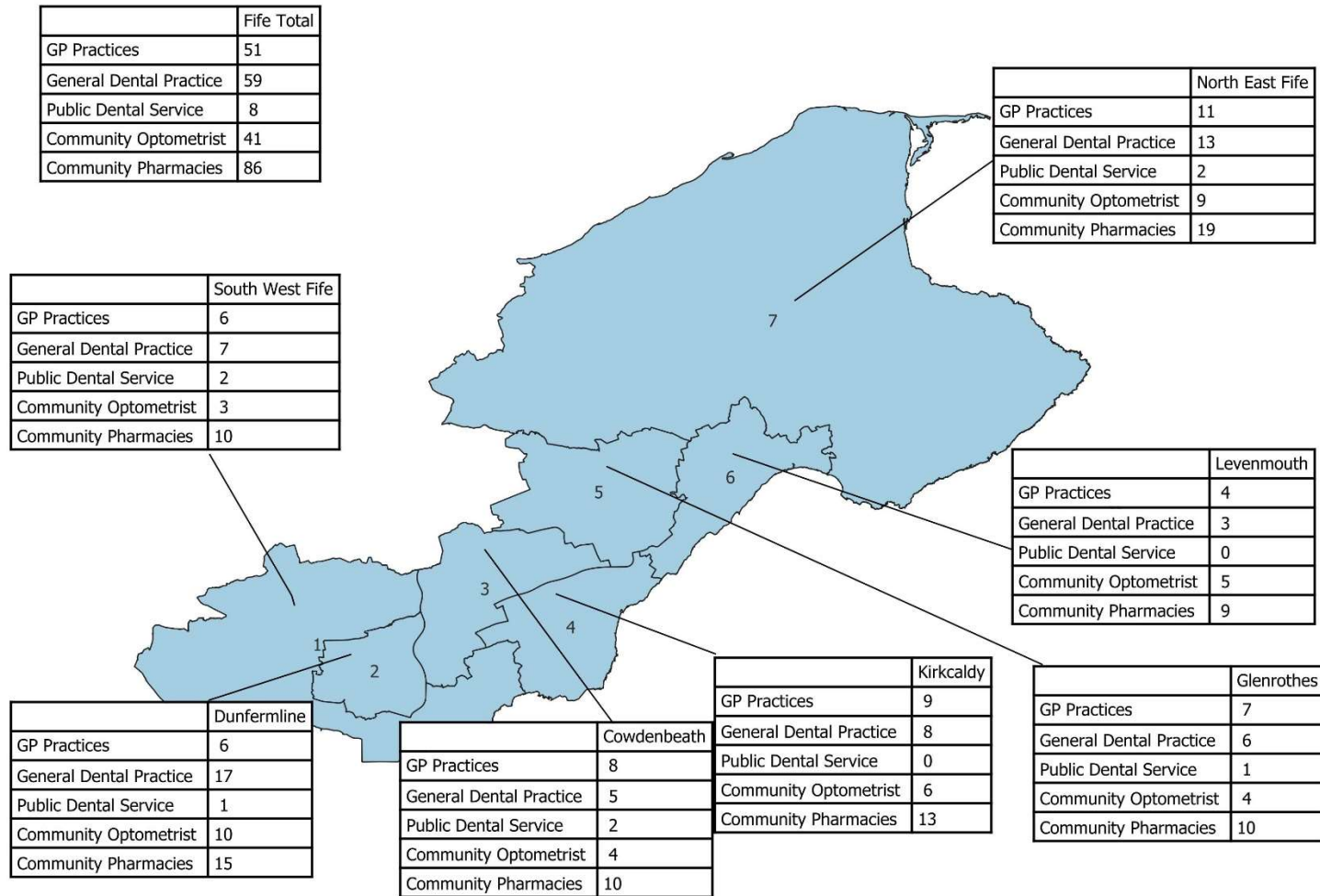
One notable achievement in Year Two has been the reduction to a single 2C practice across Fife. This reflects improved sustainability and resilience within the independent contractor model of general practice, reducing the need for direct NHS management. As a result, the corporate risk level associated with primary care was downgraded from high to medium, a significant indicator of increased confidence in service continuity, workforce stability, and strategic oversight.

You can read the full strategy and Year One Annual Report here:

[fife-primary-care-strategy-2023_26-summary-version.pdf \(fifehealthandsocialcare.org\)](#).

Primary Care Services in Fife

Primary care is often the first point of contact for everyday health needs, encompassing GP, dental, pharmacy, and eyecare services. The map below illustrates the availability of these services across each locality in Fife.



National Context

As we move forward, Primary Care in Fife is guided by the national ambition to create a health and social care system that is more preventative, more accessible, and more sustainable. Three key frameworks guide our work and set the direction for the future:

Operational Improvement Plan (OIP): Provides the immediate, practical steps needed to improve how NHS services are delivered today, making access easier, reducing waiting times, and ensuring people experience safe, high-quality care.

Service Renewal Framework (SRF): Sets out how health and social care in Scotland will be reshaped, focusing on prevention, early intervention, and care delivered in local communities. The aim is to improve population health and wellbeing, reduce reliance on hospital care, and make services more sustainable.

Population Health Framework (PHF): Looks beyond health services to address the wider causes of poor health, such as poverty, housing and education. Its focus is on reducing inequalities and improving health outcomes for everyone, with targeted action for those who need it most.

What this means for Fife

Primary care is central to delivering on these national ambitions. In Fife, our Primary Care Strategy is already aligned to the principles of renewal, prevention, and sustainability. Over the coming year we will:

- **Flex and adapt services** to strengthen access, prevention and early intervention, making pharmacies, GP practices, dentists and optometrists the first point of contact.
- **Target inequalities** by shaping services to meet the needs of local communities, in line with the Population Health Framework.
- **Improve access and quality** by delivering practical improvements now, while also building a resilient system for the future.

Together, these actions will ensure primary care remains the foundation of Fife's health and social care system, helping people to stay well, access the right care at the right time, and live healthier lives in their communities.



Delivering our Vision for Primary Care in Fife

Our Primary Care Strategy focuses on recovery, quality, and sustainability. Our ambition is to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

General Medical Services

General Dental Services and
NHS Public Dental Service

Community Optometry

Community Pharmacies

Together with our partners, we are strengthening General Practice through multi-disciplinary teams — improving access, quality, and people’s experience of care.

We are working together to deliver safe, timely, and high-quality dental care, and to reduce oral health inequalities through prevention, education, and community outreach.

Together with community optometrists, we are enabling high quality eyecare close to home, reducing the need for hospital care.

Together with community pharmacies, we are improving access, supporting self-care, and promoting their role as trusted local health hubs for community wellbeing

Our Enablers: We will support the workforce, systems and partnerships needed to deliver sustainable, equitable, high-quality Primary Care services across Fife

Workforce Planning

Communication & Engagement

Performance & Quality

Leadership & Governance

General Medical Services

Ambition: Together with our partners, we are strengthening General Practice through multi-disciplinary teams, improving access, quality, and people's experience of care.



With 51 GP practices across Fife, supported by multi-disciplinary teams and eight local clusters, our ambition is to provide accessible, equitable, safe and high-quality care close to home. GP practices are the cornerstone of our health and care system, supporting people through every stage of life, coordinating care, and helping manage long term conditions.

Progress in Year Two:

- **Sustainability:** Transfer of Health Board-managed GP practices to independent status, helping strengthen long-term stability. This transition has contributed to a reduction in the corporate risk level for primary care, reflecting improved resilience and confidence in service continuity.
- **Workforce:** In line with the ambition of the Primary Care Improvement Plan (PCIP) continued expansion of roles for the multi-disciplinary teams (including physiotherapists, pharmacists and nurses) to improve access and reduce pressure on GPs.
- **Premises:** Supported GP sustainability loans and small works to improve practice environments, with work underway on a wider Primary Care Premises Strategy.
- **Improvement:** Progress to establish a new GP Cluster Quality Improvement Hub to support local teams in driving improvements tailored to their communities.

- **Innovation:** Test of change progressing with patient home blood pressure monitoring
- **Learning:** Delivered protected learning time for GP practices, supporting teams to reflect, learn and build new ways of working.

Priorities for Year Three:

- **Strengthen GP workforce:** Develop training, portfolio careers and local programmes (e.g. ScotGEM, ScotCOM, Clinical Fellows) to attract and retain GPs.
- **Premises planning:** Finalise and deliver the Primary Care Premises Strategy to ensure modern, fit-for-purpose facilities within resources available.
- **Innovation and data:** Roll out new technology (including new practice system) and strengthen data on access and outcomes to better understand needs and tackle inequalities.
- **Quality improvement:** Embed the new GP Cluster Quality Improvement Hub to drive change locally and support consistency across Fife.
- **Wellbeing and sustainability:** Support GP practices to stay resilient, including through sustainability loans, workforce support, and participation in the Rediscover Joy in General Practice programme.



Primary Care Improvement Plan

The Primary Care Improvement Plan (PCIP) continues to be a key driver of transformation across Fife's Primary Care Services. It provides a local framework for delivering national ambitions—ensuring people can access the right care, in the right place at the right time.

Progress in Year Two:

Significant progress has been made over the past year across key service areas, including pharmacy, community treatment and care, urgent care, musculoskeletal services, mental health support, and community link working. These achievements reflect the dedication of teams across Fife to improving access, enhancing patient experience, and supporting GPs to focus on complex care.

Priorities for Year Three

Looking ahead, the PCIP will continue to evolve with a strong focus on integrated, person-centred care. Key priorities for the coming year include:

- **Vaccinations** – Expand access to community immunisations, with a focus on improving uptake in areas of greatest need.
- **Pharmacotherapy** – Grow the role of pharmacists and pharmacy technicians to deliver safer, more efficient prescribing and medication

reviews.

- **Community Treatment & Care (CTAC)** – Introduce a central scheduling hub and flexible workforce to ensure fair, year-round access.
- **In-hours Urgent Care** – Strengthen Urgent Care Teams with more training, resilience, and specialist areas such as paediatric care.
- **Musculoskeletal (MSK) Physiotherapy** – Improve access to physiotherapy in every GP cluster and explore collaborative models with community and third sector organisations.
- **Mental Health** – Provide consistent access to mental health nurses in every GP practice and reduce inequalities in support through data driven planning
- **Community Link Workers** – Expand Link Life Fife so every practice has extra support for people with long-term conditions.

The PCIP remains a cornerstone of our strategy, helping to shape a primary care system that is resilient, person-centred, and ready to meet the needs of Fife's population now and in the future. As part of this transformation, National Demonstrator sites are playing a key role in testing and evidencing innovative models of multidisciplinary team working, particularly in areas such as Community Treatment and Care (CTAC) and Pharmacotherapy. These sites will provide valuable learning to inform local implementation, help us understand what works in practice and how best to scale improvements across diverse communities.

Delivering Within Our Means, While Recognising Ongoing Challenges

Despite operating within constrained resources, the Primary Care Improvement Plan (PCIP) has enabled significant progress across Fife’s primary care landscape. The dedication of our teams has ensured that key services ranging from pharmacotherapy and urgent care to mental health and Community Link Workers continue to evolve and deliver meaningful impact for patients and practices alike. However, we recognise that risk remains high in achieving full equity and parity of access across Fife. Variability in service

provision, workforce capacity, and local needs means that some communities continue to face barriers to consistent care. Addressing these disparities remains central to our future planning, as we strive to build a more balanced, inclusive, and resilient primary care system for all.

The case study below illustrates how Link Life Fife provides holistic, person-centred support to individuals, helping them actively improve their health and wellbeing following referral from a GP.

| | | | |
|--|--|---|---|
| <p>Dean’s Story </p> <ul style="list-style-type: none"> • Male, 30’s • Kirkcaldy Locality • Referred by GP • Recently moved to area • Isolated and no job • Financial concerns involving debt | <p>Dean’s Conditions </p> <ul style="list-style-type: none"> • Low mood with moving to new area • Stress / worry due to debt | <p>Actions Agreed </p> <ul style="list-style-type: none"> • Dean spoke of updating his CV to help find a job. Link worker advised on the Community Job Club and would email the information • Link Worker to source information on local groups and activities. Those discussed were Andy’s Man Club, Pete’s Man Chat, The Express Group • Link Worker inquired if Dean would like a benefits check and submitted a referral to Citizens Advice & Rights Fife (CARF) to support Dean with his financial concerns | <p>Outcomes Achieved </p> <ul style="list-style-type: none"> • Link Worker supported Dean to attend the community job club. Dean has updated his CV and is actively looking for work. • Link Worker provided Dean with listening support and resources of what groups are in the area • Link Worker liaised with the facilitator of Andy’s Man’s Club to meet with Dean on the initial visit. Dean is now attending on a weekly basis and is making social connections. • Dean was supported to apply for benefits he may be entitled to after the Link Worker went through the Benefit Toolkit check. • Link Worker stayed connected with Dean until he had spoken with CARF and is now working towards debt consolidation. |
| <p>Dean’s Hopes </p> <ul style="list-style-type: none"> • To get help with employment, update CV • To find out what groups are available in the area and make social connections • To be supported to access services to address his debt | | | |

Dean Said “*Thank you so much, my future seems brighter, and I am not alone*”

Community Pharmacy

Ambition: Together with community pharmacies, we are improving access, supporting self-care, and promoting their role as trusted local health hubs for community wellbeing

With 86 community pharmacies across Fife, our aim is to make them a first point of contact for health advice and care - supporting people to access the right help, in the right place, at the right time. Pharmacies are central to prevention, self-care, and medicines support, while also acting as anchor institutions at the heart of local communities.



Progress in Year 2:

- **Access and recovery:** Reviewed and strengthened the process of new pharmacy applications to ensure future provision is resilient and responsive to community need.
- **Public engagement:** Promoted the role of pharmacy as the first stop for advice on minor illness and self-care, reducing pressure on GPs and urgent care.

- **Local collaboration:** Sought feedback from the public on the Pharmaceutical Care Services Report to ensure it is reflective of service provision.
- **Anchor role:** Supported contractors to contribute to local wellbeing initiatives, helping pharmacies build stronger links with their communities.

Priorities for Year Three:

- Continue to progress with the revised process for applications for new community pharmacies in Fife
- Review current opening hours to support equitable access to services across all localities
- Further expand public awareness of Pharmacy First and self-care advice, ensuring people know their pharmacy is often the best port of call for minor illnesses.
- Strengthen the co-design process for the Pharmaceutical Care Services Report, ensuring it directly informs local planning.
- Promote pharmacies as community anchors, further developing their role in health promotion, prevention, and community wellbeing.



Primary Care Dental Services

Ambition: We are working together to deliver safe, timely, and high-quality dental care, and to reduce oral health inequalities through prevention, education, and community outreach.



Dental services in Fife are delivered through a combination of independent General Dental Practices (GDS) and the NHS Fife Public Dental Service (PDS). GDS practices provide routine NHS dental care to registered patients, while the PDS provides alternative services to independent GDS to meet the needs of the population and is a referral service for patients with dental anxiety, oral surgery needs, special needs, paediatric dentistry, and General Anaesthetics. The PDS operates the Dental Advice Line to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service.

General Dental Services (GDS)

GDS are delivered by independent dental practices operating under national NHS contracts and many carry out private dentistry. These privately owned businesses are not directly managed by Fife HSCP. This limits our influence over whether they accept new NHS patients or how they manage their lists.

The workforce challenges that Fife is experiencing are in line with the national picture due to recruitment and retention issues, resulting in the contraction or centralisation of services. This means that patients are not receiving full courses of NHS treatment as urgent dental care is being prioritised.

Demand for NHS dental care continues to exceed capacity across Scotland, and this is reflected locally. As a result, the PDS is

increasingly called upon to support people unable to register with a practice. While this places additional pressure on the service, the PDS continues to respond with flexibility, compassion, and innovation.

Our ambition: To help people understand how and where to access NHS dental care, and to support independent dental practices to expand registration and improve access.

Our role includes:

- Providing up-to-date information on practices accepting new NHS patients and how to join waiting lists.
- Promoting regular dental attendance and good oral health behaviours.
- Supporting practices to access funding, such as the Scottish Dental Access Initiative (SDAI) in designated areas.
- Strengthening referral pathways between GDS, PDS, and hospital services.

Progress in Year Two:

- Secured and progressed SDAI funding, resulting in increased NHS dental registration capacity in Dunfermline.
- Improved referral pathways between GDS, PDS, and hospital services, enabling access to the right care.

- Maintained accurate, accessible information for the public through the PDS-managed dental advice line, supporting over 2,000 calls per month.

Priorities in Year Three:

- Continue supporting practices to access SDAI funding in designated areas to expand NHS dental provision.
- Enhance public understanding of how NHS dental services are delivered and accessed.

Public Dental Service (PDS)

Our ambition: To deliver high-quality, compassionate dental care for people with additional needs, provide urgent and emergency treatment, and reduce oral health inequalities through prevention, education, and community outreach.

Despite increasing demand and workforce pressures, the PDS continues to deliver high-impact services across Fife. The team provides essential care for people with dental anxiety, complex needs, and those requiring urgent treatment. They also lead on oral health improvement, working with schools, care homes, and community partners to promote lifelong oral health.

Progress in Year Two:

- Fife Community Dental Clinic continues to have low numbers on their paediatric General Anaesthetic (GA) waiting times compared with other Health Board Areas, thanks to local provision that avoids reliance on hospital theatre space.
- Continued delivery of the Oral Health Improvement Plan (OHIP), targeting preventable dental disease and reducing inequalities.

- Provided training to care home and education staff to provide oral hygiene advice and instruction.
- Continued delivery of the Childsmile programme, ensuring children receive fluoride varnish and toothbrushing support. All nurseries now have daily toothbrushing in place.
- A Test of Change at Fair Isle Primary School in Kirkcaldy is evaluating how best to support education staff in helping children brush their teeth effectively.
- Delivered the National Dental Inspection Programme (NDIP) with follow-up letters to parents and practices to ensure children receive the support they need.
- Promoted oral cancer awareness in partnership with Dunfermline Football Club.
- Developed child-friendly online resources to reduce anxiety before dental visits.
- Engaged with wider networks to promote smoking cessation, reduce sugar consumption, and support healthier lifestyles. The service also refers patients to the Healthy Weight Team where appropriate.
- Participated in local career events to raise awareness of dental professions with high school pupils.

Priorities in Year Three:

- Develop and implement Workforce Plan for PDS to support recruitment and retention.
- Expand and evaluate staff led toothbrushing support projects in schools and care homes.
- Continue to use our Oral Health Improvement Plan to encourage prevention for all with the aim to reduce oral health inequalities.
- Launch a campaign promoting mouthguard use in sports.

Fife Community Optometry Services



Ambition- Together with community optometrists, we are enabling high quality eyecare close to home, reducing the need for hospital care.

If you have an eye problem, you don't always need to go to your GP or hospital. You can book an emergency appointment directly with your local optician (also known as an optometrist). There are 41 Community Optometry Practices across Fife, ensuring people can be seen quickly and locally. This helps patients get the right care at the right time and prevents unnecessary hospital visits.

Progress in Year Two:

- **Emergency Eyecare:** We have continued to increase the number of patients seen within our local Emergency Eyecare Scheme, and the number of practices that can do this specialist work (currently 14 practices). Last year 1376 patients were seen, with 2088 appointments provided. This avoided hospital appointments and gave patients faster access to local treatment.
- **Glaucoma shared care:** Around 750 patients (roughly 30% of all glaucoma patients in Fife) are now being safely managed in the community by accredited optometrists. This allows hospital specialists to focus on those with more complex needs. We are also working with colleagues in eHealth to introduce the OpenEyes digital system across primary and secondary care. This will support more joined-up glaucoma care and improve how information is shared.
- **Low vision support:** We continue to commission a specialist low vision service from Seescape, supporting people with sight loss to live independently. The number of people supported

continues to increase with 3010 people supported last year (an increase of 24% from the previous year).

Priorities for Year Three:

We are preparing for the introduction of the new national Glaucoma Service and the General Ophthalmic Services (GOS) Specialist Supplementary programme, expected to go live in Winter 2025. These schemes will expand the range of care available through community optometrists, with NHS Fife already well-placed thanks to our strong track record in innovation.

In year 3 we will:

- **Close the GP–Optometry Pathway review** by reporting findings and recommendations to senior leaders and agreeing next steps.
- **Launch the National Community Glaucoma Service** in Fife by introducing the OpenEyes digital system and expanding our existing shared care model to additional community optometry practices.
- **Review contract monitoring arrangements** to ensure regular reporting on the volume, profile and outcomes of people accessing low vision support via Seescape.

The feedback below highlights the quality and impact of the support provided by Seescape, reflecting the difference it makes in people's lives.

"Mum has been like a new person since she started using her new magnifier... She has been managing to read passages from her bible again which has brought her extreme pleasure... The best part is seeing her rediscover books... Seescape have made this happen for Mum... to be able to access this level of support in Fife now that she lives here is a total lifeline."

Darrell's story - Darrell faced major changes in vision and mobility after a stroke while preparing to move in with his partner and young daughter. When his guide dog retired, Darrell struggled to adapt to a long cane, feeling apprehensive from past experiences. Seeking help from Seescape, he connected with our Vision Rehabilitation Specialist who offered patient reassurance and took time to understand his unique needs.

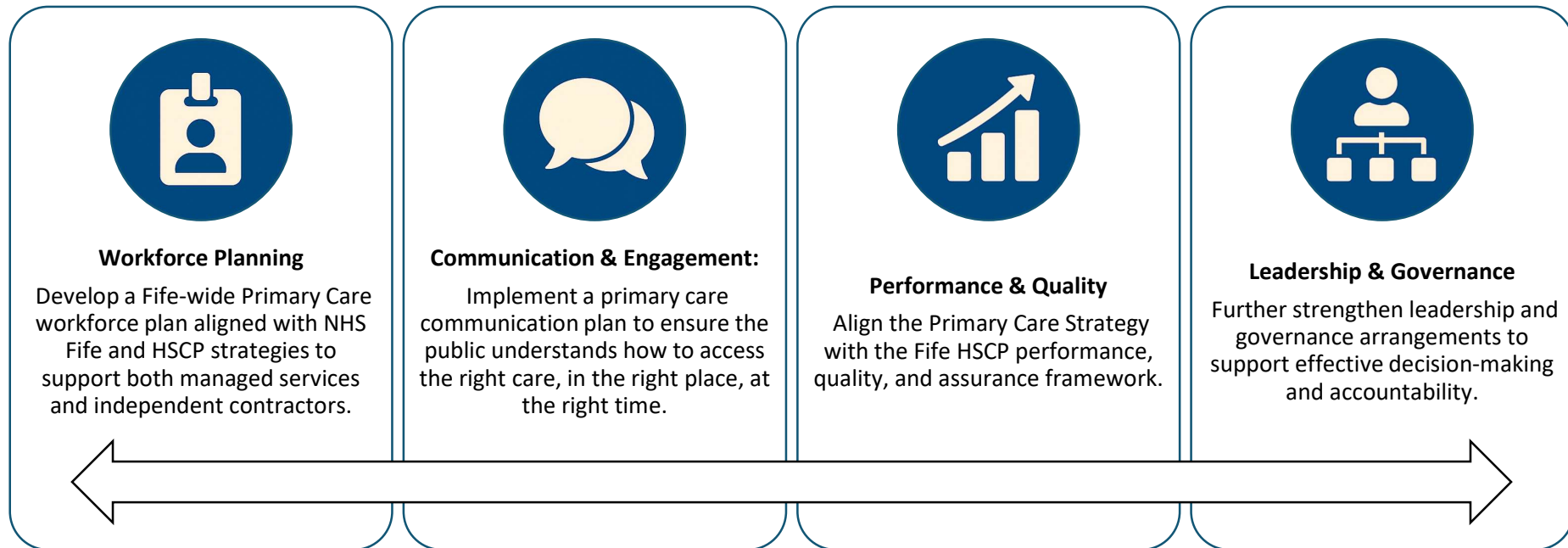
Through a tailored mobility assessment and refresher training, she recognised his discomfort and sourced a lighter cane, making adjustments to best suit his situation. With her ongoing encouragement and the right equipment, Darrell grew more confident, finding that long cane use soon integrated well into his life.

This personalised support empowered Darrell to regain both his confidence and independence during a significant period of transition.

Strategy Enablers

Ambition: We will support the workforce, systems and partnerships needed to deliver sustainable, equitable, high-quality primary care across Fife

Delivery of our vision, and its underpinning priorities, will require supporting structures that enable us to make the best use of resources. To this end our strategy identifies four cross-cutting actions providing the foundation for delivering high-quality, sustainable primary care:



These enablers ensure that all primary care services- GP, dental, pharmacy, and optometry are supported to deliver safe, accessible, and sustainable care for the people of Fife. In Year Two, we made significant progress across these four key areas:

Workforce

This year, we continued to strengthen our approach to workforce planning, promoting careers in primary care and supporting recruitment and retention across Fife.



Key achievements:

- Developed and launched the Living and Working in Fife recruitment video featuring a local GP, showcasing the benefits of working in primary care. You can see the full video using this link: <https://youtu.be/L5nhWTWvk9s>
- Aligned workforce planning with NHS Fife and Fife Health and Social Care Partnership strategies to support both managed services and independent contractors.

Priorities for Year Three:

- Expand digital and video content to promote primary care careers and highlight the diversity of roles available.

Communication and Engagement

Effective communication is central to helping people understand how to access the right care, in the right place, at the right time. Over the past year, we delivered a series of targeted campaigns to raise awareness, promote service pathways, and support system resilience.



Key achievements:

- Delivered the *Right Care, Right Place* campaign across multiple platforms, timed to coincide with busy periods.
- Ran seasonal campaigns such as *Stay Summer Safe* and *Winter Wellness*, promoting preparedness and alternatives to urgent care.
- Supported NHS Scotland national campaigns, cascading materials locally.
- Promoted responsible medicine use and prescription ordering to reduce waste.

Priorities for Year Three:

- Evaluate the impact of the *Right Care, Right Place* campaign and develop recommendations for future public awareness initiatives.
- Strengthen local engagement by working with Locality Planning Groups to tailor messaging to community needs.
- Continue alignment with national campaigns to ensure consistent messaging across Fife.
- Enhance messaging around service access and alternatives during peak periods.

Performance and Quality

This year saw significant progress in strengthening how we monitor and evaluate primary care delivery across Fife.

Key achievements:

- Two new reports, the Primary Care Performance Report and the Primary & Preventative Care Portfolio Report were developed to provide a clearer picture of service activity, access, and outcomes. These reports now include key indicators such as dental registration and dental participation data which are regularly considered by the Primary Care Strategic Oversight Group, Primary Care Strategy Implementation Group, and Senior Leadership Team (SLT).
- Locality profiles have been developed to support more tailored planning and improvement. These profiles include data on dental health and findings from the Health and Care Experience Survey, offering valuable insights at a local level.

Priorities for Year Three:

- Senior Leadership Team- Performance: to review the frequency, content, and strategic alignment of performance reports.
- Locality Planning Groups to consider how best to use locality profiles to inform local decision-making and service development working collaboratively with GP clusters and the wider Primary Care System.
- The Primary Care Strategic Oversight Group to review reporting requirements for the enhancement to the provision of General Ophthalmic Services (expansion of community eyecare services), ensuring data sources and indicators are in place to monitor equity of access and impact.



Leadership and Governance Review

Strong leadership and governance are essential to delivering high-quality, accountable primary care. This year, we completed a comprehensive review and established a refreshed structure to support strategic oversight and operational delivery.

Key achievements:

- Completed the leadership and governance review, establishing a clear structure with dedicated groups for each service area (Appendix 1)

Priority for Year Three:

- Ensure Governance Groups are actively driving improvement and innovation.



Population Experience

The Health and Social Care Experience Survey (HACE) is conducted every two years by the Scottish Government and Public Health Scotland to learn more about experiences of accessing and using General Practice and other local health care services; receiving care, support and help with everyday living; and caring responsibilities.

In Fife...



Further details, including interactive dashboards and local-level data, can be accessed via Public Health Scotland:
<https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2024/>

The differences identified between localities will be a key focus for Locality Planning Groups in 2026-2027. The aim is to gain a deeper understanding of these variations and to identify ways to improve access to General Practice and other local health and community services.

Further work is needed with GP Cluster Quality Leads and Locality Planning Groups to:

- Understand why positive experiences of contacting GPs, making appointments, and accessing health professionals are lower than the Scottish average, and why there are differences between clusters and practices.
- Explore why a higher proportion of people receive out-of-hours care in hospital settings compared to the national average and consider how to provide more out-of-hours support closer to home.
- Identify additional ways for primary care to recognise and support carers, ensuring their wellbeing.
- Ensure that General Practice teams are fully informed of eligibility criteria and are equipped to appropriately signpost or refer patients to relevant non-statutory services”

These insights, in particular the differences between local areas will be considered by Locality Planning Groups in 2025-2026, with a view to gaining a deeper understanding of the findings and explore what could be done to improve experiences of accessing and using General Practice and other local health care services moving forward.

Across our Primary Care services, we regularly receive positive feedback and compliments from patients and carers. These reflections highlight the compassion, professionalism, and impact of our services. Some recent examples are shown below:

"Reception staff are always kind and welcoming and the nursing staff are excellent."

GP Practice

"I feel the staff should have recognition for outstanding care. I have multiple complex health problems. I have required at times frequent appointments. When I contact the surgery the receptionists have excellent communication skills, asking a brief reason for the appointment."

GP Practice

"Thank you to each staff member front line and behind the scenes."

GP Practice

"The times I have been triaged by the Advanced Nurse Practitioners they have listened and I have always felt they have responded appropriately."

GP Practice

"There are a good few GPs at the surgery and the care I have received has been outstanding. Having multiple complex health issues and not always able to see the same GP, I feel listened to, and treated with the highest level of care. The most important thing I think a patient can feel is validated. Every single GP at the surgery has done this..."

GP Practice

"I went to see the Advanced Nurse Practitioner (ANP) at my local GP practice because of a sore hip. While I was there, the ANP noticed I was short of breath and listened to my heart. She told me I had a new heart murmur, which might indicate I had a leaky heart valve, and sent me to the cardiology clinic. I ended up having my leaky valve repaired through surgery. I really think she saved my life, and I am forever grateful."

GP Practice

"I am incredibly grateful for the exceptional care my son has received. Our first visit was after my son had an accident that put his permanent teeth at risk, and since then, we've had regular follow-up appointments, X has always been kind, attentive, and cheerful, making each visit pleasant. She has a wonderful approach not only with children but also with parents, always taking the time to explain everything and ensure my son felt comfortable. I deeply appreciate her dedication and the wonderful care she provides. Thank you so much!" **Public Dental Service**

“Link Worker explained everything and 100% I felt listened to, first time in a long time. LW understood the issues and genuinely understood concerns and my anxiety. LW let me speak and did not interrupt. First organisation I have felt genuinely listened to.”

“Thank you for pointing me in the right direction, you have turned my life around and have gone above and beyond.”

Community Link workers

“Thank you most sincerely for all the dental work, reassurance and kindness you have shown. You have certainly had your work cut out! We are so lucky to have received such brilliant NHS care from you, it is appreciated more than you’ll ever know.”

Public Dental Service

“I recently seen the Advanced Practice Physiotherapist for an injury, she was lovely, super helpful and reassuring. Great advice to manage this myself”

“Excellent consultation, really listened to my needs and tailored care to suit me, now can effectively manage my own condition and can be seen again if I have any further concerns”.

“Seen quickly and physiotherapist reassured me on doing the right thing for my ankle pain”.

MSK Physiotherapy

‘Made to feel very comfortable and relaxed when I was nervous about having my blood taken’

“HCSW sign posted me to the GP with suspect moles – happened to be melanomas.”

“Professional, quick and easy experience.”

CTAC

Evaluating Impact and Measuring Success

As we enter the final year of Fife’s three-year Primary Care Strategy, our focus will shift from delivery to evaluation and learning. It is not enough to ask whether we delivered the actions we set out, we must also ask whether those actions made a meaningful difference to the people and communities we serve.

How We Will Measure Success

We will evaluate the strategy using a “story of change” approach, guided by our Primary and Preventative Care Outcomes Map (Appendix 2).

This will help us understand:

- What changed for people, communities, and services as a result of our actions.
- Whether those changes aligned with our strategic ambitions: improved access, enhanced experience, reduced inequalities, and greater sustainability.
- What we need to do differently (or continue doing) to keep improving primary care in Fife.

This approach will combine:

- Quantitative data (e.g. service activity, access, outcomes, inequalities)
- Qualitative insights (e.g. feedback from communities, case studies, staff experience)
- Locality-level learning to understand variation and tailor future planning

What Happens Next

The findings from this evaluation will inform:

- How we align to the priorities set out in our refreshed Fife Health and Social Care Partnership Strategic Plan, due for publication in March 2026
- Future primary care priorities and investment decisions
- Our approach to community engagement and co-design, ensuring services continue to evolve in partnership with the people who use them

Ultimately, our goal is to ensure primary care remains at the heart of Fife’s health and social care system. Accessible, person-centred, and empowering people to manage their health and wellbeing with confidence.

Summary and conclusions

During 2025, the Year Two Delivery Plan provided a strong foundation for delivering our Primary Care Strategy. Across Fife, services have worked together to improve access, strengthen multidisciplinary teams, and embed innovation, all while keeping people and communities at the heart of care.

We've made real progress:

- GP practices are more resilient, supported by expanded teams and new improvement tools.
- Community pharmacies are increasingly recognised as trusted health hubs.
- Public Dental Services have improved emergency access and referral pathways.
- Optometry services are delivering more care locally, reducing hospital demand.
- Strategic enablers including workforce planning, communication, and performance are being embedded to support long-term sustainability.

We also acknowledge the challenges that remain: workforce pressures, variation in access and experience, and the need to better support carers and unregistered patients. These will be key areas of focus in Year Three.

As we move forward, our aim is clear: people in Fife will have access to the right care, in the right place, when they need it. A stronger, more joined-up primary care system is central to achieving this - helping people prevent illness, access early support, and manage their health with confidence.

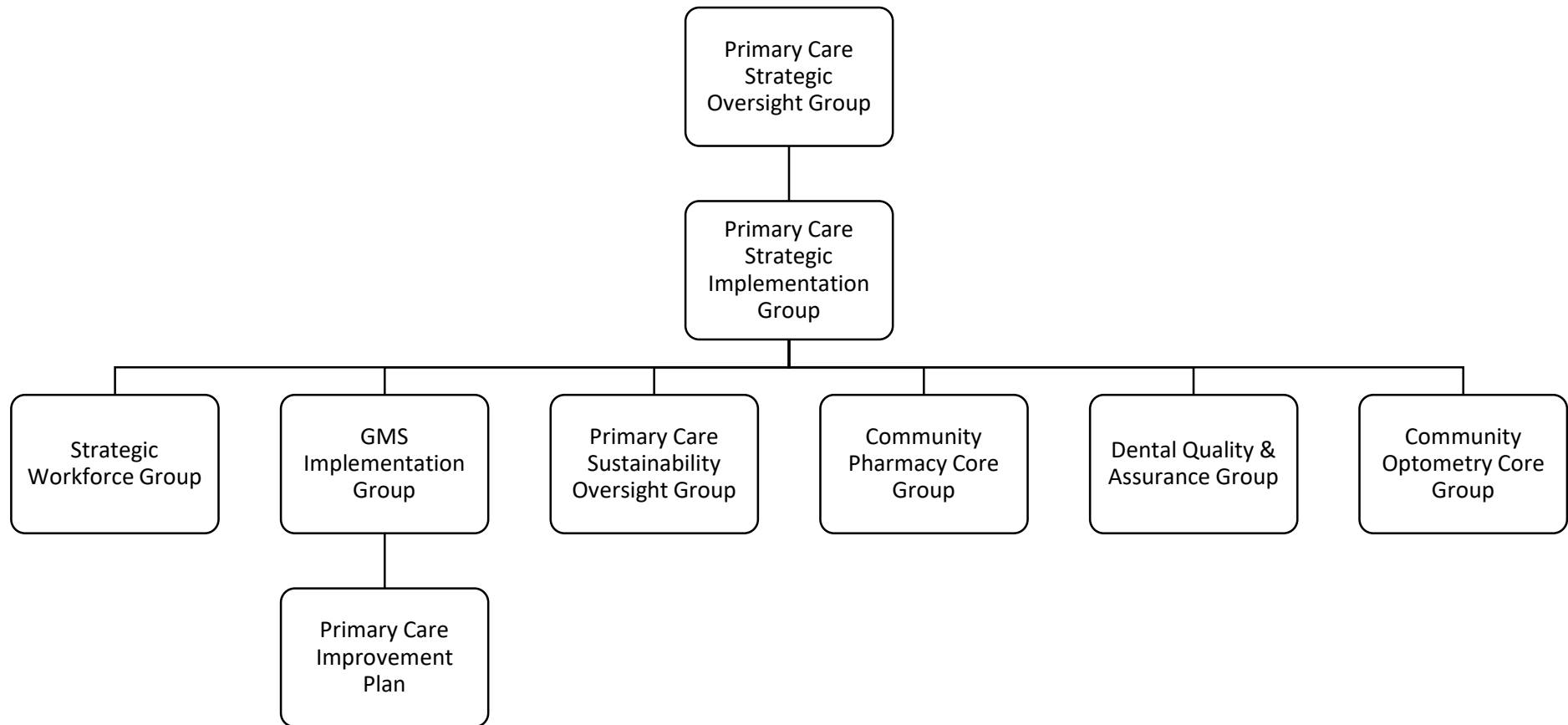
In Year Three, we will:

- Evaluate impact using data and feedback to understand what's working and where we need to improve.
- Work closely with localities to co-design solutions that reflect lived experience, ensuring services are shaped by the voices of the people who use them.
- Strengthen integration by improving connections between services and simplifying access.

This work will align with the refreshed Fife Health and Social Care Partnership Strategic Plan, ensuring primary care continues to play a leading role in shaping a healthier, more connected Fife.

We will measure success through our Primary and Preventative Care Outcomes Map, which captures the story of change we are working towards; a system where people are empowered, services are accessible, and care is coordinated across the patient pathway with a holistic approach.

Appendix 1: Governance Structure



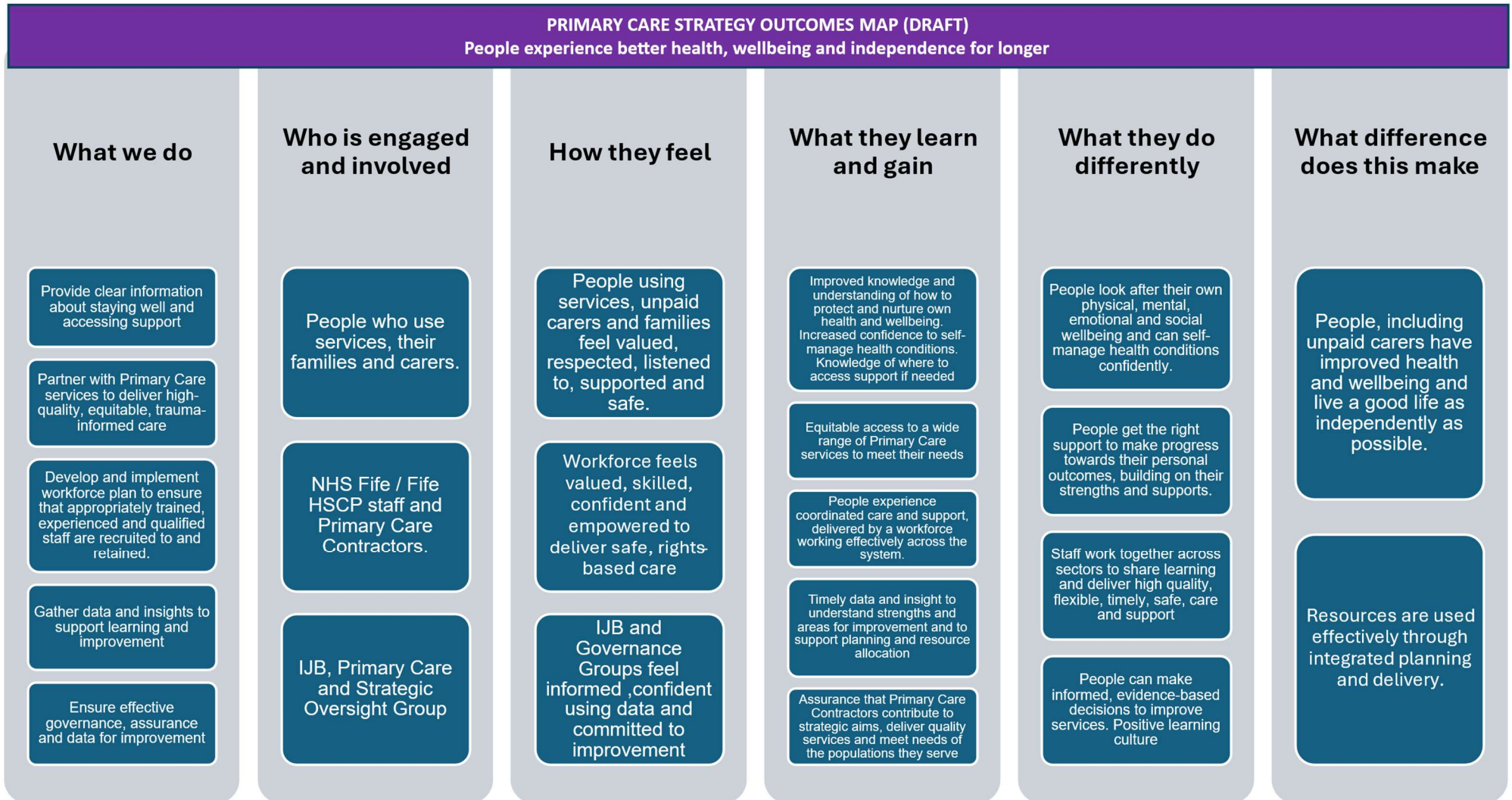
Appendix 2: Delivery Plan on a page

PRIMARY CARE STRATEGY YEAR THREE DELIVERY PLAN

Vision: Primary Care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

| Our Deliverables | Our Actions for 25-26 | Our outcomes |
|---|---|--|
| <p>Together with our partners, we are strengthening General Practice through multi-disciplinary teams, improving access, quality, and people’s experience of care.</p> | <ul style="list-style-type: none"> Finalise and deliver the Primary Care Premises Strategy Roll out new GP clinical system and strengthen data on access and outcomes Embed the GP Cluster Quality Improvement Hub Support GP resilience via sustainability loans, workforce support, and rediscover Joy in General Practice Programme Implementation and evaluation of Primary Care Improvement Plan (PCIP) | <p>People, including unpaid carers have improved health and wellbeing and live a good life as independently as possible.</p> |
| <p>We are working together to deliver safe, timely, and high-quality dental care, and to reduce oral health inequalities through prevention, education, and community outreach.</p> | <ul style="list-style-type: none"> Support practices to access SDAI funding Develop and implement Workforce Plan for PDS Expand and evaluate staff led tooth brushing support projects in schools and care homes Continue to reduce oral health inequalities through the updated Oral Health Improvement Plan Launch campaign promoting mouthguard use in sport | |
| <p>Together with community optometrists, we are enabling high quality eyecare close to home, reducing the need for hospital care.</p> | <ul style="list-style-type: none"> Close the GP–Optometry Pathway review and agree next steps Launch the National Community Glaucoma Service using OpenEyes Expand shared care model to additional community optometry practices Review contract monitoring arrangements for Seescape low vision support | |
| <p>Together with community pharmacies, we are improving access, supporting self-care, and promoting their role as trusted local health hubs for community wellbeing</p> | <ul style="list-style-type: none"> Continue to progress with the revised process for applications for new community pharmacies in Fife. Review opening hours to support equitable access across localities Expand public awareness of Pharmacy First and self-care advice Strengthen the co-design process for the Pharmaceutical Care Services Report Promote pharmacies as community anchors for health and wellbeing | |
| <p>We will support the workforce, systems and partnerships needed to deliver sustainable, high-quality primary care</p> | <ul style="list-style-type: none"> Implement and evaluate Primary Care Workforce Plan that supports recruitment, retention and career development across all service areas Evaluate the impact of ‘Right Care, Right Place’ Communications campaign and develop refreshed messaging tailored to local needs and seasonal pressures SLT to consider frequency, alignment and content of performance reports Locality Planning Groups to consider HACE findings Ensure governance groups actively drive improvement and innovation | <p>Resources are used effectively through integrated planning and delivery.</p> |

Appendix 3: Outcomes Map



Appendix 4: Year Two Delivery Tracker

| GENERAL MEDICAL SERVICES | |
|------------------------------|---|
| PROGRESS | YEAR TWO ACTION |
| Complete | Support general practice in stabilising its position. |
| On Track | Support ongoing development of MDT |
| On Track | Support development of GPs Expert Medical Generalist Role |
| On Track | Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract |
| On Track | Refresh and implement PCIP 2023/24 |
| On Track | Support CQLs in delivery of cluster functions |
| On Track | Develop plan for GP training and options for portfolio careers to attract and retain GP workforce |
| On Track | Explore options to join Rediscover Joy in General Practice programme |
| On Track | Continue to support GP sustainability loans |
| On Track | Continue to support minor works to make most of existing premises |
| On Track | Develop Primary Care Premises Strategy |
| Paused | Develop whole system Initial Agreement |
| On Track | Develop performance activity and outcomes data including assessing progress towards addressing health inequalities |
| On Track | Implementation of new GP Practice system (VISION) |
| On Track | Support development and spread of models that allow adoption of technologies |
| Complete | Establish calendar of protected learning time in collaboration with UCSF |
| On Track | Review delivery model for GMS learning from MOU implementation |
| PRIMARY CARE DENTAL SERVICES | |
| PROGRESS | YEAR TWO ACTION |
| On Track | Increase access to NHS dental services |
| On Track | Consider recruitment and retention options |
| On Track | Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes |
| On Track | Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care |
| Complete | Refine referral pathways between GDS, PDS and secondary care services |
| Complete | Review Emergency Dental Service to improve sustainability and access |
| On Track | Continue to recover Oral Health Improvement actions to reduce oral health inequalities |
| On Track | Assess impact of OHIP and refine Annual Delivery plan – targeted approach |

| | |
|-------------------------------------|--|
| On Track | Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates |
| Complete | Consider national contracts revisions and impact on service delivery |
| COMMUNITY PHARMACY SERVICES | |
| PROGRESS | YEAR TWO ACTION |
| On Track | Review current process and assure robust arrangements for recovery and progression of new pharmacy applications |
| On Track | Refresh Community Pharmacy hours of service contractual arrangements |
| On Track | Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self care advice –Right place, right time, first time |
| On Track | Ensure that the annual Pharmaceutical Care Services Report is co- designed with localities to meet the needs of local communities |
| On Track | Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities. |
| COMMUNITY OPTOMETRY SERVICES | |
| PROGRESS | YEAR TWO ACTION |
| Paused | Develop GP-Optometry Pathway |
| On Track | Implementation of national community glaucoma service |
| Paused | Review uptake of GOS across all localities and develop plan to address inequalities |
| On Track | Develop standardised approach to delivery of additional services |
| On Track | Review demand, access and equality of low vision services |
| On Track | Explore opportunities to enhance service delivery including investment in technology and greater collaboration with secondary care |
| Complete | Consider national contracts revisions and impact on service delivery |
| STRATEGIC ENABLERS | |
| PROGRESS | YEAR TWO ACTION |
| On Track | Develop primary care workforce plan aligned with NHS Fife and Fife HSP workforce strategies to ensure both managed service delivery and maximised support to independent contractors |
| Complete | Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time |
| Complete | Align the primary care strategy to the Fife HSCP performance, quality & assurance framework. Develop NHS Contract management and performance framework for Primary Care |
| Complete | Further strengthen leadership and governance arrangements |
| On Track | Engage with partners and key stakeholders to influence national direction for primary care and contract reviews |



| | | | |
|---------------------------|---|--------------|------------|
| Meeting: | Integration Joint Board | Date: | 26/11/2025 |
| Report Title: | Workforce Strategy 2022-25 Year 3 Annual Report & Summary Actions | | |
| Agenda Item No: | 6.3 | | |
| Responsible Owner: | Roy Lawrence, Head of Culture, Engagement and Communities | | |
| Report Author: | Dafydd McIntosh, OD Culture Specialist | | |

Executive Summary

This Report is presented to the Board having been endorsed at the Senior Leadership Team, Local Partnership Forum, Strategic Planning Group, Quality & Communities Committee and Finance, Performance & Scrutiny Committee. **For members who have read the Report previously, no changes have been asked for or made, so the Report is the same as presented previously.**

The Year 3 Workforce Action Plan, co-produced with input from nearly 50 stakeholders, outlines **48 targeted actions** across five strategic pillars: **Plan, Attract, Train, Employ, and Nurture**. As of October 2025, **81% of actions are complete**, with the remaining **19% actively progressing**, reflecting a sustained and collaborative commitment to workforce development across the Partnership.

In response to evolving national workforce and financial challenges, the Scottish Government has revised planning requirements. From 2025, Health and Social Care Partnerships (HSCPs) are no longer required to submit three-year workforce strategies. Instead, annual delivery plans will focus on the HSCP Strategic Plan, and the emphasis on utilising locality needs data. The Scottish Government requested an interim one-year Workforce Plan (termed Annex A), which was submitted in March 2025. We await further guidance for the 2026–2029 period.

Despite ongoing pressures, the Action Plan has enabled evidence-based recruitment and progression strategies, supporting sector-wide efforts to attract and retain talent. It has also helped surface critical challenges, including the impact of the withdrawal of the social care international visa on domestic recruitment.

Key achievements include:

- Delivery of innovative initiatives under each of the five strategic pillars within the Scottish Government's National Workforce Strategy.
- Establishment of a robust planning framework aligned to service priorities and performance reporting to IJB, standing Committees and Local Partnership Forum over the duration of the Workforce Strategy 2022-25

- Strong cross-sector collaboration via the Workforce Strategy Group, comprising NHS Fife, Fife Council, Fife College, Trade Unions, Staff-Side Leaders, and Third / Independent Sector representatives.

This work has laid a strong foundation for future workforce planning, ensuring readiness for the next strategic cycle and reinforcing the Partnership's commitment to sustainable workforce transformation, making the most effective use of our increasingly limited resources.

Recommendations

This paper is presented to:-

| | | |
|-------------------|-------------------------------------|--|
| Seek a Decision | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | IJB are asked to take assurance that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce and that plans are in place to support our refreshed Strategic Plan from 2026 onwards. |
| For Discussion | <input checked="" type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

The Workforce Strategy & Plan 2022–2025 provided a strong foundation for workforce planning across the HSCP. It aligned with national and local outcomes and guided by legislation, policy, and strategic frameworks—including the Public Bodies (Joint Working) (Scotland) Act 2014, which underpins the integration of health and social care and defines the role of Integration Joint Boards (IJBs) in improving service quality and outcomes.

The strategy set out a clear framework with ambitious, yet achievable objectives aligned to service priorities. It supported consistent self-assessment, fostering innovation, and enabling effective impact evaluation. This approach has strengthened our ability to monitor progress and respond to emerging workforce needs. The focus of our work over the three-year delivery period has been to support our existing workforce to feel supported and valued for the fantastic work they do for the people of Fife, as well as trying to attract, recruit and train the workforce we need for future sustainability.

The Year 3 Annual Report (**Appendix 1**) provides a comprehensive overview of progress against planned actions, highlighting the impact, value, and purpose of our work. It showcases improvements directly linked to strategic actions and demonstrates continued progress across all five workforce themes—**Plan, Attract, Train, Employ, and Nurture**.

The year 3 Summary Report (**Appendix 2**) provides a RAG rating update for every action for an ‘at a glance’ understanding of progress against all actions. This process was developed in collaboration with our internal Auditors.

The report also celebrates our workforce and their ongoing commitment to professional development through succession planning, training, and engagement with initiatives such as iMatter and wellbeing programmes.

Our work continues to meet the requirements of the Health and Care (Staffing) (Scotland) Act 2019, the National Health & Wellbeing Outcomes, the Scottish Social Services Council’s revised registration regime, and our ongoing work is well placed to provide a solid foundation for our Strategic Plan 2026.

Assessment (Key Points/Issues and Risks)

The key points outlined in the Year 3 Report (Appendix 1) and Year 3 Summary (Appendix 2) are comprehensive, capturing both new initiatives and progress against service transformation objectives.



Plan

Of the 12 priority actions identified for 2024-25, 10 have been completed, with 2 currently in progress. One action is dependent on the Scottish Government issuing new guidance for the 2026–2029 period, while another is influenced by external factors related to the Health Care Staffing Act and the medical workforce. The final action focuses on transforming overnight care and is actively progressing.

Between 2022 and the present, **38 workforce priority actions were identified under this pillar, with 61% completed within the planned timeframe**—reflecting steady advancement despite external challenges.

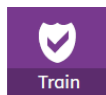


Attract

All 8 priority actions have been successfully completed for 2024-25. The report outlines a broad range of recruitment initiatives and sector development efforts, including the enhancement of the HSCP website—an essential tool connecting all Partnership employers.

Collaboration with Fife College and charitable providers led to the production of two promotional films at no financial cost, showcasing employment opportunities across the Partnership. Established employability pathways have supported individuals previously distanced from the labour market, helping many secure roles aligned to their skills.

Between 2022 and the present, 28 workforce priority actions were identified under this pillar, with 93% completed within the planned timeframe.

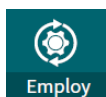


Train

Of the 10 planned actions for 2024-25, 9 have been completed, with 1 in planning for 2026 due to external delays. Bespoke Leadership Programmes continue to deliver meaningful development opportunities, with new cohorts actively engaged.

Training for managers to support mentally healthy workplaces has been well received, with 218 employees participating this year. The report highlights substantial progress in workforce upskilling to meet increasing acuity needs, including succession models to retrain staff and support career development. Significant work is also underway to support newly qualified professionals in health and social work, with regulatory changes in social care now completed and implemented.

Between 2022 and the present, 36 workforce priority actions were identified under this pillar, with 80% completed within the planned timeframe.



Employ

Of the 4 priority actions for 2024-25, 3 have been completed, with the final action—focused on activity coordinators—currently in progress. Key achievements include improved data monitoring for Mental Health Officers (MHOs) and enhanced promotion of postgraduate opportunities.

The closure of the Care Visa route by the Home Office in July 2025 has directly impacted the ability to grow and sustain the social care workforce, which represents nearly one-third of the sector in Fife. This particularly affects areas where international recruitment has been vital, extending to healthcare roles.

Workforce expansion remains a key focus, especially in supporting 'New Scots'. Progress includes the development of a pastoral care recognition scheme, highlighting the value placed on the international workforce. The Partnership has also made significant strides in equality, diversity, and inclusion (EDI), with six publications now available on the HSCP website.

Between 2022 and the present, 23 workforce priority actions were identified under this pillar, with 65% completed within the planned timeframe.



Of the 11 priority actions for 2024-25, 9 have been completed. The remaining 2, an audit of supervision practices and confirmation of silver accreditation for EDI work are in progress, with the audit planned for 2026.

Leadership development continues to grow in reach and impact, with 69 members in our Extended Leadership Team (ELT) and over 300 in our Integration Leadership Team (ILT). Insights Discovery sessions have been extended to 20 teams across the Partnership.

The Wellbeing Action Plan, now concluded, aligned with the Scottish Government’s 2024 strategy *Improving Wellbeing and Working Cultures*, focusing on the three P’s, **Promote, Prevent, and Provide**. A key initiative was the employee stress survey, which received 1,544 responses and reaffirmed workforce themes, forming the foundation for targeted stress-reduction actions. The Principal Social Work Officer presented an Action Plan in response to this at the Local Partnership Forum.

The Wellbeing Assurance Group supported the promotion of over 100 wellbeing champions across the Partnership. Trauma-informed practice development is underway, including benchmarking training deliverables and planning for long-term impact evaluation across Fife.

Between 2022 and the present, 45 workforce priority actions were identified under this pillar, with 82% completed within the planned timeframe.

Related Documents/Appendices

Appendix 1 – Workforce Strategy Year 3 Report 2024/25

Appendix 2 – Year 3 Actions Summary 2024/25

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|--|-------------------------------------|-------------------------------------|------------|--|-------------------------------------|-----------------------|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20/10/2025 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Local Partnership Forum (LPF) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11/11/2025 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Strategic Planning Group (SPG) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14/11/2025 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05/11/2025 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12/11/2025 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input checked="" type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Board | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |
| HSCP WS Oversight Group | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7/10/2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Workforce Planning Forum | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

Implications/Impacts

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

| | | |
|-------------------------------|-------------------------------------|---|
| Service Users/Carers | <input checked="" type="checkbox"/> | We know that a positive, motivated workforce provides the best quality of care to the people of Fife. We also know that our workforce are under immense pressure at present. Within this report we have highlighted the vast range of supports, innovations and evaluation measures that are in place to try and ensure our workforce feel equipped to deliver the best quality of care to our citizens, from attracting potential workers, employing them using mechanisms that make it as attractive as possible to secure a post, training them well, and providing wellbeing support when needed. |
| Localities/Communities | <input checked="" type="checkbox"/> | Our next Workforce Plan 2026-27 will align with the locality focus of our Strategic Plan 2026-29 and the new Annual Workforce Plan will be published in April 2026. |
| Quality of Care | <input checked="" type="checkbox"/> | The actions outlined are aligned with national and local outcomes, as well as regulatory and legislative requirements, all |

| | | | |
|---|-------------------------------------|--|---|
| | | aimed at improving the quality-of-care provision. Work presented in this report has been supported by our professional leads across the HSCP and the report writer is a member of workforce groups across Social Work, Nursing and Medicine. | |
| Workforce | <input checked="" type="checkbox"/> | Actions to develop, sustain workforce aligned to SG five pillars | |
| Legal | <input checked="" type="checkbox"/> | The Workforce Strategy aligns with all national legislation. The workforce lead is a member of the Scottish Government Workforce Planning Group. | |
| Financial | <input checked="" type="checkbox"/> | Workforce costs represent a significant expenditure, and the actions outlined are designed to improve efficiency and ensure alignment with available financial budgets. | |
| Performance | <input checked="" type="checkbox"/> | The actions outlined align with service delivery plans and highlight innovative work across the partnership to sustain, retain, and grow the workforce. | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input checked="" type="checkbox"/> | There are no significant climate impacts from this work. | |
| Communication and Engagement | <input checked="" type="checkbox"/> | This annual report has been collated in collaboration with all services and their leads and overseen by the Workforce Strategy Group. | |
| Risk & Mitigation | <input checked="" type="checkbox"/> | The Workforce Strategy and annual Action Plans are a key mitigating factor to the Workforce Risk held within the IJB Strategic Risk Register. | |
| Equalities and Human Rights, including children's rights and health inequalities | <input type="checkbox"/> | No Impact/Not Required | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input type="checkbox"/> | Age | |
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender Reassignment | |
| | <input type="checkbox"/> | Marriage/Civil Partnership | |
| | <input type="checkbox"/> | Pregnancy/Maternity | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Sex | |
| | <input type="checkbox"/> | Sexual Orientation | |
| | <input checked="" type="checkbox"/> | Full EQIA has been completed and is available on request | |



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



Workforce Strategy 2022-25 Year Three Report 2024-25



Supporting the people of Fife together



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| | |
|--|-----------|
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Dedication

The achievements outlined in this report are the result of the unwavering dedication, collaboration, and commitment of a diverse and passionate group of stakeholders. Through co-design and co-delivery, they have shaped and implemented high-quality, high-impact actions that are making a real difference for our workforce across the entire Health & Social Care Partnership in Fife.

This report is dedicated to our extraordinary workforce — the heart of our services — who, every day, support the people of Fife to achieve the health and care outcomes that matter most to them. With compassion, skill, and deep knowledge, our workforce brings values to life and transforms lives in ways only they can. We extend our deepest gratitude for your continued commitment, resilience, and excellence.




Lynne Garvey, Director of Fife Health and Social Care Partnership & Chief Officer for the Fife Joint Integration Board



Roy Lawrence, Head of Culture, Engagement & Communities, Fife Health and Social Care Partnership

Glossary

| EDI | Equality Diversity Inclusion |
|-----------------|---|
| ELT | Extended Leadership Team |
| FP&S | Finance, Performance & Scrutiny Committee |
| HIS | Health Improvement Scotland |
| HSC | Health and Social Care |
| IJB | Integration Joint Board |
| ILT | Integrated Leadership Team |
| LPF | Local Partnership Forum |
| NES | NHS Education in Scotland |
| ODC | Organisational Development & Culture |
| Q&CC | Quality & Communities Committee |
| RAG | Red, Amber & Green Escalation Tolerances |
| SLT | Senior Leadership Team |
| SSSC | Scottish Social Service Council |
| WSG | Workforce Strategy Group |

 Fife Health and Social Care Partnership remains firmly committed to advancing its strategic priorities, including its **Anchor ambition**. Throughout this report, the **anchor symbol** identifies key initiatives that contribute to this goal. For a comprehensive overview, **please see page 17**.

1: Introduction

The HSCP Workforce Strategy three-year plan has provided a robust foundation for workforce planning across the partnership. It established a strategic framework with clearly defined, ambitious yet achievable objectives aligned to service priorities.

The delivery framework has served as a consistent reference point, enabling systematic self-assessment, fostering innovation, and supporting impact evaluation. It has also enhanced our ability to monitor progress and adapt to emerging workforce needs.

In the context of ongoing workforce and financial constraints, the framework has supported evidence-based decision-making in recruitment and progression. This has ensured the effective and efficient use of available resources, while maintaining alignment with strategic goals.

Our work also continues to meet the requirements of the Health and Care (Staffing) (Scotland) Act 2019, the National Health & Wellbeing Outcomes, the Scottish Social Services Council revised registration regime and our own Strategic Plan 2023-26.

This report is structured around the Scottish Government's **Five Pillars – Plan, Attract, Train, Employ, and Nurture** – highlighting how initiatives from 2022 to 2025 align with key workforce development priorities. The Partnership's Operational, Professional, and Business Enabling services collaborated through the Workforce Strategy Group to shape these actions. This group brought together NHS Fife, Fife Council, Fife College, trade unions, staff-side leaders, and representatives from the third and independent sectors, ensuring broad and meaningful stakeholder engagement.

The Workforce Strategy and Action Plan was first published in 2022



Our progress, co-produced with partners from every area of the Partnership, is a testament to the incredible work our staff undertake across all organisations. This collective effort underpins our vision to achieve Mission 25 through the delivery of our Strategic Plan.

We take this opportunity to thank everyone across our Partnership for their dedication, commitment, skills, knowledge, and talent in supporting the people of Fife each and every day

2: National Outcomes

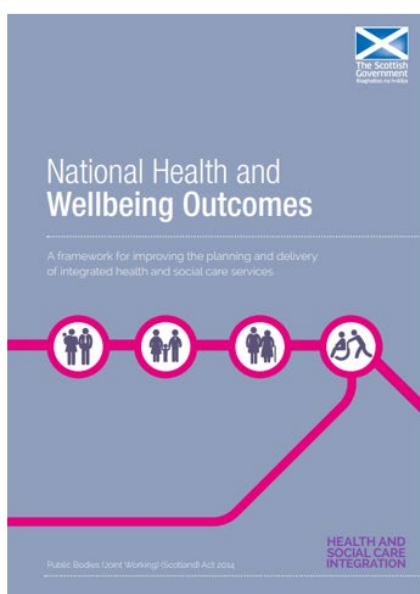
The Workforce Strategy & Plan 2022–2025 has been developed to align with a range of national and local outcomes, as set out in relevant legislation, policy, and strategic frameworks.

The strategy is underpinned by the **Public Bodies (Joint Working) (Scotland) Act 2014**, which provides the statutory basis for the integration of health and social care services. The Act sets out the responsibilities of **Integration Joint Boards (IJBs)** in improving service quality and achieving better outcomes for individuals and communities.

- ❖ **Integration with Purpose:** The strategy emphasises the importance of integration as a means to **improve people’s lives**, not just as a structural reform.
- ❖ **Outcomes-Focused Approach:** A key objective is to shift the focus of performance improvement towards the **achievement of personal outcomes** for individuals receiving care and their carers.
- ❖ **Quality and Impact:** The strategy seeks to deliver **tangible improvements** in service quality and user experience across health and social care.

Workforce development must be aligned with the **principles of integration** and **person-centred care**. Planning should support a **flexible, skilled, and sustainable workforce** capable of delivering on the outcomes set out in the strategy. Emphasis is placed on **collaborative working, shared values, and continuous improvement**.

Within the **Nine National Health and Wellbeing Outcomes** (The Public Bodies Joint Working) (Scotland) Act 2014) there are two outcomes that directly relate to our workforce and are central to our Workforce Strategy & Plan. This report outlines the continuous improvement actions we’ve taken to strengthen workforce recruitment and retention, enhance wellbeing, and build the skills and capabilities required to deliver safe, high-quality services across Fife. These efforts support our commitment to achieving **National Health and Wellbeing Outcomes 8 and 9**.



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.

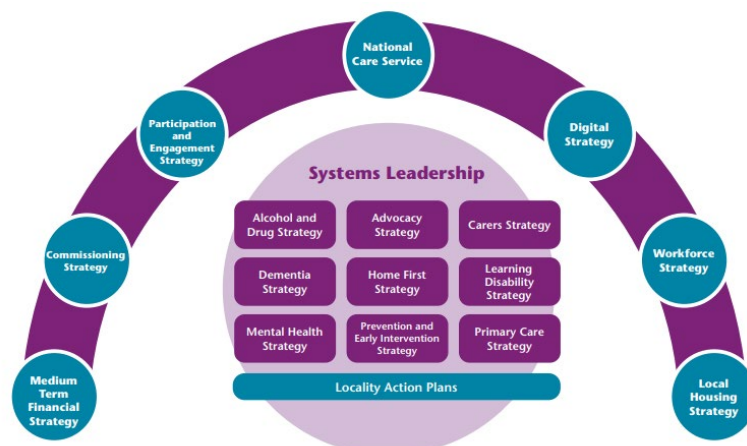
9

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

2: Local Outcomes

Work from 2022 to 2025 aligned with the IJB priorities in Fife’s Strategic Plan 2023 to 2026. This report highlights key examples, including areas directly linked to the five strategic outcomes.

The Workforce Strategy and Annual Actions Plan are aligned with local Partnership strategies that influence workforce development and the delivery of health and social care in Fife, underpinned by a systems leadership approach. Leads for all underpinning strategies are members of the Workforce Strategy Oversight Group and have ensured alignment between these strategies.



Other key strategies influencing the design included:

- ❖ NHS Fife’s Workforce Plan 2022- 2025
- ❖ Fife Council’s Our People Matter Strategy
- ❖ NHS Fife’s Fife Population Health & Wellbeing Strategy 2023-28
- ❖ The Plan for Fife 2017 -27



Anchor Ambition



The Partnership is developing its approach to Anchor Institute work in alignment with NHS Fife's Population Health & Wellbeing Strategy 2023–2028 and Fife Council's Plan for Fife, particularly through the lens of Community Wealth Building.

A **Community Wealth Building Bill**, the first of its kind globally, was introduced to the Scottish Parliament in March 2025 and there is no timeline has been confirmed. Under the Bill, local authorities and specified public bodies, including regional colleges and territorial health boards, including HSCP's will be required to prepare a Community Wealth Building Action Plan within three years of the relevant section coming into force.



Progress with Fife HSCP and NHS Fife is self-assessed using the National Anchor Organisation Framework, and a scoring matrix – **1 being minimal, 2 is modest, 3 is good and 4 as best practice / great**. Practices are structured under the following key headings:

'Anchor institutions can analyse local demographics alongside workforce data to support targeted actions that aim to develop a diverse workforce that is more representative of a local community'

Recruitment & Workforce Planning Score has risen from 2 to 3

- ⚓ Routine analysis of absence and recruitment data informs strategic planning.
- ⚓ Targeted recruitment through EMERGE and Youth Recruitment Pathway supports underrepresented and at-risk groups.
- ⚓ Collaboration with Fife Council Employability Services enhances data sharing for social care pathways, including Life Chances.

'Anchor institutions can recruit in ways that minimise discrimination, provide equality of opportunity and maximise scope for local people to secure good jobs'

Inclusive Recruitment Practices Score is 3

- ⚓ Entry-level simplification pilot underway.
- ⚓ Disability Confident Employer status maintained.
- ⚓ Improved digital landing pages enhance applicant experience.
- ⚓ Guaranteed interviews for candidates with lived experience.

Apprenticeships & Youth Engagement Score has risen from 2 to 3

- ⚓ Modern Apprenticeships offered at Band 2, above National Living Wage, in Nursing, Midwifery, Pharmacy, and Labs.
- ⚓ Development of interactive Work Insight Programme and in-house careers events with Developing Young Workforce.
- ⚓ Foundation Apprenticeship in Social Services & Healthcare not positioned as a direct employment pipeline.
- ⚓ Graduate Apprenticeships in Adult Social Work in planning.

‘Anchor institutions can pay the Real Living Wage and support people with fair conditions’

Employment Flexibility Score is 4

- ⚓ Bank model and fixed-term contracts offered to suit individual needs.
- ⚓ eRostering supports flexible rota planning.
- ⚓ Promotion of Retire and Return option.
- ⚓ Flexible roles include full-time, part-time, and relief posts.

‘Anchor institutions can support mental and physical health through things like facilities, policies, culture and advice’

Staff Wellbeing Score is 3

- ⚓ Wellbeing Framework and Action Plan (2022–2025) in place.
- ⚓ Weekly updates via Staff Link and Fife Council intranet.
- ⚓ Return-to-work templates include wellbeing support.
- ⚓ Mental health training for managers widely accessed.
- ⚓ Access to third-party services: Occupational Health, optometry, counselling, physiotherapy

‘Anchor institutions can work with other local employers and employability partners to collectively develop local opportunities and strategies to support local employment’

Strategic Partnerships Score is 2

- ⚓ Collaboration with Fife College (apprenticeships, catering roles, EMERGE) and University of St Andrews.
- ⚓ Engagement with Fife College Care Academy to deliver career events and access funding.
- ⚓ Collaboration with SSSC, Scottish Government, and Care Inspectorate to accelerate social care qualifications



Examples of innovative work aligned to the Local Outcomes

Local:

The **Fife International Employers Network (IEN)** recently launched as part of the local HSCP Workforce Strategy and Action Plan, is helping to grow the region's workforce. One of its key priorities is to recruit displaced workers and support their journey to becoming valued members of Scotland's communities—New Scots.

Over 200 pupils from Fife's high schools took part in our engagement sessions, designed to showcase diverse careers in health, social care, and social work—and to spark interest in joining the sector after school.

Sustainable:

Fife HSCP is committed to workforce transformation through a range of initiatives that support upskilling, career progression, and a sustainable 'grow your own' culture. These include the recruitment of **Advanced Nurse Practitioners**, the launch of an **Aspiring Social Worker initiative** to train and develop our paraprofessional workforce, and the expansion of capacity to offer Graduate Apprenticeships and Mental Health Officer development opportunities.

Integration:

The **Care Home Collaborative** demonstrating a strong commitment to sector-wide collaboration has commissioned a **Fife-wide Leadership Programme**. The establishment of a new Fife **Supported Living Collaborative**, based on the Fife CAH model, will advance strategic priorities such as care transformation, collaborative commissioning, and enhanced partnership working across the system.

To support high-quality care and successful integration, **fifteen independent care homes** in Fife have expressed interest to enhance **Objective Structured Clinical Examination (OSCE) preparation** for internationally recruited nurses. This collaborative initiative ensures equitable access to training and consistent support across homes.

Wellbeing:

As part of our commitment to wellbeing, **100 Champions** have been identified across the Partnership, and 218 managers and supervisors have completed Mentally Healthy Workplace training.

Our commitment to **Trauma Informed Practice** includes team engagement methods to help identify starting points and guide next steps—ensuring sustainable integration beyond training, in response to national and local feedback.

Outcomes:

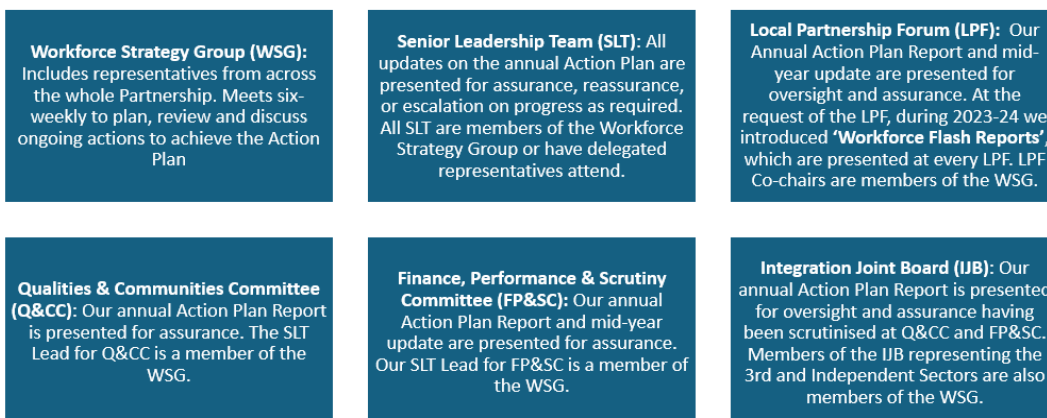
As part of our commitment to workforce development, we have introduced post-qualification pathways to support **Band 4 staff transitioning into Nursing** roles. Practical skills have been enhanced through a collaboratively delivered **Tube Feeding Study Day** with the NHS Community Learning Disability service. Furthermore, we have **expanded** our Mental Health Officer capacity within Social Work, ensuring better support for individuals with complex needs.

3: Risk & Governance

Our Workforce Risk has been classified as a ‘high’ risk within the **Integration Joint Board Strategic Risk Register**, because of the number of external and internal factors that impact on the Partnership’s ability to grow and retain the workforce required to deliver our strategic priorities. As described in the introduction to this Report, these factors continue to create significant challenge to address this risk.

Our Head of Culture, Engagement and Communities Roy Lawrence, is chair for the Workforce Strategy Group and attends wider partner oversight groups to provide ongoing updates on progress:

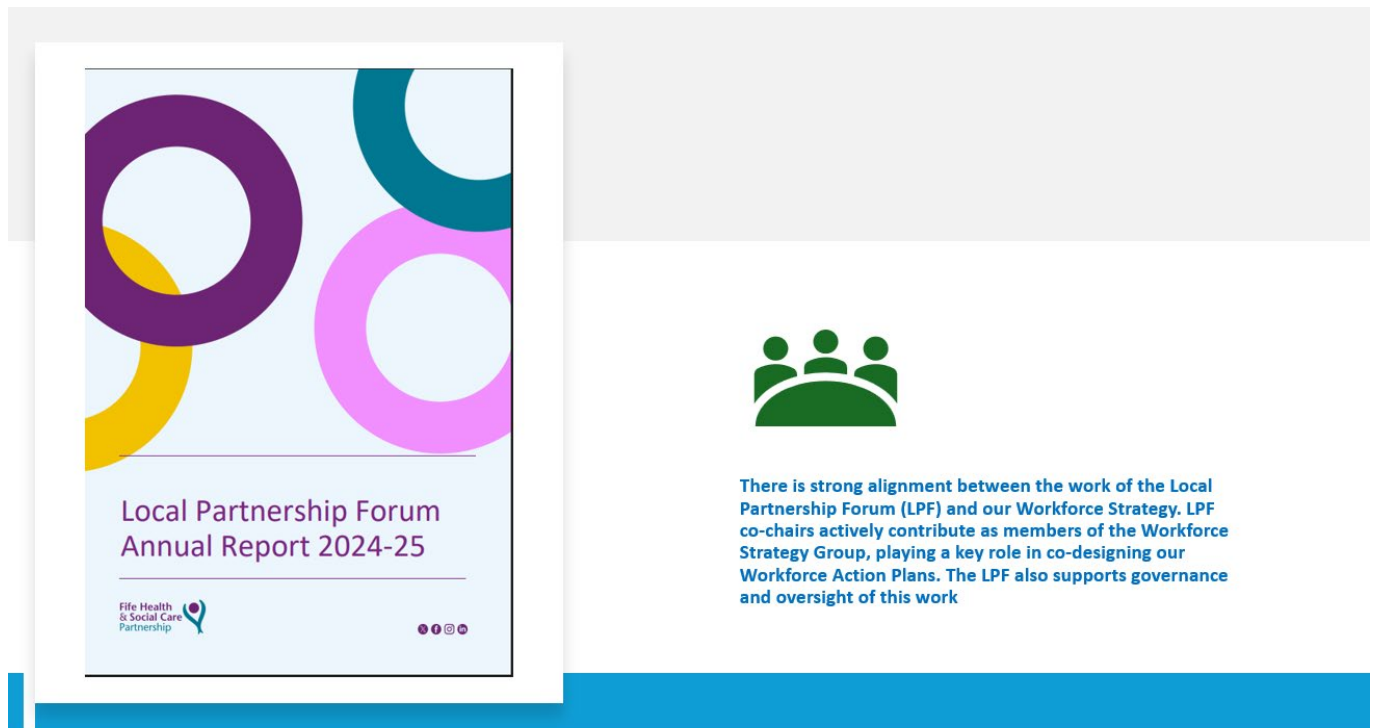
- ❖ **NHS Fife Strategic Workforce Planning Group**
- ❖ **NHS Staff Governance Group**
- ❖ **Fife Council Our People Matter**



- ❖ In 2023 the Workforce Strategy & Plans were subject to an **Internal Audit**, which reported to the Finance, Performance & Scrutiny Committee in January 2024. The Audit concluded that the IJB could take **‘reasonable assurance’** and confirmed there was a strong collaborative working relationship between all partners, and that the Workforce Strategy Group set up to provide oversight with representatives from the whole Partnership ensured that the key priorities from across the whole Partnership were the focus of our actions.
- ❖ January 2024 a **‘Workforce Risk Deep Dive’** led by our Compliance Manager was completed. The review developed in collaboration with our Local Partnership Forum and presented to our Finance, Performance & Scrutiny Committee set out in detail the large range of factors that impact on our Strategic Workforce Risk, linked to the Board’s risk tolerance, alongside the control measures that are in place.

Our Action Plans from 2022 to 2025 have included a total of 176 Priority Actions led by operational leads from NHS Fife, Fife Council, Independent and Third Sector Employers.

4: Our Local Partnership Forum



In its 2024–25 Annual Report, the LPF outlined a range of actions that have been directly integrated into our Year 3 Workforce Action Plan. These include support for:

- ❖ Staff engagement & representation – providing a platform for employees and trade unions to raise concerns, share ideas, and influence policies.
- ❖ Change Management & Transformation – supporting service changes, ensuring that staff are involved in decision-making and implementation.
- ❖ Wellbeing & Workplace Culture – promoting initiatives related to employee health, wellbeing, equality, diversity and inclusion.
- ❖ Governance & Assurance – Ensures that workforce strategies align with national and organisational policies, including employment laws and healthcare regulations.
- ❖ Service pressures – what the impacts are on staff and what support may be needed.
- ❖ Attendance – looking at what more we can do to support people who are absent back into work.
- ❖ Finance – keeping up to date on the current financial pressures and the impact on the workforce

Keeping staff at the forefront is essential when implementing strategic priorities. The Forum ensures that staff views are integral to shaping these priorities.

Throughout the past year, the Forum has had input into:

Financial Recovery Plan • Sustainable workforce and supplementary staffing • Prevention and early intervention strategy • Professional Assurance Framework • iMatter • Stress survey • Winter planning • Immunisation

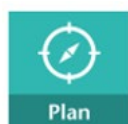
5: Review of 2024 /2025 Workforce Actions



Working with partners we are committed to the following outcomes:



The Three-Year Workforce Action Plan 2024-25 is a **SMART** Plan **Specific, Measurable, Achievable, Relevant, and Time-bound** and structured around the 'Five Pillars' that were established in the National Workforce Strategy for Health and Social Care in Scotland (2022).



Plan

Plan

Supporting evidence-based workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.



Attract

Attract

Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to marketing and creating the collaborative conditions that support integrated joint working.



Train

Train

Working with partners in all sectors to support engagement with Higher Education, Local Colleges, the Scottish Social Service Council (SSSC) and NHS Education in Scotland (NES) and Professional and Practice Developments, to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.



Employ

Employ

Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care including Mental Health Officers.



Nurture

Nurture

Investing in the Wellbeing of our workforce through improving our Culture and Leadership through leadership development at all levels and Partnership-wide organisational development approaches.

Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan

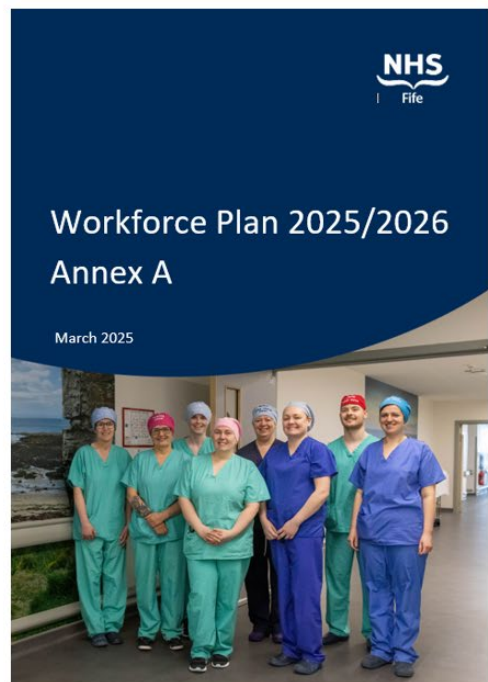
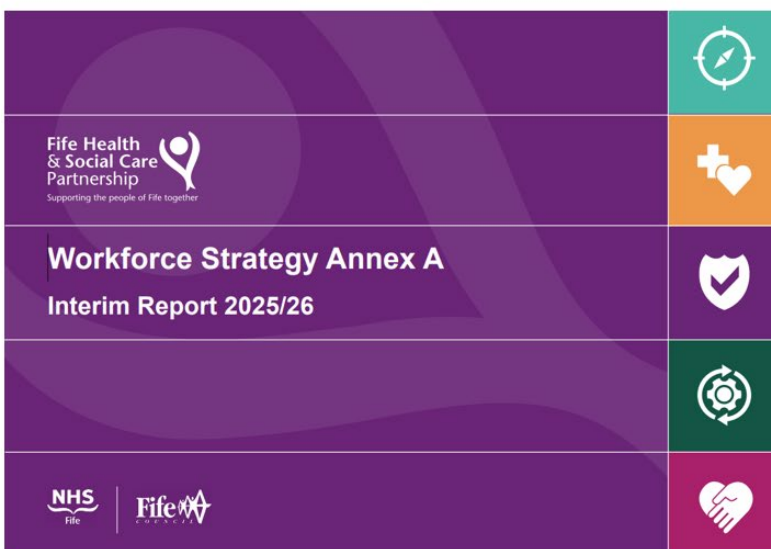
Scottish Government Annex A 2025

The Health Workforce Planning and Strategy Unit of the Scottish Government (SG) has revised its requirements in response to ongoing recruitment challenges and the need for financial transformation within Health and Social Care Partnerships (HSCPs). From 2025, HSCPs are no longer required to submit a three-year workforce strategy to SG. Instead, workforce planning will be managed locally.

For 2025–26, an interim one-year Workforce Plan, based on Annex A of previous guidance, was submitted to Scottish Government by March 2025, replacing the earlier three-year plan submission deadline. NHS Fife also produced a corresponding plan for Acute and Partnership services.

The decision to produce separate reports reflects the complexity of integrated care delivery. The HSCP report, tailored to its specific service portfolios, ensured comprehensive representation from all services and commissioning partners. Both reports were developed collaboratively with input from operational leads, service managers, heads of service, independent and third sector representatives, HR, and finance.

We are anticipating further guidance from Scottish Government for submission requirements for the period 2026 /29.



Health and Care (Staffing) (Scotland) Act 2019

In April 2025, NHS Fife published its first Annual Report for the 2024/2025 period, which was submitted to the Scottish Government. The report, covering Parts 1 and 2 of the Health and Care (Staffing) (Scotland) Act (known as the HCSA), highlighted strong integration with eRostering systems—particularly the SafeCare module. SafeCare continues to play a vital role in supporting safe staffing levels and mitigating workforce-related risks. It also provides robust evidence that these risks are being appropriately managed.

In June 2025, the Health and Social Care Partnership (HSCP) and Fife Council published their first Health and Care Staffing Assurance (HCSA) report. This report, submitted to the Scottish Government, aligned with the statutory requirement for all local authorities (LAs) and integration authorities (IAs) to publish their initial reports by 30 June 2025, covering Parts 1 and 3 of the Act. This reporting timeline was introduced following a government consultation, which led to minor amendments in statutory guidance, affecting LAs and IAs but not NHS Boards.

The HCSA report showcased a range of activities supporting the Act's implementation, including:

- ❖ Internal self-assessments conducted by operational leads, service managers, risk compliance managers, and heads of service.
- ❖ Collaborative work with the independent sector.
- ❖ Service-level feedback gathered during strategic group meetings.
- ❖ Inspection data compiled by the Care Inspectorate.

To support the workforce in understanding and applying the new legislation, a suite of training and learning resources was made available via the Fife Council Oracle Learning Portal. This included direct access to materials hosted on the MyTuras platform. External providers were also given access to these resources to ensure consistent understanding across sectors.



The Health and Care Staffing in Scotland Knowledge and Skills Framework has been developed by National Education for Scotland (NES) to reflect the guiding principles for health and care staffing and has been widely promoted across the workforce.



One of the key actions taken was the implementation of the 'Total Mobile' scheduling tool for social care staffing. This tool enhances flexibility in work scheduling, increases service capacity, and ensures compliance with the Health and Care Staffing (Scotland) Act 2019. It also strengthens operational resilience during periods of high demand.

Continued engagement with the Care Home (CH) and Care at Home Collaboratives (CAH) to ensure the independent sector have an equal voice in the safe delivery of care in this sector



The **Fife Care at Home Collaborative** continues to grow in strength, with 80–100% of providers attending fortnightly meetings. This high level of engagement reflects the sector's commitment to shared learning and improvement.

The Collaborative's Core Membership now includes the Care Inspectorate and Fife College, ensuring that vocational training, regulatory compliance, and quality standards are supported in a coordinated and responsive way throughout the year.

Paul Dundas, Independent Sector Lead in the Partnership, emphasises the value of cross-sector collaboration in Fife. He highlights the importance of **participation, engagement, and the relationships** that underpin our shared goals.



As work progresses on the refresh of the **Fife Strategic Plan**, there is a significant opportunity to involve commissioned employers. Their insights can help shape activities, provide feedback, and generate ideas about what's working well, what could be improved, and what support is needed to enable change.

Themes and actions emerging from Collaborative meetings will be shared and discussed with colleagues across Fife HSCP and provider organisations to inform ongoing development.

The **Care Home Collaborative** meets bi-monthly, with over 60% of Fife's Care Home Providers regularly participating—demonstrating a strong commitment to sector-wide collaboration.

To support leadership development across the sector, the Care Home Collaborative has commissioned a **Fife-wide Leadership Programme**, with Cohort 1 launched in September 2025 and Cohort 2 planned for June 2026.

A joint initiative between the Care Home and Supported Living Collaboratives was piloted during Africa Day celebrations on 25 May 2025, showcasing the strength of partnership working and honouring the vital contributions of our international workforce, who now comprise almost one-third of Fife's social care workforce.

The establishment of a new Fife **Supported Living Collaborative**, based on the Fife CAH model, will advance strategic priorities such as care transformation, collaborative commissioning, and enhanced partnership working across the system.

Plan Highlights from 2022 -2025

Between 2022 and the present, the **Plan Pillar** initiated **38** workforce priority actions. **61%** of these were completed within the planned timeframe.

How did we do?

Access funding routes to develop learning and development with awarding agencies and partners.

- ✓ In response, we collaborated with Fife College to develop a Care Academy model that strengthens the alignment between higher education and the Health and Social Care sector. This initiative has enabled our workforce to access affordable—or fully funded—qualifications valued at over £200,000, with delivery tailored to meet the sector’s specific needs and ambitions.

Develop ‘Flexibility Works’ to help consider flexible working options for front-line employees.

- ✓ We responded by applying the learning from the pilot programme to shape our implementation of the Total Mobile digital rostering tool in two of our largest services. This approach has enabled us to enhance flexibility in compiling staffing rotas.

Develop career pathways and succession planning to support the future pipeline of our workforce and creates a culture of continuous improvement.

- ✓ We responded by developing and recruiting over 30 Band 4 nursing roles to create a pathway for Enhanced Practitioners to enter nursing degrees at year two. Additionally, we introduced a new Care Practitioner role to support career progression from Social Care Assistant to Social Care Worker.

Review sustainability of all services by running available Workforce and Workload Planning Tools related to Health & Care (Staffing) (Scotland) Act

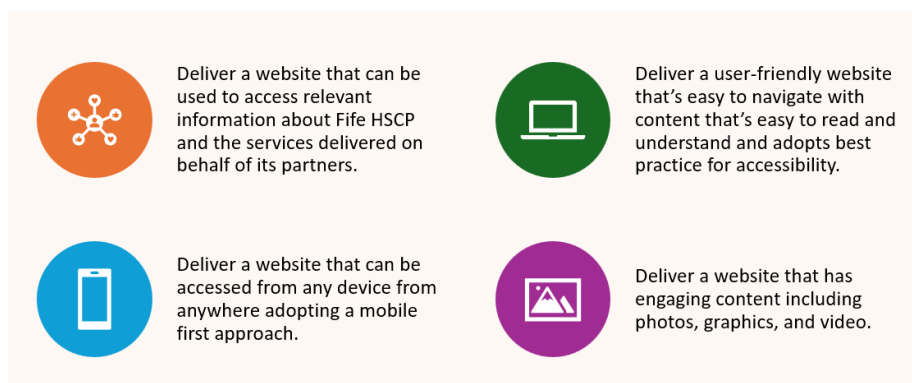
- ✓ We developed a monthly-updated Establishment Dashboard for Fife Council, aligned with NHS Fife’s workforce methodology and financial dashboards. It tracks staffing levels and highlights establishment gaps based on current vacancies.
- ✓ A multidisciplinary working group was formed to support implementation of the Health and Care (Staffing) (Scotland) Act 2019, comprising registered service managers, professional leads, commissioning and risk compliance officers, and HR workforce development representatives

Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services

In Fife, we have maintained our efforts to promote careers in the Partnership and to engage with national and local initiatives to develop clear access pathways and leverage alternative recruitment programs, examples of progress include:

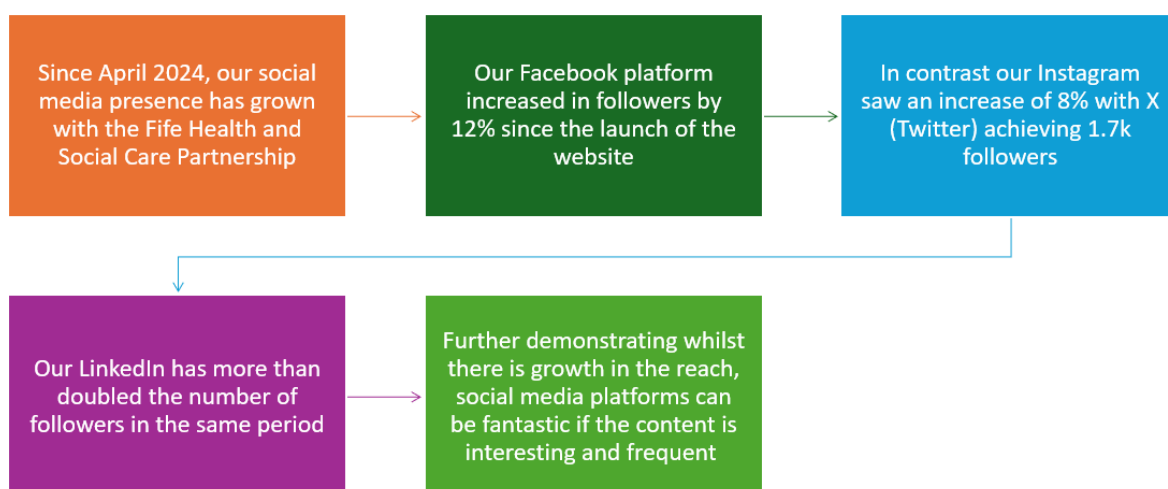
Health and Social Care Partnership Website

In 2024, we launched a new and enhanced website that ensures that user experience is at the heart of the new online presence and offers seamless navigation between HSCP partner websites which aimed to:



Social Media

We recognise the significant impact of social media, with many people now accessing information online. That's why we created a single, trusted source where the people of Fife can explore careers, services, and opportunities in Health and Social Care.



Alongside our social media presence, our new website has already attracted **66,178** visits. As it is still in its early stages, we'll be able to identify trends more clearly over time. The website features a dedicated **Work for Us** section, designed to make it easy for users to navigate and explore job opportunities.

Modern / Technical Apprenticeships in Healthcare



NHS Fife's pharmacy and medicines directorate has appointed **20 Modern Apprentice positions** in the past year. These apprenticeships support the training and recruitment of **pharmacy support workers** and **pre-registration pharmacy technicians** - roles that are essential in supporting the safe and effective delivery of medicines and clinical services across hospital, community and primary care settings.



We supported the **pre-registration pharmacy technicians** to begin their professional journey through two distinct learning pathways: a *Technical Apprenticeship* or a *Vocational SVQ*, allowing individuals to choose the study style that best suits their needs.

Those undertaking the 'Technical Apprenticeship' have embarked on a two-year programme leading to a **Diploma in Pharmacy Services at SCQF Level 7**, delivered via a blended learning model in partnership with West College Scotland.

Alternatively, the Vocational **SVQ in Pharmacy Services at SCQF Level 8** for pharmacy support workers is delivered in collaboration with Fife College—our valued local partner—providing healthcare education opportunities that strengthen our workforce and community.

Social Care Apprenticeships



Attracting Young People to Social Care: A Renewed Approach

Engaging young people in social care continues to be a challenge. Fewer than ten apprentices joined the sector during the reporting period, and 97% left within a year—despite the programme being designed to last 24 months.

To tackle this, with support from Fife Council's Workforce Youth Investment Team a refreshed initiative was launched in January 2025, focusing on marketing and recruitment for Care Assistant and Home Carer roles.

The 18-month Care Apprenticeship for individuals aged 16–24. programme now offers flexible qualification pathways—both vocational and academic—to support career progression and registration with the Scottish Social Services Council (SSSC).

A shift to campaign-based advertising, amplified through social media and recruitment platforms such as Opportunities Fife, resulted in an **80% increase** in applications.

Eight apprentices were appointed in July, with 7 more set to join in November.



Training is delivered through the HSCP Care Academy at Fife College, providing recognised qualifications that enhance long-term career prospects. This refreshed model—combining targeted outreach, flexible learning options, and improved content—has significantly boosted engagement and will now be adopted as an annual programme.

Talent Pipelines to Social Care Roles



The Scottish Government's **Earn and Learn College Placements Blueprint** for adult social care, a Joint Social Services Taskforce (JSST) initiative that helps social care employers' partner with local colleges to provide paid, short-term placements for students pursuing social care qualifications. This "win-win" model addresses recruitment challenges by offering students paid experience and qualifications, while providing employers with a pathway to train and recruit potential permanent staff, thus building a stronger sector workforce.

Fife College students commencing HNC and SVQ courses have worked with the HSCP and in October, we have **12 applications from Students** keen to gain employment in the Partnership and use it as their work placement.



Attract Back

There are compelling and well-established routes to re-engage skilled professionals in Social Care, Social Work, Nursing, and Allied Health Professions. These pathways not only support a smooth return to practice but also help strengthen our workforce with experienced talent. For example:

- ❖ **Flexible Qualification Pathways** - A more adaptable approach to registerable qualifications enables staff to transition from children's education services into social care roles—without the need to complete two separate qualifications. This reduces barriers and encourages career mobility within the sector.
- ❖ **Return to Practice for Social Workers** - Clear and supportive return-to-practice requirements are now in place for social workers who have been off the SSSC Register for more than two years. This ensures a structured and confident re-entry into the profession.
- ❖ **NES Return to Practice (RTP) for Nursing** - The NES RTP programme offers two annual intakes in Fife, delivered in partnership with Glasgow Caledonian University. This initiative provides a reliable and accessible route for nurses to return to clinical practice
- ❖ **Support for Allied Health Professionals (AHPs)** - Former AHPs returning to practice benefit from nationally developed NES protocols, which are consistently applied in Fife. These include tailored return-to-practice placements that ensure readiness and confidence in rejoining the workforce.

Develop approaches for youth apprenticeships and employability programmes

Youth apprenticeships and employability programmes provide training, work experience, and qualifications to help young people enter the workforce by combining practical skills with formal study or tailored support.

We have an aging workforce, and we recognise the challenge to recruit new and young people into our workforce. Across 2024/ 25, we have continued to build momentum to promote the benefits for young people to consider a career in care.



Career Ready is the national social mobility charity at the heart of a network of educators and employers who all believe that every young person deserves the opportunity to kickstart a rewarding future.



Building on the success in 2023 in which some of our senior leaders supported Career Ready young people to undertake a paid internship we have continued the opportunity. In 2024 a further **three young people** were mentored via this excellent programme, and one person is at Randolph Wemyss with NHS Fife providing a great opportunity for young people but also to our staff who can develop their own leadership skills.

In July 2025, the Adult Support service **increased** this to 5 places and welcomed **Zainab Mehmood, Baillie Fleming, Peculiar Ojo, Zaina Umar, and Fern Logan** to complete their 4-week Career Ready internship in group homes for adults with complex needs across Fife. The group decided as their internship project to plan a sports day for the service users.



HSCP Career Ready Interns 2025

The national social mobility charity at the heart of a network of educators and employers who all believe that every young person deserves the opportunity to kickstart a rewarding future.

The success of the programme is evident and for some, it leads to their first job. **Isla** was mentored via the Career Ready Programme in 2023 and has since secured a full-time Care Assistant job in the Partnership. In 2025, another two young people have found permanent and temporary employment in Care Assistant roles further demonstrating the invaluable experience can lead to career opportunity.



MCR Pathways support many young people including young carers, care experienced, asylum seekers or those who have suffered significant family bereavement or disruption at home e.g. they have a family member in prison or who are struggling with addiction and who often don't have that 'one trusted adult' to help them shape their future, and they are mentored by our staff.

NHS Fife continues to support this important programme with **10 mentors** signed up in 2025 which is an incredible achievement and provides a great opportunity to support young people to move closer to a positive destination.

Kings Trust 'Get into Health and Social Care'



The King's Trust offers free "Get Into" programmes for young people aged 16–30, designed to help them launch a career in social care. These programmes provide sector-specific training, employability skills, and hands-on work experience—often leading to job offers from partner organisations.

Fife Health and Social Care Partnership (HSCP) is proud of its ongoing collaboration with The Trust, which consistently achieves an **impressive 90% job conversion rate** at the end of each programme. Career progression opportunity now includes permanent roles, care apprenticeships, and the Life Chances pathway.

In September, we were delighted to welcome **Cohort 5**, offering 15 young people the opportunity to gain valuable experience across a variety of care settings, including:

- ❖ 2 people in NHS Fife Pharmacy Service
- ❖ 6 people in Fife Council Adults Support & Accommodation service
- ❖ 1 person in NHS Fife Rheumatology service
- ❖ 6 people in Fife Council Homecare service

At the time of this report, 10 individuals from the September cohort are progressing through recruitment into permanent roles, care apprenticeships, and Life Chances opportunities across the Partnership.



Planning is underway for Cohort 6, scheduled for February 2026, reaffirming our ongoing commitment to supporting young people in Fife to gain practical experience and secure employment within the Partnership.

EMERGE 'Challenge-Based Learning Programme'



EMERGE is a collaboration between NHS Fife and Fife College which aims to widen access to employment, build a more inclusive and diverse workforce and engage with priority groups from areas of multiple deprivation.

The 12-month programme for senior school pupils provides an amazing opportunity to gain:

- ❖ **Hands-on Experience:** Offering students the opportunity to participate in supervised tasks appropriate to their level of training.
- ❖ **Encouraging Professionalism:** Reinforcing the importance of teamwork, communication, and adherence to NHS values and protocols.
- ❖ **Facilitating Reflection and Learning:** Encouraging students to self-assess and reflect on their experiences, helping them develop critical thinking and problem-solving skills.



The pilot programme, launched with seven pupils from Levenmouth High School, achieved a strong **71% retention** rate. Building on this success, the second cohort has grown to **15 pupils** and now includes more schools, at Levenmouth, Bell Baxter and Auchmuty high schools. This is an **46% increase**, demonstrating rising interest and commitment among young people pursuing careers in Health and Social Care.

Grace, one of the EMERGE Healthcare Pathways students recently presented her innovative design concept to NHS Fife, Fife College, and Health Charity.

Her forward-thinking idea was a recycling education app that uses QR code technology to promote sustainability and awareness within healthcare environments alongside a range of other creative, impactful solutions.

It's inspiring to see the learners driving change and contributing to real-world challenges.



Life Chances Alternative Recruitment

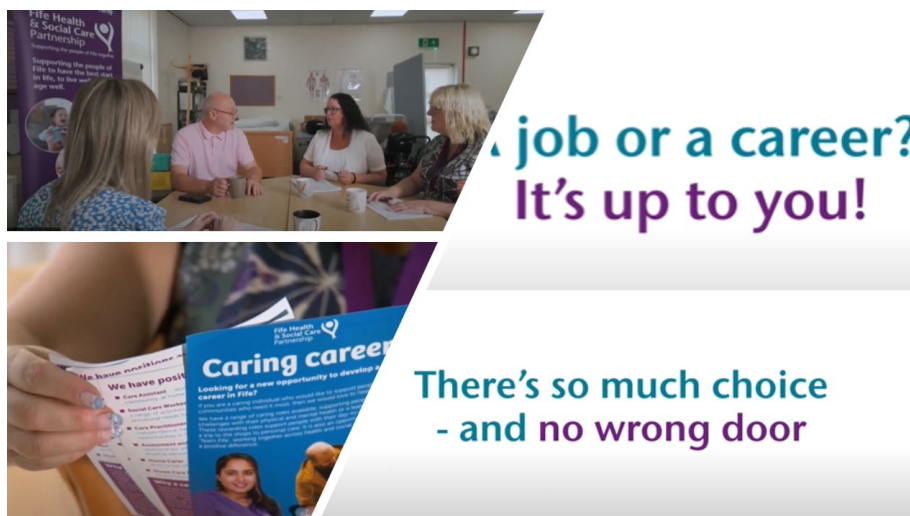


Life Chances is a bold recruitment model developed by Fife Council to tackle socio-economic disadvantage and accelerate workforce inclusion. Piloted in 2023/24, it offers a structured, paid 13-week placement linked to real job vacancies—culminating in a guaranteed job offer for successful participants.

For 2025/26, the Health and Social Care Partnership (HSCP) aims to deliver 28 placements. The model directly supports inclusive growth, workforce sustainability, and community wellbeing—demonstrating effective collaboration across council services and partner employers.

Through joint support from the Fife Council Employability service, the number of places supported in the Partnership in 2025 are:

- ❖ 1 Pharmacy Assistant with NHS Fife, funded by the Employability Service.
- ❖ One individual completed a 13-week placement in the Adult Support and Accommodation service and transitioned into a contracted Care Assistant role.
- ❖ 13 places with Third Sector providers.



Armed Forces Talent Programme



As part of NHS Fife ongoing commitment to remove the barriers for the Armed Forces Community looking to join the NHS, the Armed Forces Talent Programme team announced a round of paid placement opportunities with one person securing a 6-month paid placement in Audiology.

The message is clear, **“whether you're a veteran, reservist, service leaver, or a family member, this is your chance to gain valuable experience and take the next step in your career journey.”**



Career Promotions

There is a growing need to attract and support new talent entering the profession. This can be achieved by raising awareness of the sector in schools, creating opportunities for young people to develop workforce skills, opening wider employability pathways, and welcoming career-changers. To support this, the HSCP website's **'Work for Us'** section has been refreshed with staff spotlights and short films, designed to inspire and encourage those considering a career in Health and Social Care to take the next step.



Health and Social Care Recruitment Film



In August, Fife HSCP received funding from the **Fernie Foundation**, a Fife based charity that supports young people as they move from school into work. The ambition to develop a film to inspire young people to consider a career in health, social care and social work was realised.

The young 'cast' drawn from our social care and social work services gave up their day off to support the project. The film can be seen on the **HSCP website**, **'Work for Us'** section focusses on careers in nursing, social care, medicine and social work, seeks to dispel the myths and instead inspire the next generation of workforce to consider a **Career in Care**.



Experience Medicine Programme



The Experience Medicine programme, run by the University of St Andrews and NHS Fife, aims to support Scottish state school pupils from widening participation backgrounds who are interested in studying medicine.

The programme provides practical experience, insight, and guidance to help pupils understand medical careers and strengthen their applications to medical school includes:

- ❖ hands-on experience through NHS Fife placements, including shadowing healthcare professionals.
- ❖ Support efforts to widen access to medicine, ensuring talented students from underrepresented backgrounds have equal opportunities.

In December 2024, NHS Fife hosted over 70 Fife school pupils at Cameron hospital event where they engaged with simulated activities including sensory prescribing, CPR, suturing and wound management. The pupils shared how valuable this was and there was a genuine buzz.



Developing the Young Workforce Events



DYW Fife plays a key part in the delivery of the Young Person's Guarantee to support young people to prepare for the world of work. Through DYW Fife, employers can provide inspirational opportunities for young people to help them understand and develop the skills they need to succeed.

In March, the first school event was hosted at Queen Margaret Hospital Simulation and Lecture Centre for over 75 pupils in S1 to S3 keen to explore a range of future careers to influence their subject choices. On the day, colleagues from **Dentistry, Social Work, Nursing, Social Care, Allied Health Professions** and **Catering, Facility Management and Business Administration** and others, attended the two-day event to showcase the range of career opportunities, skills and qualification requirements to the young people.

In September, over **80 senior phase pupils**, who identified a career ambition as a destination of choice attended a similar event.

On the day, pupils could interact with equipment and undertake simulated activities, whilst pressing the staff for advice on how to create a good application and gain an understating of the training requirements.



HSCP Career Events



The **Fife Care Academy** hosted career events in Kirkcaldy in both November and March, establishing these gatherings as key fixtures in the local calendar.

More than 30 employers from the Partnership participated, showcasing their organisations and current vacancies. With a combined attendance of over 500 people, each event continues to grow in scale and impact, attracting an increasing number of providers and offering valuable opportunities for job seekers and employers alike.



Social Care Recruitment Film



At its heart, integration is about collaboration. That's why the HSCP partnered with Fife College media students to create a short film promoting careers in Social Care.

The film, developed and filmed by **Ryan Chapman**, a **final-year Creative and Media student** at **Fife College**, features service users and staff from the Adult Support and Accommodation service.

The film highlights the importance of relational care, showing how our workforce goes beyond meeting physical needs to build strong, positive relationships. By fostering connection, belonging, and mutual support, we create a truly caring environment for everyone.



You can watch the film on the HSCP website's '**Work for Us**' page, which also showcases current vacancies and employee benefits.

<https://www.fifehealthandsocialcare.org/work-for-us/developing-our-workforce/>

Attract Highlights from 2022 -2025

Between 2022 and the present, the **Attract Pillar** initiated **28** workforce priority actions. **93%** of these were completed within the planned timeframe.

How did we do?

‘Continue to explore and provide opportunities to promote the Health & Social Care Partnership, including but not restricted to, participation in recruitment events, use of social media, training events.’

- ✓ We launched the Be a Winter Hero social media recruitment campaign ran for 25 days from December 2022 promoting short term seasonal opportunities to support the Partnership’s capacity to meet the challenges of winter pressures.
- ✓ We designed the Partnership marketing resources including recruitment banners, flyers and QR codes to the website to promote the Fife HSCP branding and used them to support our increased presence at career events across Fife
- ✓ We continued to build the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market and successfully recruited international nurses and radiographers in September 2023 as part of recurring funding.

‘Introduce the Princes Trust ‘Get into Health and Social Care’ 18 to 30 years programme to set up a presence in Fife and provide investment for youth and workforce planning that supports recruitment and career pathways.’

- ✓ We launched the first cohort of six young people through the Prince’s Trust ‘Getting into Health and Social Care’ programme. Since then, we’ve supported 49 individuals, with 28 successfully securing employment. A further 13 participants from Cohort 5 are attending job interviews within the partnership this October.
- ✓ We worked with schools to support senior phase pupils to undertake a Foundation Apprenticeship (FA).

‘Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children’s services.’

- ✓ We developed recruitment campaigns using a range of innovative ways, including adverts on local radio, care home site events and the Fife Care Academy community events to showcase vacancies and support engagement with the public to consider a career in care

Mission 25

Mission 25 Success Statements: Realised in Action

In 2022, our Extended Leaders agreed on eight success statements that would guide our ambitions for Mission 25. These statements have shaped our strategic direction and underpinned every priority action in our three-year plans. Below are examples of the outstanding work across the Partnership that demonstrate how these success statements are being brought to life:


What will success look like for our Partnership if we improve our standards of practice excellence & quality? Mission 25



The West Older Adults Community Mental Health Team collected an award at this year's Mental Health Nursing Forum Awards. **Playlist for Fife** is making a huge difference to those we care and support. The team was the first mental health community team in Scotland to receive the Playlist for Fife Accreditation and their commitment to training staff and having playlists for people is making a huge difference.

Building on the inspiring work and journey we have taken with Tommy Whitelaw from the Health and Social Care Alliance Scotland (The ALLIANCE), Diane Roth, one of our OD & Culture Specialists, was invited to speak at a joint event, 'Leading Courageously' hosted by The ALLIANCE and the International Foundation for Integrated Care (IFIC) in Glasgow.



 As part of Carers Week, Fife Carers Centre hosted their annual Carers Conference 2025, bringing together unpaid carers, professionals, and partners from across Fife to hear from guest speakers and most importantly to amplify the voices of carers.

What will success look like for our Partnership if we improve our reputation with our citizens and our staff? Mission 25



Developing Leadership Programmes across Health and Social Care

Now entering its third year, our bespoke Leadership Programme—centred on the Insights Discovery psychometric tool—continues to deliver meaningful development opportunities across the Partnership. Initially created for the Integration Leadership Team (ILT), the six-month programme offers 16 places annually and attracts participants from all sectors and portfolios.

Building on its success, we are excited to extend this opportunity to our Extended Leadership Team, further strengthening leadership capability across the organisation.



The programme uses Insights Discovery to help leaders gain a deeper understanding of themselves—their strengths, areas for growth, and how they can better connect with and lead others.

Building on the foundational Insights Discovery learning, the course explores key leadership themes including:

- ❖ Leading Others
- ❖ Leading Change and Transitions
- ❖ Communicating Effectively
- ❖ Team Culture

Feedback from participants has been consistently positive, both at the conclusion of the programme and in our recent Post Leadership Programme Evaluation.

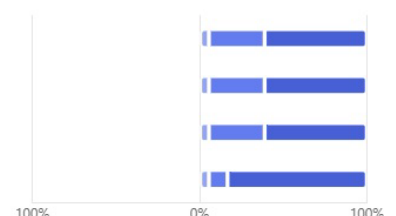
“The Insights Discovery model has been instrumental in helping me better understand my own leadership style and how it impacts those I work with. By recognising my colour preferences, I’ve been able to adapt my communication and approach to suit different team members, which has improved collaboration and reduced misunderstandings.” **Programme Delegate 2025**

Participants highlighted the value of the programme in enhancing their leadership capabilities and confidence in the workplace.

The following statements focus on your experience **after** the Programme. Please provide a rating for each statement where **1 is STRONGLY DISAGREE** and **6 is STRONGLY AGREE**

● 1 ● 2 ● 3 ● 4 ● 5 ● 6

- I have been able to apply the learning from Insights Discovery directly to my role
- The learning from this Programme has improved my confidence as a leader
- The learning from this Programme has improved my competence as a leader
- The Programme was a worthwhile investment for my leadership development



“The programme has really made me step back, think and reflect on myself as a leader. I do feel it has been very beneficial to me especially in aspects where I wasn’t always comfortable.”

Programme Delegate 2025

Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices

Over the past year, the **Mentally Healthy Workplace** training, originally developed by Public Health Scotland was delivered to 218 employees from across the Partnership.

The training is a **mandatory one-day** training session for Managers/Supervisors and has been developed by NHS Healthy Working Lives specifically for managers and supervisors because of their crucial role in supporting the health and wellbeing of employees. From communication to clarity of job role, line managers can influence the success of a team.

The training includes good practice in promoting positive mental health and wellbeing and practical examples of how to support employees experiencing mental health problems.

The learning outcomes for delegates ensures they:

- ❖ Give employers and line managers a broad understanding of mental health.
- ❖ Identify key factors that contribute to a mentally healthy workplace.
- ❖ Improve your confidence in dealing with this issue.
- ❖ Ensure you're aware of your legislative responsibilities in relation to health and wellbeing which includes the prevention and management of stress.

Feedback from delegates demonstrated a strong connection to the subject and learning outcomes.



"I check in with staff on a regular basis give support where needed signpost them to Time to Talking for example."

Programme Delegate 2025

"Managers can get caught up in the day-to-day work and may not always recognise how they are coming across. The tools provided during the training are helpful in supporting that reflection."

Programme Delegate 2025



Implement a Training Passport across sectors

In 2024, a multi-organisational working group was formed in Fife to explore the development of a Fife-wide social care learning and induction passport. The aim was to create a consistent approach to induction and mandatory training across social care employers in the region.

The working group met regularly to identify core requirements for a shared framework. A survey of partner organisations was conducted, gathering valuable feedback that directly shaped early proposals. The initiative focused on improving workforce mobility, reducing duplication of training, and supporting smaller providers in meeting consistent standards.

In a timely development, NHS Education for Scotland (NES) invited Fife Health and Social Care Partnership (HSCP) to participate in the design of a new national induction programme for social care. Fife's early involvement ensured that local priorities influenced the national framework, avoiding duplication and aligning efforts.

The national induction programme was officially released in May 2025.

It provides a standardised framework and free learning resources for social care staff across Scotland. Providers in Fife can:

- ❖ Use the national framework standards.
- ❖ Support staff in collating evidence of learning.
- ❖ Continue delivering their own induction programmes while recognising transferable training.



Continuing to work in partnership with the employers across Statutory, Third and Independent Sectors regarding Fair Work requirements in line with National Direction

Initial insights from Fife Voluntary Action's Third Sector Training Needs Analysis revealed a key gap: many organisations are unsure where to find leadership and culture development opportunities.

To bridge this gap, the Partnership offers four **Coach Approach** courses each year—providing **72 places** in total. Each course welcomes 18 participants, with equal representation from NHS Fife, Fife Council, and the Voluntary and Independent Sector.

Additionally, Third Sector managers are encouraged to join the annual ILT (Integrated Leadership Team) and ELT (Extended Leadership Team) programmes—broadening access to high-quality leadership development.

These initiatives aim to strengthen leadership capacity across sectors, foster a culture of collaboration, and support the growth of resilient, values-driven organisations.

Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills

Newly Qualified Social Worker

The **Newly Qualified Social Worker (NQSW) Supported Year Programme** aims to develop and retain a confident, competent social work workforce across Scotland. It provides a consistent framework aligned with **Scottish Social Services Council (SSSC)** registration requirements, bridging academic preparation and professional practice through structured supervision and development.

In Fife, twelve NQSWs participated in the programme. **Five—four from Adult Services and one from Older People's Services**—successfully completed their Supported Year. The SSSC commended the high standard of CPL submissions, reflecting the professionalism and commitment of the participants.

Newly Qualified Practitioner – Healthcare

A Programme of activity is in place for the **Newly Qualified Practitioner (NQP)** induction programme. This includes all staff from the Partnership specifically targeting newly qualified nurses.

The HSCP Summer School has begun, with **77 HSCP staff** attending across three in-person events. This year's programme builds on last year's success, featuring a full schedule and interactive 'marketplace' sessions. A new monthly support programme for Mental Health and Learning Disabilities staff has also launched, offering teaching, peer support, and reflective practice for new team members.

Social Work Postgraduate Investment

Postgraduate education is a catalyst for workforce transformation. It builds leadership, drives cultural change, and equips staff to tackle complex challenges through evidence-based practice and strategic thinking. Since 2022, staff engaged in advanced study across key areas, **Adult Protection, Dementia, Supervision, MHO, and Substance Misuse** with other topical themes available, supporting an average of **30 placements annually** across all areas of social work practice.

Band 4 Pathway to Nursing

All nursing specialties have now agreed on access pathways with our university partners designed to support career progression and development for Band 4 staff across all nursing disciplines.

Staff working in Learning Disabilities and Adult Nursing will follow the Year 2 Nursing Access Pathway at Napier University because it offers a streamlined transition into nursing education, recognising prior experience and qualifications. Staff in Mental Health Nursing will follow the same Year 2 Access Pathway at Abertay University.

These pathways reflect our ongoing commitment to supporting professional growth and ensuring clear, accessible routes into registered nursing roles.

This investment strengthens capability, boosts morale, and improves retention, laying the foundation for a skilled and resilient workforce.

Implementing “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term

The external factors that impact on the recruitment and retention of the workforce are well known, and the past three years have brought about incredible change in such a short amount of time, affecting workplaces locally and nationally. For employers, new and evolving challenges result in a high need to constantly adapt to these dynamic trends. Fife HSCP has promoted a range of transformation opportunities for upskilling our workforce, creating opportunity and providing a ‘**grow your own**’ culture.

Advanced Nurse Practitioners

This year, we developed and began implementing a hybrid medical-nursing model designed to enhance care delivery for elderly and frail patients. Central to this model is the integration of Advanced Nurse Practitioners (ANPs), who bring both clinical expertise and continuity of care. So far, **three ANPs** have been successfully upskilled and recruited into post, and early feedback indicates the model is functioning effectively.

Planning is well advanced to recruit an additional **five ANPs**, expanding the team to eight across our community hospitals. This approach not only creates meaningful career pathways for nursing staff but also alleviates pressure on medical teams by distributing responsibilities more effectively. The hybrid model represents a sustainable and forward-thinking solution to evolving healthcare needs.

Aspiring Social Worker Initiative

In Fife, the ambition to have a ‘**Aspiring Social Worker**’ initiative is advancing. It aims to **encourage, inspire, and nurture** the next generation of social workers by developing talent from within our existing workforce and, in time, extending opportunities to the wider Fife community through a “grow your own” model.

This initiative will address current and future workforce gaps in Social Work by creating a sustainable pipeline of qualified professionals. It offers a route for career progression because it establishes a clear pathway for Social Work Assistants and other relevant roles to progress into qualified social work positions by fostering a culture of growth, learning, and belonging within Social Work teams. Further work to develop this programme will continue into 2026.

Graduate Apprenticeship in Social work

The Scottish Social Services Council (SSSC) is working with the University of the West of Scotland (UWS) to deliver a **Graduate Apprenticeship in Social Work**. This initiative introduces a new, work-based route into the social work profession, combining paid employment with academic study, and is aligned with national priorities around widening access, workforce development, and addressing sectoral skills gaps.

Work is currently underway to develop the **terms and conditions** necessary to support the employment of graduate apprentices within the Fife Health and Social Care Partnership and wider local authority structures.

Objective Structured Clinical Examination

The **OSCE (Objective Structured Clinical Examination)** programme specifically designed for internationally recruited nurses who are seeking to work in independent nursing homes in the UK. This programme is essential because passing the OSCE is a requirement for these nurses to register with the Nursing and Midwifery Council (NMC) and legally practice as registered nurses in the UK.

The OSCE is a practical exam that assesses clinical and communication skills in a simulated healthcare environment. It ensures that internationally educated nurses meet UK standards before joining the NMC register.

Fifteen independent care homes in Fife have expressed an interest in collaborating with NHS colleagues to improve OSCE preparation for internationally recruited nurses.

The initiative aims to ensure equal access and standardised support, despite the lack of a local test centre, by organising joint preparation events and advocating for local testing options. This action will continue in the 2026 plans.

Supporting Inclusive and Productive Conversations: The Coach Approach

In addition to our Leadership Programmes, we continue to support managers in developing more inclusive, productive, and empowering conversations with their teams, peers, and colleagues through our Coach Approach training.

This two-day course has now been delivered to over **230 leaders** across the Partnership. Many participants attend based on strong peer recommendations, reflecting the value and relevance of the approach in everyday leadership practice.

As part of our post-course evaluation, we ask participants whether they would recommend the Coach Approach to others. An impressive **88%** responded that they already have, demonstrating the programme's strong reputation and ripple effect across the organisation.



Delegates testimonials demonstrate the powerful impact when adopting the **Coach Approach** principles into practice.

“This has benefited me so much in my role and I smile to myself at the reactions of others - very clever indeed. I have shared it and gave recommendation to many colleagues; it is in the front of my mind daily.” Programme Delegate 2025

“I found the whole experience fantastic, and it has helped me to further my connection with staff, other agencies and also with service-users’ families.” Programme Delegate 2025

Working with partners in Higher Education, Local Colleges and the Scottish Social Service Council (SSSC) to ensure that we have a comprehensive approach to training for roles at all levels.

Our social care staff are part of the regulated workforce **and are therefore subject to** SSSC registration and qualification requirements.



As part of the **SSSC Register for the Future** programme, anyone starting a new role in social care must now apply for registration with the Scottish Social Services Council (SSSC) within three months of beginning employment. This requirement came into effect on **3 June 2024**.

Some staff may be registered with a **qualification condition**, meaning they do not yet hold the required qualifications for their role. These individuals are given time to complete the necessary training.

From June 2025, the timeframe to gain these qualifications will change:

- ❖ **New staff** must complete the required qualification within **3 years** (previously 5 years).
- ❖ This change applies **only** to staff who start their roles from June 2025 onwards.

Staff in supervisory or managerial roles, who are required to hold **two qualifications**, are **not affected** by this change.

Between 2022 and 2025, Fife Council has supported an average of **64 Health and Social Care staff per year** to gain qualifications for their roles—representing a significant annual investment of **£50,000** in workforce development.

Provide learning for our workforce to develop skills that support higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care

We addressed critical skills gaps in adult core and cluster services, focusing on complex needs and psychological disorders. This led to targeted training programmes, including a tiered enteral feeding initiative tailored to our increasingly complex client group. Key outcomes included:

- ❖ In partnership with the NHS Consultant Psychiatrist and the Community Mental Health Team, we have designed a robust training programme. Starting in November 2025, it will accommodate up to **200 participants**.
- ❖ A short-term **'Tube Feeding Study Day'** was piloted with NHS Community Learning Disability Service and Fife Council workforce development leads. The initial **22 places** were filled rapidly, and participant feedback indicated increased confidence and improved understanding. Additional sessions are now being planned.

These initiatives demonstrate a successful, integrated approach to upskilling staff, enabling them to deliver high-quality care in individuals' own homes—promoting comfort and person-centred support over clinical settings.

Train - Highlights from 2022 -2025

Between 2022 and the present, the **Train Pillar** initiated **36** workforce priority actions. **80%** of these were completed within the planned timeframe.

How did we do?

Building internal 'grow our own' pathways to sustain our capacity in specialist and hard to recruit areas.

- ✓ We created a fast track 'grow your own' Social Worker programme to train Social Work Assistants (SWA) as Social Workers in 18 months instead of 5 years.

Work with all partners to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, directly aligned to developments in service design and strategic priorities.

- ✓ We developed with Fife Council HR training for the supervisor and manager workforce in social work and social care and delivered the Disciplinary Development Programme with 19 participants.
- ✓ We introduced Robbie, a full time HNC student at Fife College, who piloted the Earn and Learn placement programme where his temporary employment served as his placement with Abbotsford Care which paved the way for the national programme that launched in 2025.

Establish Digital and Information for Paper lite solutions, in a way that supports a future workforce and upskills the current workforce.

- ✓ We maximised digital access for the dispersed workforce by creating a paperless system in Home Care Services for monitoring and recording of emergency care visits and vehicle checks.

Development and delivery of locality-based training programmes

- ✓ We introduced Frailty Training for our integrated discharge teams, including Third Sector providers, to increase knowledge related to the discharge functions in the Integrated Hub.
- ✓ We introduced a series of 'Leadership' sessions for Enhanced Mental Health Clinical Leadership staff.

Fife Care Academy

Fife HSCP Workforce Strategy & Plan 2022–2025 set out long term goals to strengthen career progression, succession planning, and retention—ensuring the workforce reflects the communities it serves. The formation of a Care Academy model has been a resounding success of this strategy because it underscores our joint commitment to expanding opportunities for our communities and ensuring a sustainable pipeline of skills for our health and care systems.



A **Care Academy Partnership** with Fife College supports sustainable workforce growth and aligns with strategic and financial planning.

Qualifications for SSSC registration are delivered through long-standing contracts with Fife College and Fife Council, with NHS Fife and other providers also purchasing vocational qualifications. However, costs and access vary.

With an aging workforce, there's a need to expand talent pipelines, especially for ages 16–24. Apprenticeship funding has declined since 2020 due to external budget cuts, with further reductions expected.

The **Fife HSCP Care Academy**, inspired by the Lothian Care Academy model, continues to deliver high-quality training, support career mobility, and attract new entrants to Health and Social Care sectors.



Care Academy Operational Group

A coordinated approach with Fife College has helped address supply-demand challenges and unlock sector-specific funding including:

- ❖ **£72,000/year** for Higher Certificate opportunities
- ❖ **£38,000/year** for vocational learning
- ❖ **£90,000** for technology-enabled care initiatives



Engagement efforts include **two career events per year, attending by over 30 different Partnership employers, connecting over 500 individuals**—demonstrating strong local interest and impact of a coordinated Care Academy approach.

Developing career pathways that support our ability to employ a skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers



Succession planning information has now been fully developed to support key initiatives, including the Aspiring Social Worker programme, Graduate Apprenticeships, and Postgraduate opportunities.

As part of this work, enhanced workforce analysis tools have been introduced, along with improved tracking of Mental Health Officer (MHO) capacity. These improvements have contributed to an **increase** in MHO programme placements, from two in 2024/25 to three in 2025/26, now covering mental health, older people, and adult teams.

Additionally, Social Work and MHO-related content has been refreshed on both the HSCP website and the Council intranet. This update enables social workers to easily access and review the requirements of the MHO role.

NHS Fife Band 5 Nurse Review

The NHS Fife Band 5 Nurse Review is part of the wider **Agenda for Change** programme within NHS Scotland. It provides an opportunity for current Band 5 nurses to have their roles formally evaluated, ensuring that their banding accurately reflects their responsibilities, improving retention.

To date, nine evaluation panels have been held in Fife. The outcomes are as follows:

- ❖ HSCP Applications Received: 81
- ❖ Successful Applications: 35
- ❖ Unsuccessful Applications: 4

Good governance in the implementation of Part 8 of the National Whistleblowing Standards

The Whistleblowing Report is a joint initiative developed by NHS Fife, Fife Council, and the Health & Social Care Partnership. It is grounded in the policies, procedures, and data frameworks established by each employer organisation.

The approach was shaped by the Partnership Whistleblowing Group, which includes representatives from key stakeholder organisations, Trade Unions, and staff-side colleagues.

This report provides updates from each partner on the **five key themes** outlined in the Part 8 Standards, along with data on whistleblowing concerns received. NHS Fife and Fife Council have worked closely to align their reporting methods, aiming for greater consistency and convergence.


The Group remains committed to strengthening alignment across whistleblowing reporting and exploring opportunities for collaboration in integrated management settings. This ongoing work is being led by the Partnership Whistleblowing Group.



Development and Implementation of an International Employers Network, supporting the interest of Employers, Employees, Commissioners, Regulators and Fair Work

Recent changes to UK immigration policy have introduced significant challenges for workforce planning in social care undermining the attractiveness of social care careers—at a time when recruitment and retention are already under pressure. In July 2025, the Home Office further escalated this issue by closing the Care Visa route to new applicants. These developments directly impact our ability to grow and sustain the social care workforce, **who make up nearly 1/3 of all social care workforce in Fife**, particularly in areas where international recruitment has been a vital component of workforce expansion.

The National Workforce Strategy sets out a tripartite ambition of **Recovery, Growth, and Transformation** across Health and Social Care. A key pillar of this strategy is workforce expansion, including the recruitment of sponsored international workers and supporting their integration as **New Scots**—a concept that reflects Scotland’s commitment to inclusion and long-term settlement of refugees, asylum seekers and migrants.

 Locally, in Fife, the **International Employers Network (IEN)** is a proactive example of strategic collaboration. As part of the Workforce Strategy and Action Plan, the IEN brings together **17 social care employers** operating in the region. The network is supported by key stakeholders including the **Care Inspectorate, NES Centre for Workforce Supply, and Scottish Care**, with further partners expected to join. This model demonstrates how local action can align with national strategy to mitigate workforce risks and support sustainable service delivery.

New Scots

The safe arrival, induction, and pastoral support of ‘**New Scots**’ joining the adult social care workforce in Scotland, are essential aspects of ethical recruitment.



The Scottish Social Care **Pastoral Care Award (PQA)** supports adult social care providers in Scotland by setting a consistent standard for the quality and delivery of pastoral care offered to New Scots.

Inspired by similar initiatives in NHS Scotland, the PCA recognises providers who actively support internationally recruited staff—particularly sponsored workers—into roles within the social care sector. It also highlights a provider’s commitment to staff wellbeing across the workforce. The award establishes a minimum standard of pastoral support and aims to:

- ❖ **Recognise** organisations delivering outstanding pastoral care
- ❖ **Enhance recruitment** by showcasing a supportive working environment
- ❖ **Improve retention** through better staff wellbeing and integration



Developing an Equality, Diversity & Inclusion (EDI) engagement programme across the Partnership that informs a shared set of values

From April 2024 to March 2025, Fife Health and Social Care Partnership (FHSCP) took significant steps to tackle racism and broader discrimination through the first year of its three-year **Equality, Diversity, and Inclusion (EDI) Action Plan**.

Our approach reflects a broader ambition to address all forms of inequality and bias—whether based on race, disability, gender identity, sexuality, or other protected characteristics—through sustainable, structural change.

Embedding Inclusion into Leadership and Culture

This ethos has shaped all aspects of our work. We restructured the **EDI Steering Group** to ensure inclusive, cross-portfolio representation at senior levels. This change has strengthened decision-making by embedding diverse perspectives and increasing accountability.

Throughout the year, we ran campaigns focused on **hidden inequalities**, such as non-visible disabilities and LGBTQI+ inclusion, responding directly to staff feedback.



Empowering Lived Experience



We believe that lived experience must drive meaningful change. Staff from our **Partnership Equality Network (PEN)** led the launch of the first **Neurodiversity Natter** event—a vital platform for neurodivergent colleagues to share experiences and shape future policy. Insights from this event are now informing the development of an **inclusive manager toolkit**.

To further dismantle structural bias, we began recruitment for our **Reverse Mentoring Pilot**, pairing staff across roles to build mutual understanding and influence leadership through lived insight.

Externally, our progress was recognised with bronze status from the **Equality Pathfinders Recognition Scheme**, affirming our commitment to continuous improvement and we are on track to achieve silver recognition.

Employ - Highlights from 2022 - 2025

Between 2022 and the present, the **Employ Pillar** initiated **23** workforce priority actions. **65%** of these were completed within the planned timeframe.

How did we do?

Monitoring our progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).

- ✓ We concluded a review to measure the skill set and banding structure within Health Care Support Worker roles across Primary and Preventative Care, Community Care, Complex and Critical Care and the Care Home Hub
- ✓ The Pharmacotherapy and Vaccine Transformation Programme has been successfully completed, with all Community Care and Treatment (CTAC) activity transferred to Fife HSCP.
- ✓ Recruitment for Advanced Practitioner posts in Social Work has resulted in staff from Community Care and Mental Health and Learning Disability—starting Trainee Assistant Practitioner roles and the PDA at Fife College.

Develop a Refugee Resettlement Employability Working Group

- ✓ The Refugee Resettlement Employability Working Group unites Fife partners to improve employment outcomes for refugees through joint actions, projects, and funding efforts—ensuring inclusive access to employment support.
- ✓ The International Employers Network (IEN) is a strategic collaboration of 17 social care employers in Fife, formed as part of the Workforce Strategy and Action Plan.

Provide a high-quality, Partnership specific, Induction resource available all staff to support workforce retention

- ✓ Launched in 2024, our new online Induction supports all staff working in the Health and Social Care Partnership. Complementing individual employer inductions, it offers an accessible overview of the Partnership for new employees from Fife Council, NHS Fife, and the third sector.

Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches

Since 2020, we have been holding regular **Extended Leadership Team (ELT)** development sessions, initially to engage senior managers across the Partnership in the redesign of the HSCP Directorate. The group were decided the following statement:

What will success look like for our Partnership if we improve our leadership ability and organisational culture? Mission 25

Since 2022, these sessions have continued to evolve with content tailored to meet the needs of participants including:

- ❖ Sustainability and transformation of services
- ❖ Strategic planning and individual strategies
- ❖ Presentations from guest speakers
- ❖ Learning from participation and engagement events
- ❖ Risk management
- ❖ Winter planning
- ❖ Staff wellbeing



Our leadership development journey continues to evolve and grow in both reach and impact. With **69 members** now actively engaged in our Extended Leadership Team (ELT)—representing a broad spectrum of services, statutory organisations, and key stakeholders from the Voluntary and Independent Sectors—and over **300 members** in our Integration Leadership Team (ILT), we're fostering a truly inclusive and collaborative leadership culture.



These sessions have become a cornerstone for strengthening cross-sector relationships, encouraging shared problem-solving, and driving forward our collective ambitions for integrated service delivery.

In 2025, in consultation with ELT members, we gathered insights into what they hoped to gain from the sessions. In response to their feedback, we adapted the format to deliver four in-person sessions per year, each centred on a single topic to foster deeper discussion and meaningful networking.

Developing an engagement programme across our workforce to inform a set of shared values which we all hold

The Organisation Development & Culture Team has continued to deliver a broad range of targeted support across the Partnership, with a strategic focus on enhancing team effectiveness, strengthening interpersonal relationships, and enabling constructive dialogue. These interventions are typically bespoke and delivered on an ad hoc basis, ensuring alignment with the specific needs and context of each team.

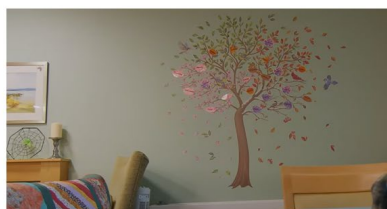
Many of our initiatives have evolved organically, often inspired by the success of earlier programmes. An example is the ripple effect of our ILT Leadership Programme, which concluded in March 2024. Managers who participated expressed a strong desire to extend their learning to their teams, leading to the delivery of **Insights Discovery sessions to 20 teams** across the organisation.



Another pivotal moment came in May 2023, when **Tommy Whitelaw** (Health and Social Care Alliance Scotland) shared his powerful and deeply moving message on **Intelligent Kindness** and the importance of asking “*What Matters to You?*” at our first Integrated Leadership Team meeting. His talk resonated widely with leaders across the Partnership and catalysed a series of facilitated sessions across all localities in Fife. These sessions have now reached nearly **1,000 staff, students, and apprentices** in Health and Social Care, embedding compassionate leadership and person-centred values at every level.



At the heart of compassionate care lies a simple yet powerful question: *What matters to you?* In partnership with Napier House, a residential home for older people, we set out to embed this question into everyday practice—transforming interactions, deepening relationships, and fostering a culture of empathy. What began as a shared commitment to person-centred care has grown into a movement that connects staff, residents, and families in meaningful ways. Through this collaboration, Napier House has become a beacon of how listening with intention can shape environments where people feel truly seen, heard, and valued.



Wellbeing - Action Plan Highlights 2024 -25

Promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group

We know our workforce is our greatest strength and the reason why we continue to deliver high quality services to the people in Fife., day in, day out. Fife Health and Social Care Partnership are determined to support our workforce to be well at work, to feel valued for the work they do every day, and to feel empowered to make a difference in their work. Which supports our organisational capability to create sustainable services for the future.

The Scottish Government launched an Employee Wellbeing Strategy for Scotland in 2024 titled 'Improving Wellbeing and Working Cultures'. The strategy sets out the ambition to enhance working cultures across our health, social care and social work workforce through programmes of work at a national level that focus on the pillars of Wellbeing, Leadership and Equality.



The Workforce Wellbeing Action Plan 2024-25 represents a collaborative effort to enhance the welfare of our workforce through proactive measures identified as priorities by our staff, employer partners, the Local Partnership Forum, sector leads, and other stakeholders.

Achieving our objectives takes a collaborative, whole-system approach valuing the contributions of every individual includes:

- ❖ How we aim to **PROMOTE** positive wellbeing
- ❖ How we seek to **PREVENT** poor well-being in the workplace
- ❖ How we ensure to **PROVIDE** workforce support



Stress Indicator Survey



The survey conducted in November and December 2024 provided valuable insights into the workplace pressures affecting staff. Distributed to employees across NHS Fife and Fife Council, the survey received **1,544 responses**, offering robust evidence to help leaders and managers identify patterns such as workload pressures and communication challenges.

Key themes emerging from the responses include high workload demands, incidents of aggression or harassment, and concerns regarding civility, support, and change. Additionally, the survey revealed a low net promoter score, highlighting areas for improvement in staff satisfaction and advocacy. This evidence forms a strong foundation for targeted actions aimed at preventing and reducing work-related stress. Managers have already received guidance on recognising early signs of stress and implementing proactive interventions.

Exit Interview Pilot

To better understand staff attrition, the partnership launched an exit interview pilot across services within Fife Council and NHS Fife.

Exit interviews offer organisations candid insights from departing employees, helping to identify turnover trends, uncover systemic issues, and enhance the overall employee experience. This often-unfiltered feedback supports improvements in onboarding, retention strategies, and workplace culture—ultimately reducing future turnover and strengthening the ‘Partnership’ brand.

Historically, Fife Council lacked a structured method for collecting feedback from leavers. While NHS Fife has an existing system, feedback indicates that the data gathered is limited and may not fully reflect staff experiences.

The pilot aims to:



Following the completion of the pilot, which highlighted the value of gathering and reviewing leaver feedback, we plan to expand this work in 2026. This will include broader engagement and the use of focus groups to co-design a standardised tool and consistent approach.

“The HSCP Wellbeing Oversight Group has been a valuable forum for promoting the role of employee wellbeing in delivering strategic objectives. It has enabled focused reflection on key issues such as workplace stress, complementing existing pieces of work such as Health and Safety risk assessments.”

Avril Sweeney, Manager, Risk Compliance Fife HSCP

Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing

Wellbeing Champions

We recruited volunteers to serve as Wellbeing Ambassadors, supporting a culture of health and engagement across our workforce. Regular check-ins were held to share updates, plan future activities, and provide ongoing support for their role.

The initiative was well received, with over **100 staff members** engaging with the wellbeing agenda and formally recognised as **'Wellbeing Champions'**.



Wellbeing Assurance Group



Representatives from HR, health, safety, wellbeing, and service leads across the Partnership meet regularly to shape our wellbeing priorities. Guest speakers and shared initiatives have encouraged learning and collaboration across teams.

Wellbeing is now a regular agenda item, helping us identify challenges early and adapt our approach. Recent discussions have focused on:

- ❖ Civility at Work
- ❖ Joy at Work
- ❖ Trauma-Informed Workplaces
- ❖ The Health and Safety Executive's Stress Indicator Survey

These conversations conducted over 15 months are raising awareness of how psychological safety, respectful behaviour, and supportive leadership can boost morale and retention.



"The HSCP Wellbeing Group has been a transformative influence on our team's development and culture. Through its focus on trauma-informed practice, neurodiversity awareness, and stress at work, the group has helped us open meaningful conversations during team meetings. These discussions have not only deepened our understanding but have also shaped our team charter, reinforcing our commitment to a supportive and inclusive workplace."

Racheal Heagney, Head of Improvement, Transformation & PMO

Together, we're embedding wellbeing at the heart of our culture

Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Transformation Programme

Trauma-informed practice reduces staff turnover, stress, and burnout, while improving attendance and service outcomes.

Scottish Government confirmed in April 2025 that the annual allocation of £1.6 million to local authorities. The Project Manager (Trauma Informed Practice) Lead Officer is now in post which will allow us to plan more long-term with this work rather than on an annual basis.



National Plans

In November, attendance is planned at the Scottish Government's pilot course on trauma-informed supervision for social workers. This learning will inform our wider trauma-informed approach in Fife. The Scottish Social Services Council (SSSC) is working with partners across the UK to review the National Occupational Standards (NOS) for Health and Social Care. A key development in the review is the integration of Trauma Informed Practice (TIP) into every learning module, across all staff levels—from support workers to managers.

Local Plans



FC Workforce Development are continuing to offer input for teams when requested in terms of introductions to the topic and more strategic focus. HSCP related presentations have included:

- ❖ Wellbeing Oversight Group (April 2025)
- ❖ Assessment Centre (May 2025)
- ❖ Wellbeing Champions network (September 2025)

Fife Voluntary Action

- ❖ Carers Forum (September 2025)
- ❖ Mental Health Forum (September 2025)

Scottish Care

- ❖ Scottish Care and SSSC Regulatory Forum Care at Home/Housing Support (September 2025)
- ❖ Scottish Care and SSSC Regulatory Forum Care Homes (September 2025)
- ❖ Fife Care @ Home - Collaborative Meeting (September 2025)

TIP Training

The participation data for Level 3 Trauma Enhanced courses (Sept 2024 vs July 2025) has been reviewed and social workers have provided direct feedback resulting in course updates. Since January 2025, the TIP lead has engaged with team and service managers to improve enrolment and accessibility.

To support engagement, completion of Levels 1–2 prior to Level 3, is promoted to ensure the learning is cumulative. Our shared goal is to extend access to social work assistants, pending solutions for equitable funding and access. Once short-term scheduling is complete, exploring long-term delivery options, including refreshers, mentorship, and co-designed training with Trauma Specialists.

To establish a baseline for existing training statistics and to build a better picture of their current reach, we run a report in October 2024 across all directorates to get a sense of how many people have completed the e-learning modules with HSCP specific numbers included below.

- ❖ L1: Becoming trauma-informed (Mandatory) - **44% completed**
- ❖ L2: Developing your trauma skilled practice - **13% completed**
- ❖ L2: Understanding the impact of trauma on mental health and evidence-based pathways to recovery - **2% completed**
- ❖ L2: Understanding the use of substances to cope with the impact of trauma - **2% completed**
- ❖ L3: Trauma Enhanced for social workers – **43% completed**

Figures accurate in October 2024

Plans to repeat this exercise at the end of October 2025 is complete to compare based on the awareness raising across business portfolios.

Impact Evaluation Programme & Communications Plan

A long-term impact evaluation programme is underway to measure learning outcomes across HSCP Social Work and Social Care teams, NHS Midwifery and Nursing Practice Educators, and SAMH Fife Services.

The pilot began with introductory sessions in February 2025. Teams are now completing the **Leadership Phase** and preparing for the **Full Team Learning Phase** (August 2025–January 2026).

Findings will inform and guide the review of trauma-informed practice across Fife over the next year.

As part of the communications plan, the first **bite-sized learning video** launched in April 2025, tackling myths around trauma-informed practice. The next video will focus on the principle of Safety, featuring insights from Third Sector colleagues on how they promote safety in their work.



Nurture - Highlights from 2022-2025

Between 2022 and the present, the **Nurture Pillar** initiated **45** workforce priority actions. **82%** of these were completed within the planned timeframe.

How did we do?

Continue to promote and implement iMatter and Heartbeat surveys and Action Plans

- ✓ The 2023 iMatter Improvement Plan introduced innovative support for services, including a new manager resource pack, enhanced reading materials, digital content, engagement roadshows, and targeted support for areas with low response rates

Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group.

- ✓ The Partnership Wellbeing Group was established to develop a Wellbeing Framework, aligned with NICE guidelines (Section 1.1) on workplace mental wellbeing and connected to the Scottish Government's national wellbeing group.
- ✓ Hull University's Centre for Human Factors conducted an Occupational Stress Risk Assessment with social work and social care staff, using qualitative and quantitative methods to identify root causes of workforce stress.

Developing an engagement programme across the partnership to inform a shared set of values.

- ✓ We developed the Integrated Leadership Team (ILT) event to maximise cross-employer participation, fostering collaboration and knowledge-sharing on key topics including Overnight Care, Community Hospitals, Digital Strategy, Mental Health & Addiction Services, and Modernising Administration
- ✓ We delivered the first Integrated Leadership Team Development Programme, attended by 15 leaders. Insights Discovery Profiles were embedded throughout and rated by all participants as 'vital' in bringing leadership to life.
- ✓ We delivered Mentally Healthy Workplace Training to over 150 managers and supervisors across the Partnership, raising awareness of mental health in the workplace.
- ✓ The Equality, Diversity, and Inclusion Steering Group (EDISG), with representation from across the Partnership—including Trade Unions and staff side—developed a robust 3-Year EDI Action Plan (2024–27) in collaboration with Fife Centre for Equalities.

iMatter

iMatter

The annual iMatter survey continues to be a vital tool for the Partnership, helping us understand what’s working well for our workforce—and where we can improve. Its value depends on strong participation, and we’ve made significant strides in boosting engagement across our teams.

When the Organisational Development & Culture Team first began supporting iMatter, the response rate stood at 63%. Through sustained effort and close collaboration between the Partnership and NHS Fife, we’ve **increased the average response rate to 70%** over the past three years.

This improvement has been driven by:

- ❖ Consistent messaging that uses inclusive language to reflect both health and social care/social work staff
- ❖ Targeted support for managers with lower team response rates
- ❖ Development of resources, including online sessions to guide managers through the process
- ❖ Coordination with Fife Council to reduce survey fatigue by avoiding overlapping staff surveys

The past year has brought significant challenges—especially for those in frontline services—and this has been reflected in our iMatter results. Yet, despite the pressures, **86%** of statements placed us in the ‘**Strive and Celebrate**’ category. This is a powerful testament to the resilience and commitment of our workforce.

As we look ahead, continued engagement with iMatter will be key to shaping a supportive, inclusive, and high-performing culture across our services.



It’s a point of pride that our top feedback themes consistently celebrate direct line managers as approachable, caring, and trusted. These qualities speak to the strength of our leadership and the inclusive, supportive culture we’re shaping together.

| iMatter Questions | 2023 | 2024 | 2025 |
|--|------|------|------|
| My direct line manager is sufficiently approachable | 89 | 90 | 89 |
| I am clear about my duties and responsibilities | 87 | 88 | 88 |
| I feel my direct line manager cares about my health and well-being | 87 | 88 | 87 |
| I have confidence and trust in my direct line manager | 86 | 87 | 87 |
| I am treated with dignity and respect as an individual | 86 | 87 | 86 |

Stakeholder Feedback

“Over the last three years, I’ve had the great privilege of working with Fife Health & Social Care Partnership. Together, we collaborated across all localities, meeting so many incredible people, some of whom are featured in a film we produced together. The commitment to embedding What Matters to You? and Intelligent Kindness truly celebrates the very best of Fife.”

Tommy Whitelaw



“Without your help and support we wouldn’t have delivered what we have. Your knowledge and experience have kept us on track and able to focus on delivering what’s needed to support the workforce”

Karen Marwick, Head of Complex and Critical Care

“We have something quite special in Fife in the way that Collaboration and Integration has been embraced and nurtured. The value of our workforce, whoever the health and or social care employer is, understands the need to work in partnership, across the whole system and across sectors. This commitment and purpose reflected within our workforce strategy accounts for that and year on year, we find new ways to illustrate this through innovation, high levels of participation, engagement and sharing sector leading initiatives and influence across HSCP’s.”

Paul Dundas, Independent Sector Lead

“The HSCP Workforce Strategy three-year plan enabled us to adopt a strategic approach, establishing clear deliverables that were both ambitious yet achievable. The delivery framework served as a foundational reference point, facilitating ongoing self-assessment of our progress and encouraging continuous creative thinking and impact evaluation. Amidst current challenges related to resource constraints—including workforce and financial limitations—the framework has also proven to be an effective tool for rationalising decision-making regarding recruitment and progression. This has ensured optimal value and the most effective use of available resources. “

Lisa Cooper, Head of Primary and Preventive Care

“The 3-year workforce strategy has provided a strong foundation for integrated, person-centred care across Fife. From a staff-side perspective, its collaborative development and clear alignment with the Five Pillars framework have been key to its success. The emphasis on leadership, wellbeing, and professional development has supported staff morale and retention, while the creation of operational portfolios has enabled more responsive and joined-up care delivery. The investment in workforce planning and training has helped ensure we have the right skills in the right places, ultimately contributing to safer, more effective care.”

Vicki Bennett NHS Fife Staff Side Lead, & LPF Co-Chair/Partnership Co-ordinator

“As lead for the workforce planning guidance, I just wanted to take the opportunity to again express my huge thanks to you for the assistance developing the national template and the invaluable insights you provided when I was working through the commission.”

Chris Thompson, National Workforce Planning, Guidance & Strategy Lead

Looking Ahead

As we step into the year ahead, our focus remains firmly on cultivating a workplace culture that empowers people, strengthens collaboration, and drives meaningful change. 2026 presents an opportunity to build on the foundations we've laid—deepening our commitment to inclusion, wellbeing, and leadership development across all levels of the organisation.

Fife's Strategic Plan is currently in development and, for the first time, will be published ahead of the Workforce Action Plans. This sequencing enables stronger alignment between strategic goals and annual workforce actions, structured around the five pillars: *Plan, Attract, Train, Employ, and Nurture*. A refreshed approach introduces quarterly progress updates for workforce actions, enhancing monitoring and allowing greater flexibility to adjust plans in response to emerging needs.

We will develop our Workforce Action Plan for April 2026-27, following the publication of the HSCP Strategic Plan 2026-29 and associated Locality Delivery Plans. The next Workforce Plan will be aligned to our strategic direction and ensure our workforce priority action promote the successful delivery of our Strategic Plan.



**Fife Health
& Social Care
Partnership**



Supporting the people of Fife together



**Workforce Strategy 2022-25
Summary Report of
Medium-Term Actions
2024/25**



Supporting the people of Fife together



The Year 3 Workforce Action Plan records 48 actions across the themes of Plan, Attract, Train, Employ, and Nurture, with **81% completed** and 19% in progress. Some actions will continue to be developed into 2026.



Strengthening our workforce planning

Plan

| Action: | Detail: | Progress |
|--|--|-----------------------|
| Develop with stakeholders the HSCP Three-Year Workforce Plan 2025/28 to assess workforce demand and need predicated on the Five Pillars of the Strategy. | <ul style="list-style-type: none"> The Scottish Government issued a new directive to submit a One-Year Workforce Report Annex A. | Action is Complete |
| | <ul style="list-style-type: none"> Further guidance for workforce planning requirements from 2026 onwards is pending. | Action is Progressing |
| Use improved workforce analysis data to improve capacity to determine how many Mental Health Officers (MHOs) are required to meet the statutory duties. | <ul style="list-style-type: none"> A digital database of MHOs created. The MHO programme has increased recruitment. A refreshed service level agreement has been produced. | Action is Complete |
| FVA to develop a data collection platform with Third Sector providers. | <p>Progress includes:</p> <ul style="list-style-type: none"> FVA have built a data website. The website maps workforce trends to share with employers. | Action is Complete |
| Continue from year 2 to support the Third and Independent sectors to develop local workforce data collection. | Data gathering is available across all partnership services, via commissioning activity, or directly from the employers. | Action is Complete |
| Introduce the Total Mobile electronic rota system in the adults' support and accommodation services to improve workforce planning. | <ul style="list-style-type: none"> The contract and statement of works is now completed. Train the trainer' learning opportunities for staff, and the full rollout completed. | Action is Complete |
| Alignment of the scheduling team in homecare to adult support and accommodation service to deliver the operation of the electronic rota system | The recruitment for additional schedulers is completed. | Action is Complete |
| Continuing from Year 2, develop actions around reducing nursing supplementary staffing. | <ul style="list-style-type: none"> Implementing the workforce mobilisation programme in line with the Partnership's Recovery Plan included grip and control on supplementary spend. To strengthen strategic oversight, the Mobilisation Group has been | Action is Complete |

| | | |
|--|---|-----------------------|
| | merged with the Sustainable Nursing Group to include responsibility for monitoring financial planning and resourcing, | |
| Design work patterns to improve workforce planning capability in adults support and accommodation services. | The service now has a data-driven system in place that supports staff allocation, ensuring the right people with the right skills are effectively deployed | Action is Complete |
| Support Complex & Critical Care Services to address the workforce challenges of introducing a new model of overnight care | <ul style="list-style-type: none"> The review of care packages has led to a shift in overall approach, prioritising a 'digital-first' strategy aimed at upskilling staff. Actions are being taken to modernise assessment methods to ensure they are fit for the future. | Action is Progressing |
| Continued engagement with the Care Home (CH) and Care at Home Collaboratives (CAH) to ensure the independent sector have an equal voice in the safe delivery of care in this sector. | <ul style="list-style-type: none"> The Fife Care at Home Collaborative has achieved an attendance of 80-100% of providers The Care Home Collaborative have been meeting on a bi-monthly basis with 60%+ of Care Home Provider Organisations | Action is Complete |
| Continuing from Year 2, monitor the implementation of the Health and Care (Staffing) (Scotland) Act 2019 on the medical staff | <ul style="list-style-type: none"> Medical Staff within the Partnership are not covered by the Common Staffing Method and therefore not required to undertake the Speciality Specific Workforce Tools. In the long term, Safe Care is anticipated will provide the basis to demonstrate how NHS Fife are meeting the requirements of the Act. | Action is Progressing |
| Establish an International Employers Network for Fife employers who are internationally sponsoring employees in their workforce | The Employers Network has been established and brings together key partners including the Care Inspectorate, Scottish Social Services Council, Scottish Government, NHS (via NES – Centre for Workforce Supply, Social Care), and other stakeholders | Action is Complete |



Attract

Attracting people into careers in Health & Social Care

| Action: | Detail: | Progress |
|---|--|---------------------------|
| <p>Evolve the social care Health & Care (Staffing) (Scotland) Act 2019 (HCSA) post-implementation group to develop recruitment strategies</p> | <ul style="list-style-type: none"> • The Health Care Staffing Act 2019 Implementation Group has now dissolved • Former members contributed to the development of materials aimed at enhancing recruitment campaigns. • This work included refreshing the social care and social work information pages on recruitment websites to better engage prospective applicants. | <p>Action is Complete</p> |
| <p>Promote and implement the higher education 'Earn and Learn' placement model.</p> | <ul style="list-style-type: none"> • Arrangements are agreed to support full time students to attend placements in HSCP settings • 15 students are recruited to FC social care services. • Planning to include 2026 student intake is underway | <p>Action is Complete</p> |
| <p>Development of portfolio opportunities for General Practice</p> | <ul style="list-style-type: none"> • The Salaried Staffing Model for the GPs is 70% and appears stable • Funding for Medical Urgent Care Training is confirmed • Clinical lead support with simulation and education sessions is in place | <p>Action is Complete</p> |
| <p>Develop a refreshed procedure to process funded qualifications available to the Fife Council regulated social care workforce.</p> | <ul style="list-style-type: none"> • A process map has been developed with Service Managers. • A monthly status report has been introduced | <p>Action is Complete</p> |
| <p>Collaborate with education and college partners to develop a youth apprenticeship programme in social care</p> | <ul style="list-style-type: none"> • A Care Apprenticeship Programme has been developed with two intakes. In September, 8 candidates were successfully appointed. • In October, 24 applicants are being interviewed for 8 available posts. | <p>Action is Complete</p> |

| | | |
|---|--|---------------------------|
| <p>Promote in all Fife High Schools a series of carousel events titled 'Do you want to be a doctor'</p> | <p>A series of events hosted 70 pupils from across Fife. 'Transition Cohort 1', commencing on January 26, includes 42 students. 'Transition Cohort 2', starting on January 27, has 34 places available, subject to pass rates.</p> | <p>Action is Complete</p> |
| <p>Ensure the Care Academy partners are aligned to the Partnership employers' recruitment strategies and continue to develop innovative ways to grow the workforce through HIE access and funding models.</p> | <p>The Fife Care Academy Board meets quarterly and includes strategic leads from NHS Fife and Fife Council. Successful initiatives managed by the group include the 'Earn and Learn' programme and apprenticeship funding.</p> | <p>Action is Complete</p> |
| <p>Increase the number of GP Clinical Fellows to provide newly qualified GPs with development opportunities.</p> | <p>In September, funding was confirmed for 2025/26 to employ two new GP Fellows. The fellowship programme will run for two years on fixed-term contracts.</p> | <p>Action is Complete</p> |



Train

Supporting the development of our workforce

| Action: | Detail: | Progress |
|---|---|-----------------------|
| Operate an active portfolio review – to manage the increased complexity to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home. | The active portfolio review is now complete. Staff now have access to a range of learning opportunities to support professional development. Additionally, efforts to improve staff sickness rates have been intensified and are being monitored through SLT and LPF updates. | Action is Complete |
| Develop a tiered enteral feeding training programme to support the up skilling of the adult’s social care workforce. | A full-day, practical in-person training session for staff in adult services has been confirmed, with 22 places available. | Action is Complete |
| Develop training programmes to address the skills gap analysis across the core and cluster services to address complex needs and psychological disorders for a changing client group. | Planning has been completed in collaboration with an NHS Consultant Psychiatrist and the Community Mental Health Team. Training places are available for up to 200 staff, with the first cohorts beginning in November. | Action is Complete |
| Extend the Objective Structured Clinical Examination (OSCE) programme for nurses recruited internationally in independent nursing homes. | Following recent discussions, 15 independent care homes with nursing provision have expressed interest in adopting the model. | Action is Complete |
| Seek to implement a hybrid medical nursing model with Advanced Nurse Practitioners to fit the future of care delivery for elderly and frailty. | Three ANPs are in post, and the model is working well. Discussions are underway to recruit five more, to support a hybrid Medical/ANP model in community hospitals. | Action is Complete |
| Launch a “Pilot Aspiring Social Worker” flagship programme within Fife, which will seek to encourage, inspire, and nurture the next generation of social workers within our own workforce. | Further work to develop this programme will continue into 2026. | Action is Progressing |

| | | |
|---|---|---------------------------|
| <p>Conduct a feasibility exercise to develop an Occupational Therapy Degree Career Pathway with Fife College Care Academy aimed at OT assistants in Fife Council.</p> | <p>Due to funding constraints with HEIs and stakeholders, access to higher learning is currently limited to Higher National Certificate level. No diploma pathway is available in Scotland.</p> | <p>Action is Complete</p> |
| <p>Propose a way forward for a HSCP induction and learning passport in Fife.</p> | <p>NES coordinated the launch of the National Induction Framework (NIF), with input from recruitment leads and social care providers across the partnership. Providers can adopt the framework fully or partially, depending on their existing induction programmes. The NIF replaces the previous training passport model.</p> | <p>Action is Complete</p> |
| <p>Complete a wide-ranging review that benchmarks the sustainability of the Trauma Informed Practice level 1 mandatory training and level 3 for social workers training.</p> | <p>Completion of Levels 1–2 before Level 3 is encouraged to ensure cumulative learning. Short-term scheduling is complete, and long-term delivery options—such as refreshers, mentorship, and co-designed training with Trauma Specialists—are being explored.</p> | <p>Action is Complete</p> |
| <p>Introduce a programme of work to explore status, integration options, new system options, or alternative ways of integration including a workforce digital enabling dashboard.</p> | <p>Digital enablement plans, led by our partners at Fife Council and NHS Fife, are progressing to improve system access and remove barriers.</p> | <p>Action is Complete</p> |



Employ

Increasing employment into Health & Social Care

| Action: | Detail: | Progress |
|---|---|-----------------------|
| Proposal to recruit and develop Activity Coordinators. | The portfolio review is ongoing, with proposals progressing and VMF lodged. Some mental health service posts are being reconfigured. | Action is Progressing |
| Improve access to the pathway for registered Social Workers interested in undertaking Mental Health Officer (MHO) training. | Workforce analysis tools and tracking of Mental Health Officer capacity have been improved. Succession planning information related to postgraduate opportunities is now complete. | Action is Complete |
| Conclude a consultation exercise with Third Sector leads to address the results obtained via the sector training needs analysis that identified gaps in learning related to managers with leadership and culture development. | Opportunities shared with FVA include four 'Coach Approach' course offerings per year. Third Sector Managers are also invited to participate in the annual ILT/ELT Leadership Programmes. | Action is Complete |
| Expand the opportunity for the international / sponsored workforce to access equitable funding / learning required to deliver the work in line with employees holding settled status. | This action is complete, with unrestricted funding now available to support international staff in some parts of Scotland. | Action is Complete |



Nurture

Nurturing our workforce

| Action: | Detail: | Progress |
|---|--|-----------------------|
| Deliver a short-term pilot on exit interviews with a sample of employers that have a higher-than-expected turnover. | The Exit Survey pilot ran for six months across 21 service areas, generating 22 responses. Discussions are underway to consider expanding the survey in 2026/27. | Action is Complete |
| Undertake a Supervision audit to understand the frequency and quality of supervision conducted across social work and social care services. | This action is under development and will be implemented in the 2026/27 workforce plans. | Action is Progressing |
| Pilot and launch the managers essential learning programme which supports healthcare managers to access essential learning within 100 days. | The programme has been launched and confirmed to include all managers. | Action is Complete |
| Expand the managing and leading care teams programme delivered by Fife College Care Academy to social care services specifically for supervisors identified for succession and lead officers new to post. | Fife College Care Academy has confirmed October dates for the next cohort, with 12 places allocated to Care at Home services. An additional cohort is planned for early 2026, focused on Adult Resources services. | Action is Complete |
| Recruit volunteers to serve as ambassadors for wellbeing, participate in regular check-ins with ambassadors to share updates, plan future activities. | Volunteers have been recruited as Wellbeing Ambassadors to help foster a culture of health and engagement across the workforce. | Action is Complete |
| Lead the Partnership stress risk assessment survey to inform the development of an action plan. | The action to inform the plan is complete, and services will integrate the learning into future service plans. | Action is Complete |
| Create 'Brave Spaces' for our workforce. | This work, delivered in collaboration with the Fife Centre for Equalities, has identified two spaces and established a session timetable in preparation for use in 2026. | Action is Complete |

| | | |
|--|--|------------------------------|
| <p>Developing an Equality, Diversity & Inclusion (EDI) engagement programme across the Partnership.</p> | <p>Topics published on the HSCP website include Pronouns, Neurodiversity, LGBT+, and Hidden Disabilities. While article-level analytics are not available, the 'About Us' page—where these publications are housed—has received the highest engagement at 64%.</p> | <p>Action is Complete</p> |
| <p>Seek to achieve Silver Level recognition through the Equality Pathfinders scheme by building on the continuous learning initiatives and a high-level communication campaign to raise awareness about EDI.</p> | <p>Work is progressing to meet the criteria for the Silver Award, including initiatives such as the Reverse Mentoring Pilot and the establishment of an Employee Resource Group (ERG).</p> | <p>Action is Progressing</p> |
| <p>Continue to promote and implement the annual iMatter survey and associated action plans.</p> | <p>86% of statements placed us in the 'Strive and Celebrate' category. From 2022 to 2025, the top five statements consistently highlighted direct line managers as approachable, caring, and trusted by their teams.</p> | <p>Action is Complete</p> |
| <p>Multi-Factorial Review on staff pressures, complete an analysis mapping the meetings, designed to consider best use of people's time.</p> | <p>All Terms of Reference for oversight groups have been reviewed to ensure relevance and support a standardised approach.</p> | <p>Action is Complete</p> |



Fife Health & Social Care Partnership

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| | | | |
|---------------------------|--|--------------|------------------|
| Meeting: | Integration Joint Board | Date: | 26 November 2025 |
| Report Title: | Advocacy Strategy Annual Report | | |
| Agenda Item No: | 6.4 | | |
| Responsible Owner: | Caroline Cherry, Principal Social Work Officer | | |
| Report Author: | Vicki Birrell, Team Manager Strategic Planning | | |

Executive Summary

This report accompanies the Advocacy Strategy Annual Report.

- Health Boards and Local Authorities have a statutory responsibility under a range of legislation affecting both children and adults to provide access to independent advocacy for specific groups of people.
- In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet these statutory responsibilities.
- The Advocacy Strategy Annual report is intended to show some of the activity that has taken place over the last two years since the Advocacy Strategy was approved in May 2023 and provides an update on our Advocacy Strategy Delivery Plan.
- Following Committee feedback, key actions in the delivery plan will be updated, including a focus on reporting performance outcomes from those services providing advocacy and working with partners to strengthen the delivery plan to reflect a gap analysis.

Recommendations

This paper is presented to: -

| | | |
|-------------------|-------------------------------------|---|
| Seek a Decision | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | This report is being presented to provide assurance to the Integration Joint Board that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively. |
| For Discussion | <input type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

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

Situation/Background (Purpose of Report)

The Advocacy Strategy 2023 to 2026 was approved in May 2023; this strategy is identified as one of the nine transformational strategies within the Health and Social Care Partnership's Strategic Plan 2023 to 2026. The Advocacy Strategy sets out the context in which we will develop our approach to meeting our statutory obligations in relation to independent advocacy provision. The Advocacy Strategy Annual report is intended to show some of the activity that has taken place over the last two years since the Advocacy Strategy was approved in May 2023.

The Health and Social Care Partnership recognises the vital role of advocacy in safeguarding vulnerable individuals, ensuring their rights are upheld and their voices heard in decisions about their care. This report will demonstrate a shared understanding of the importance of advocacy service provision in Fife and a commitment to a continuous improvement approach in the development of advocacy services and the delivery of our identified advocacy priorities.

Assessment (Key Points/Issues and Risks)

The Advocacy Strategy Annual Report (Appendix 1) provides a comprehensive overview of the progress on the delivery of key actions within the Advocacy Strategy Delivery Plan.

The Annual Report also includes information and updates on the following areas:

- Legal and Strategic Context.
- Independent Advocacy Contract Renewal.
- Data on the number of people accessing advocacy support in Fife.
- Fife Advocacy Forum updates.
- Case Studies.
- Outcome mapping (logic model).
- Next steps.

As indicated from the Executive Summary, the delivery plan will be updated to indicate outcome performance measures and an analysis on whether there are any gaps to the provision of advocacy in Fife.

Related Documents/Appendices

The following appendices are included with this report:

- Appendix 1 – Advocacy Strategy Annual Report

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | There is insufficient information at present to judge the adequacy and effectiveness of controls and actions. |

Not Applicable – Annual Report providing assurance only.

| Reporting | | | | | | |
|---|-------------------------------------|--------------------------|----------|--|--------------------------|--|
| This report was previously considered by the following Groups/Committees on route to this meeting and will be considered by the following Groups/Committees following this meeting. | | | | | | |
| | Route To | Following | Date | Amendments to report following meeting | | |
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Local Partnership Forum (LPF) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Strategic Planning Group (SPG) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | Although the annual report hasn't changed, key actions on the executive summary and assessment section of the report have been added for assurance (around gap analysis and outcome measures). The delivery plan will be updated to reflect these key actions. |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Board | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

| Implications/Impacts | | |
|---|-------------------------------------|--|
| Description of any +/- implications/impacts and any suggested actions arising | | |
| Service Users/Carers | <input checked="" type="checkbox"/> | <p>Fife HSCP is committed to delivering high-quality advocacy services that are transformative for both service users and carers. Advocacy empowers individuals to understand and exercise their rights, participate meaningfully in decisions about their care, and navigate complex systems with confidence. For carers, advocacy offers reassurance that the person they support is being heard and treated fairly, while also helping them to voice their own concerns and needs.</p> <p>This Annual Report demonstrates this commitment.</p> |
| Localities/Communities | <input checked="" type="checkbox"/> | <p>The HSCP's provision of Advocacy Services ensures equitable access to advocacy across all localities, promoting fairness and inclusion. We want the people of Fife to be able to access advocacy support regardless of where they live, with services that are responsive to local needs and delivered in ways that are geographically accessible.</p> <p>This Annual Report demonstrates the wide range of Advocacy Services available in Fife and a snapshot of the number of individuals accessing support.</p> |
| Quality of Care | <input checked="" type="checkbox"/> | <p>The Advocacy Strategy 2023 – 2026 and this Annual Report (Appendix 1) demonstrates our commitment to ensuring individuals, particularly those who are vulnerable have their voices heard, their rights respected, and their preferences considered in decisions affecting their health and wellbeing.</p> <p>By supporting people to express their views and participate in planning their care, advocacy promotes person-centred approaches and helps prevent neglect, discrimination, or poor treatment. The provision of high-quality advocacy contributes to safer, fairer, and more responsive services that uphold dignity and empower individuals.</p> |
| Workforce | <input checked="" type="checkbox"/> | <p>Any impact on the Partnership's workforce will be managed through the Workforce Strategy.</p> |
| Legal | <input checked="" type="checkbox"/> | <p>The introduction of the Mental Health (Care and Treatment) Act (Scotland) 2003 created statutory rights for some people to have access to independent advocacy services. Since then, the value and importance of advocacy services can be seen threaded through all health, social work and social care legislation. In 2010, the Scottish Government imposed a duty on all Local Authorities and Health Boards to produce a regular plan which detailed the funded advocacy provision in their area. In Fife this plan is the responsibility of Fife Health and Social Care Partnership. The Advocacy Strategy sets out how we will delivery these statutory obligations and the Advocacy Strategy Annual Report provides an update on the delivery of the Strategy.</p> |

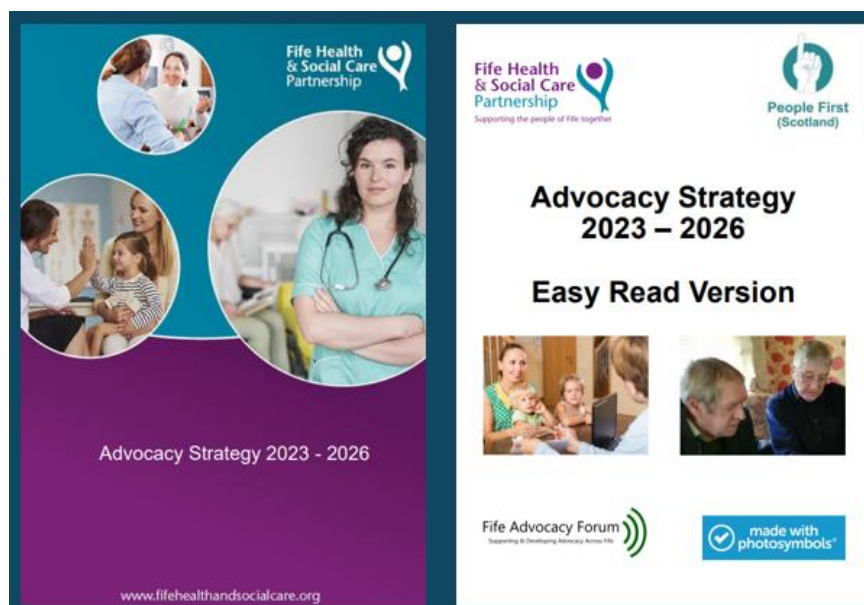
| | | | |
|---|-------------------------------------|---|---|
| Financial | <input checked="" type="checkbox"/> | Financial activities are managed through the Medium-Term Financial Strategy. | |
| Performance | <input checked="" type="checkbox"/> | This Annual Report (Appendix 1) is part of the Partnership's Performance Framework which will progress through the Strategic Planning Group, relevant Committees and on to the Integration Joint Board. | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input checked="" type="checkbox"/> | 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 | <input checked="" type="checkbox"/> | In developing this annual report, we have worked closely with our partners in the third and independent sectors as well as our internal Link Officers who support each organisation. | |
| Risk & Mitigation | <input type="checkbox"/> | A Risk Register was completed during the development of the Advocacy Strategy. This report provides an update on delivery of the Strategy and therefore does not require a further risk assessment to be carried out. | |
| Equalities and Human Rights, including children's rights and health inequalities | <input checked="" type="checkbox"/> | No Impact | An EQIA was completed during the development of the Advocacy Strategy. This paper and associated appendix provides an update on the delivery of the Advocacy Strategy and therefore does not require an EQIA to be completed. |
| | <input type="checkbox"/> | Age | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Sex | |
| | <input type="checkbox"/> | Sexual Orientation | |
| <input type="checkbox"/> | Marriage/Civil Partnership | | |

Advocacy Strategy Annual Report July 2025



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Fife's Advocacy Strategy Annual Report, supported by:



Introduction

Welcome to the annual report for the Advocacy Strategy 2023 – 2026. The Advocacy Strategy 2023 to 2026 is identified as one of the nine transformational strategies within the Health and Social Care Partnership's Strategic Plan 2023 to 2026.

The Partnership recognises the significant role that advocacy plays in helping to safeguard people who may be at risk of being treated unfairly as a result of circumstances that make them vulnerable. We understand that advocacy support plays a critical role in ensuring that people's rights are not infringed, it also supports people to exercise those rights and have their voice heard when decisions are being made about their care.

The Advocacy Strategy sets out the context in which we will develop our approach to meeting our statutory obligations in relation to independent advocacy provision. The Advocacy Strategy Annual report is intended to show some of the activity that has taken place over the last two years since the Advocacy Strategy was approved in May 2023.

We hope that this report will demonstrate a shared understanding of the importance of advocacy service provision in Fife and a commitment to a continuous improvement approach in the development of advocacy services and the delivery of our identified advocacy priorities.

This report includes an update on the planned actions shown as: **Completed**, **Partially Completed** and **Not started/Delayed**. Where an action has been delayed or has not started, an explanation will be provided to support this.

Legal and Strategic Context

The introduction of the Mental Health (Care and Treatment) Act (Scotland) 2003 created statutory rights for some people to have access to independent advocacy services. Since then, the value and importance of advocacy services can be seen threaded through all social work and social care legislation. In 2010, the Scottish Government imposed a duty on all local authorities and health boards to produce a regular plan which detailed the funded advocacy provision in their area, in Fife this is the responsibility of the Health and Social Care Partnership. The Health and Social Care Partnership is also responsible for commissioning the advocacy services required to meet their statutory responsibilities.

The legal and strategic context in which advocacy operates is shown below:

Mental Health

Mental Health (Care & Treatment) (Scotland) Act 2003
Mental Health (Scotland) Act 2015
Adults with Incapacity (Scotland) Act 2000
The Mental Health Welfare Commission 'The Right to Advocacy'

Children

Getting it Right for Every Child (2008) (GIRFEC)
Children and Young People (Scotland) Act 2014
Children's Hearing (Scotland) Act 2011
Children (Scotland) Act 1995
Education (Additional Support for Learning) (Scotland) Act 2004

Carers

Carers Act (Scotland) 2016
National Carers Strategy (December 2022)

Adult Support and Protection (Scotland) Act 2007
Patient Rights (Scotland) Act 2011
Scottish Independent Advocacy Alliance

What is Advocacy?



Independent Advocacy is a way to support people to have a stronger voice and have as much control as possible of their own lives.

Advocacy can be defined as speaking up for, or acting on behalf of, yourself or another person. This can include helping someone to:

- Understand and protect their rights.
- To resolve problems, and
- To express their views in an effective and appropriate way.

The Mental Health (Scotland) Act 2003 states that advocacy is independent if it is not provided by any of the following:

- The relevant local authority.
- The relevant health board.
- Any members of the above for example: employees.
- Any person providing direct health and social care services to the person who is to be provided with advocacy on behalf of any of the above (including independent or voluntary sector organisations providing such services on behalf of the statutory body).

The need for Advocacy

Independent advocacy services are designed to ensure that people's views are taken into consideration, particularly when decisions are being made about them. They also help people to understand their own rights, enable them to make informed choices and allow them to express themselves clearly.

Our provision of Advocacy services in Fife are in place to meet our statutory obligations, national and local advocacy outcomes and to ensure that people's voices are heard. We want individuals who require advocacy support to have as much control as possible over choices about their own lives.

Advocacy Provision in Fife

Within Fife, advocacy services are commissioned in two ways:

- **Professional Advocacy Contract.**
This is a formal contract awarded via a competitive tendering process.
- **Service Level Agreements.**
There are a number of grant funded organisations that have service level agreements in place to deliver different types of advocacy in Fife.

Our Third Sector partners play a significant role in delivering Advocacy Services to the people of Fife and are subject to contract monitoring in line with Fife Council's Monitoring and Evaluation Framework.

Independent Advocacy Contract

In 2024, the Commissioning Team worked closely with our Procurement Partners in Fife Council and other key stakeholders including the Strategic Planning Team, Principal Social Work Officer and Social Workers to renew Fife's Independent Advocacy Contract. This was a significant piece of work conducted during April 2024 to September 2024 when the new Contract commenced.

The purpose of the Independent Advocacy Contract is to provide a combination of professional and collective advocacy. This contract renewal ensured that NHS Fife, Fife Council and Fife Health and Social Care Partnership can continue to meet their statutory obligations and also provides advocacy for a wider group of vulnerable people.

The procurement process involved a wide range of coordinated activities from initial planning and stakeholder engagement, through rigorous assessment and evaluation, to contract award and ongoing monitoring.

The Independent Advocacy Contract was awarded to VoiceAbility, more information on VoiceAbility can be found by accessing their website: (www.voiceability.org)

A statement from Emily Johnston , Operations Manager for VoiceAbility in Scotland.

Since launching our delivery in Fife, we have developed a strong and collaborative relationship with all HSCP staff. Their support throughout the referral process has been outstanding. Together, we've worked closely to ensure that individuals referred to advocacy receive timely and appropriate support. This has been instrumental in making sure our advocacy partners are well-supported throughout their journey.

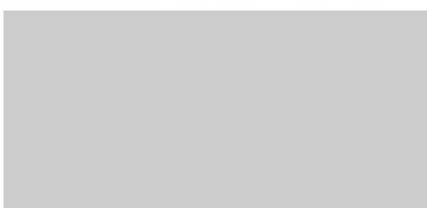
During our first reporting period (September – December 2024), we received 581 enquiries, with 498 (86%) converting to cases. Our services have reached multiple areas within Fife, with Kirkcaldy (25% of all cases) and North East Fife (20% of all cases) showing the highest engagement.

We have established weekly drop-in sessions at Stratheden and Queen Margaret Hospitals, which have proven effective in explaining how advocacy can support individuals.

Our team of advocates are on hand to advocate for people across Fife. You can contact us on 0300 303 1660 or email helpline.scotland@voiceability.org

“Support and advice on telephone regarding referral process was seamless. Referral was easy to complete, and the contact following was good”

Anonymous feedback



Advocacy Organisations and Support provided in Fife

Advocacy in health, social work and social care is crucial to ensuring that individuals rights and needs are recognised and addressed, leading to improved access to services, better health outcomes, and enhanced overall well-being.

The information below demonstrates Fife Health and Social Care Partnerships commitment to delivering a range of advocacy services and supports across Fife, the information shows a snapshot of the number of people accessing advocacy support in Fife over a full year period.



**Reporting period January 2024 to December 2024*

Advocacy Priorities



(Original Priorities in the Advocacy Strategy 2023 – 2026)



| | The changes we need to make | What will success look like? | Where we want to be in 2026 | Strategic Theme |
|---|---|--|--|--------------------------------------|
| 1 | We will complete an extensive gap analysis of our Advocacy Service provision and identify measures that will improve access and availability of Advocacy Services in Fife. | Completion of a gap analysis of Advocacy Service provision which will inform future planning for Advocacy Services. | An improvement in people's experience of access and availability of Advocacy Services in Fife evidenced by positive feedback and increased service user satisfaction. | Outcomes Wellbeing Local |
| 2 | We will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods. | Development and delivery of a robust communication strategy and an effective awareness raising campaign. | More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations. | Wellbeing Outcomes Integration |
| 3 | We will review our Service Level Agreements with local advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance. | Completion of a review of Service Level Agreements with advocacy providers and development of a new SLA template where appropriate. | Service Level Agreements will be in place with advocacy providers (as appropriate) that are reflective of the Advocacy Strategy, current policy, legislation and guidance. | Outcomes Sustainable |
| 4 | We will work in partnership with our advocacy providers to review eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services. | Completion of a review of eligibility criteria to advocacy services ensuring that the criteria are fit for purpose and are inclusive of all equality groups. | Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty. | Wellbeing Sustainable Local |
| 5 | We will renew our independent professional advocacy contract to ensure provision of a comprehensive independent advocacy service which adheres to our legislative requirements and aligns with the priorities within our Advocacy Strategy. | Refresh and renewal of the Partnership's Advocacy Contract in accordance with current and identified future needs. | Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife. | Sustainable Outcomes Local |

Delivery Plan

The Advocacy Strategy Delivery Plan update is intended to show some of the activity that has taken place over the last two years since the Advocacy Strategy was approved in May 2023.

| Where do we want to be in 2026 | In 2023/25, we will: | Update | Priority | RAG Status |
|--|--|---|----------|---|
| Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty. | Refresh our Advocacy Strategy in line with our legislative requirements and in alignment with our Strategic Priorities. | <p>The Advocacy Strategy 2023-2026 was approved by the Integration Joint Board on 26th May 2023.</p> <p>Strategy published on the HSCP website.</p> <p>Strategy shared widely with key stakeholders and Partner agencies leading to increased awareness of Advocacy provision within Fife.</p> <p>Easy Read version of the Advocacy Strategy developed and published on the HSCP website.</p> | 4 | Completed.  |
| Where do we want to be in 2026 | In 2024/25, we will: | Update | Priority | RAG Status |
| Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife. | We will renew our independent professional advocacy contract to ensure provision of a comprehensive independent advocacy service which adheres to our legislative requirements and aligns with the priorities within our Advocacy Strategy | <p>The tender exercise for the renewal of the Independent Advocacy Contract was completed during April – September 2024, with VoiceAbility being awarded the Contract.</p> <p>The new contract commenced in September 2024.</p> | 5 | Completed.  |

| | | | | |
|--|---|---|------------|--|
| | | Transition meetings took place with both our incumbent supplier (Circles Network) and our new provider (VoiceAbility) bi-weekly to ensure a smooth transition was achieved and that there was no disruption to the service and no impact for our service users. Communications were issued to all service users, social work teams and through our localities. | | |
| A Strategic Implementation Group will be in place to support delivery of the Strategy. | The Joint Advocacy Planning Group (JAPG) will be reinstated to develop a detailed Delivery Plan for the Advocacy Strategy. The JAPG will include colleagues from the Health and Social Care Partnership and other key stakeholder groups: Fife Advocacy Forum, NHS Fife, Fife Council Housing Services and Police Scotland. | Partially completed Reason: Workforce – resource unavailable. Change: Recruitment is underway. The Joint Advocacy Planning Group (JAPG) was active until 2020, paused, and then reinstated in 2024. Meetings are currently on hold pending review the best way to delivery advocacy priorities. | All | Partially completed.  |
| Service Level Agreements will be in place with advocacy providers (as appropriate) that are reflective of the Advocacy Strategy, current policy, legislation and guidance. | We will review our Service Level Agreements with local advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance. | Service Level Agreements have been reviewed and updated reflective of the Advocacy Strategy, current policy, legislation and guidance. | 3 | Completed  |

| | | | | |
|--|---|--|----------|---|
| <p>More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them.</p> | <p>We will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.</p> | <p>Proactive awareness raising activity has been ongoing throughout 2024 by Fife Advocacy Forum members, this includes the introduction of Fife Advocacy Week where drop in session were organised throughout Fife for a full week of awareness raising activity.</p> <p>Other activity includes attendance by Forum members at various events to represent Advocacy Organisation in Fife and increased use of social media channels to raise the profile of independent advocacy in Fife.</p> | <p>2</p> | <p>Completed.</p>  |
| <p>An improvement in people's experience of access and availability of Advocacy Services in Fife evidenced by positive feedback and increased service user satisfaction.</p> | <p>We will complete an extensive gap analysis of our Advocacy Service provision and identify measures that will improve access and availability of Advocacy Services in Fife.</p> | <p>A full gap analysis has not been completed however measures to improve awareness and access to advocacy services remain ongoing. The fife Advocacy Forum meets regularly where members can raise any concerns relating to gaps in services. The Forum also conducts activities to raise awareness in the community and with professionals.</p> | <p>1</p> | <p>Partially Completed.</p>  |

Fife Advocacy Forum

Fife Advocacy Forum works in partnership with Fife Health and Social Care Partnership to support delivery of the Advocacy Strategy 2023 – 2026.

The Fife Advocacy Forum represents the views of local advocacy providers, more information about Fife Advocacy Forum can be found on their website:

www.fifeadvocacyforum.org.uk

Some key areas of activity that Fife Advocacy Forum have conducted to develop advocacy in Fife and to support delivery of the Advocacy Strategy 2023 – 2026 are detailed below:

Regular monthly Forum meetings

- The Advocacy Forum continues to meet monthly which provides support for all Fife Advocacy organisations, meetings are attended by an average of 8-12 people from multiple advocacy organisations. Feedback from members is that this continues to be a safe and productive space to share common themes, issues and concerns and is an opportunity to reflect and learn from colleagues.

Review and publish the Fife Advocacy booklet

- The Advocacy Forum collaborates with members to ensure that the advocacy booklet is kept up to date with key details for each advocacy organisation. The booklet is now available as a download from the Fife Advocacy Forum website and printed copies are available on request. The booklet has also been developed into an easy read format.

Awareness raising

- Regular awareness raising activity including the use of social media channels (Facebook and X (Twitter)). Regular updates on the Fife Advocacy Forum website. The first Advocacy Awareness Week was organised and held in October 2024; this will be held again in 2025.

Logic Model

- Updated the Logic Outcomes Model in line with National Advocacy priorities and Fife HSCP Strategic priorities.

Development Sessions

- The Forum has held two development sessions for members and advocacy workers, this supports the advocacy organisations and their workforce to build contacts and networks, increase their understanding of their role in achieving wider advocacy outcomes and consider and agree further areas for development including awareness raising campaigns.

A Message from the Fife Advocacy Forum Chair and Chief Executive of Dunfermline Advocacy.

The Fife Advocacy Forum has been a cornerstone of independent advocacy development and support for over 13 years. Since its establishment, I have had the privilege of serving as Chair, drawing on nearly 26 years of experience in advocacy through my role as Chief Executive of Dunfermline Advocacy, a position I have held since 2001.

The Forum plays a critical role in both supporting its member organisations and in working collaboratively with the HSCP to both develop and implement Fife Advocacy Strategies and their priorities. This partnership approach has been central to ensuring that advocacy services remain responsive and relevant to the evolving needs of the people of Fife.

Despite the diversity of advocacy models represented within the Forum, members consistently report similar trends:

- A growing number of individuals seeking advocacy support.
- Increasing referrals for people who are unable to access any other services.
- A marked rise in the complexity of the issues people are facing.

During a time of sustained financial challenge at a local and national level, the Forum has provided its members with support that facilitates strong connections to ensure that the people of Fife can access the right advocacy support through collaborative and complimentary service delivery.

Fife has a great deal to be proud of in its approach to independent advocacy. The long-standing commitment from Fife Council, NHS Fife, and the HSCP has enabled this development of a wide range of advocacy services tailored to the diverse needs of local communities. The positive impact of this work is clearly reflected in case studies and personal accounts from individuals who have accessed different forms of advocacy across Fife.

Fife is now the only area in Scotland that continues to support Citizen Advocacy—an important distinction that highlights Fife's leadership and innovation in this field. This breadth of provision places Fife in a strong position as the Care Reform (Scotland) Bill progresses to implementation, with its emphasis on improving access to independent advocacy and ensuring that people are heard and involved in decisions about their care.

Rachel Annand

Advocacy Awareness Week

Fife Advocacy Forum held the first Fife Advocacy Week at the end of October 2024, running both an in person and online campaign. A total of 15 events took place across Fife, a short recap of the week can be viewed on this link to the Forum's Facebook video: www.facebook.com/fifeadvocacyforum/videos/1230083894981309/?rdid=cLMO2FniLEptujcZ#

Fife Advocacy Week social media campaign achieved significant visibility across social media platforms. Engagement content included a mix of advocacy stories, service highlights, and information, which collectively contributed to increased public interest and interaction.

- 20,000 views were recorded across the Forum's own social media channels and those of their members organisations.
- Posts were viewed by at least 7500 unique individuals/accounts across Facebook and X.

Following Fife Advocacy Week, Fife Advocacy Forum members reported an increase in enquiries from the community in three key areas:

- To find out more information about advocacy.
- To ask for advice and information.
- To request an individual meeting to consider long term Citizen Advocacy.

Fife Advocacy Forum will continue to develop measures to capture outcomes achieved from subsequent Advocacy Awareness Weeks.

| Fife Advocacy Forum Supporting & Developing Advocacy Across Fife | | | | Where you can find us during #FifeAdvocacyWeek | QR Code |
|---|--|--|---|---|---------|
| MONDAY 28TH | Cupar Old Parish Church Kirkgate, Cupar, KY16 5AL 11 am - 1 pm | | | | |
| TUESDAY 29TH | Fife Carers Centre 157 Commercial Street, Kirkcaldy, KY1 2NS 9.30 am - 11.45 am | North East Fife Community Hub St. David's Centre, Albany Park, St. Andrews, KY16 8BP 11 am - 1 pm | ASDA St. Leonard's St. Leonard's Street, Dunfermline, KY11 3AY 11 am - 3 pm | | |
| WEDNESDAY 30TH | Auchtermuchty Centre Newburgh Road, Auchtermuchty, KY14 7BY 10 am - 1 pm | St. Bryce Kirk Kirk Wind, Kirkcaldy, KY1 1ET 10 am - 12 noon | Dunfermline Advocacy Office 14 Halbeath Rd. Dunfermline, KY12 7QX 11 am - 1 pm | | |
| THURSDAY 31ST | Equal Voice Offices 1 pm till 2.30 pm Email beforehand: info@equal-voice.org.uk | Victoria Hospital (near Costa) Hayfield Road, Kirkcaldy, KY2 5AH 1pm - 4 pm | Dunfermline Advocacy Office 14 Halbeath Rd. Dunfermline, KY12 7QX 4 pm - 6 pm | | |
| FRIDAY 1ST | Co-op Anstruther St. Andrew's Road, Anstruther, KY10 3JS 10 am - 12.30 pm | Fife College (Kirkcaldy) St. Brycedale Avenue Kirkcaldy, KY1 1EX 1 pm - 3 pm | Fife College (Kirkcaldy) St. Brycedale Avenue Kirkcaldy, KY1 1EX Time TBC | | |
| | EATS Rosyth 117-119 Park Road, Rosyth, KY11 2QT 10 am - 12 noon | Larrick Centre Shanwell Road, Tayport, DD6 9EA 11 am - 2 pm | | | |



Fife Advocacy Awareness Week

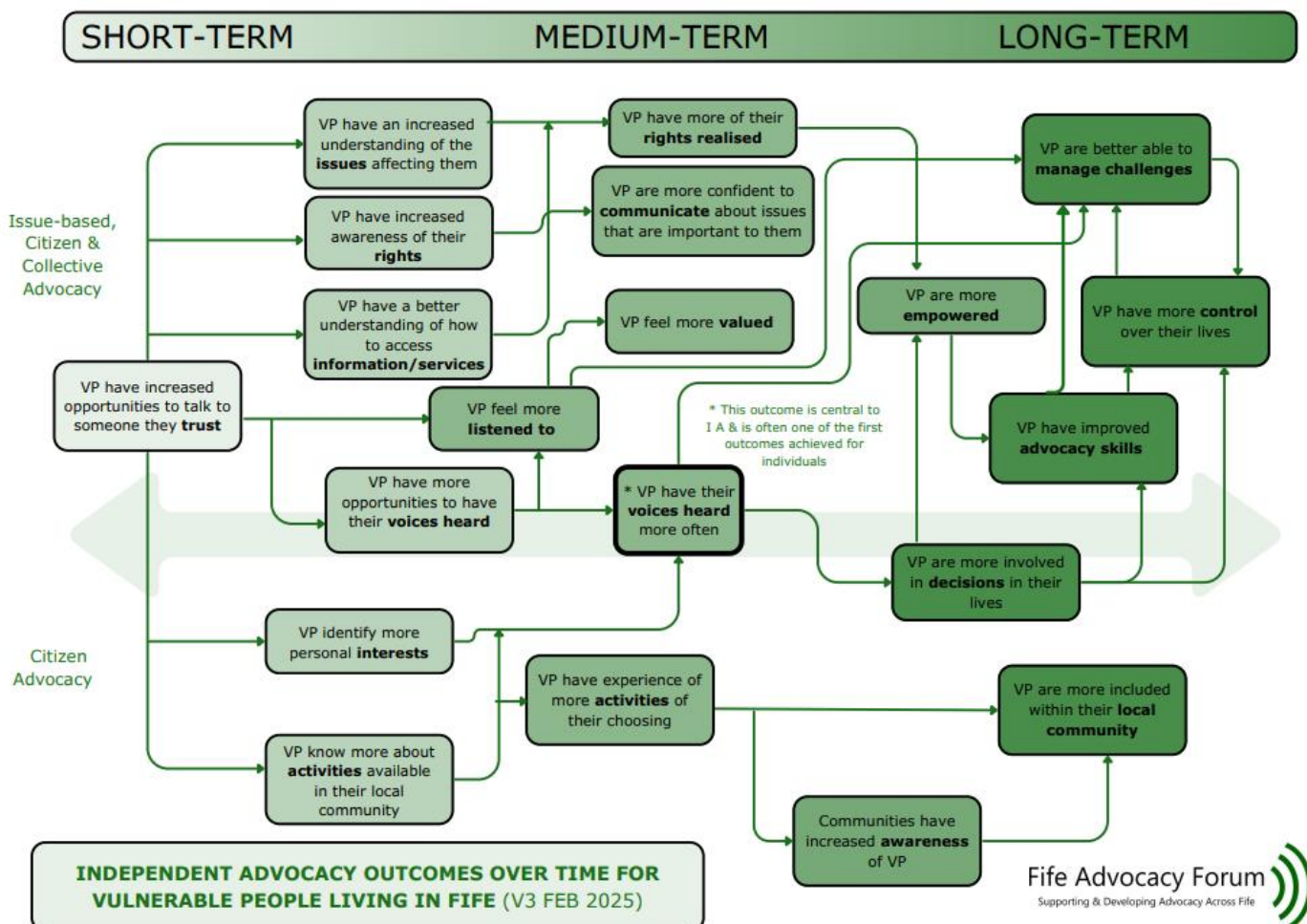


A Fife Logic Model for Advocacy

In 2022, Fife Advocacy Forum developed a logic model to demonstrate the impact of independent advocacy and how that impact maps to local and national outcomes. Since the Advocacy Strategy 2023 – 2026 was approved, the Logic Model has been further developed to ensure alignment with strategic outcomes.



This model shown below has strengthened reporting by mapping the national independent advocacy outcomes to the local independent advocacy outcomes with the personal outcome of ‘having my voice heard’ as central to all advocacy provision.



Outcomes

In this section of the report, we would like to highlight three cases studies as examples of the difference that independent advocacy can make to a person's ability to achieve their goals and outcomes.

**Each case study has been anonymised to protect privacy.*

Case Study 1 – Advocacy Support for an Older Adult in a Fife Care Home

Background

A referral was received from the care home manager regarding an older adult living in a Fife care home. The client has significant hearing and visual impairments (he is deaf with a cochlear implant and has poor sight). He struggles to read, use his mobile phone, and communicate effectively. Additionally, he lives in an environment where most residents have dementia, which adds to his sense of isolation. The initial referral was to provide support for a visit to the bank to transfer money between accounts. The care home staff were reluctant to assist due to the financial nature of the task, and the client's family had not volunteered to help.

Advocacy Support Provided

Following the initial support at the bank, the advocate was called back for a second referral. The client had several concerns:

- He wanted to sell his house.
- He was struggling with the lasting effects of cataract surgery and was unsure if the operation had been successful.
- He found phone conversations difficult due to his hearing impairment.

Advocacy Outcomes

Through the support of advocacy, the client felt listened to and empowered to take action with the support of an advocate in areas of his life where he previously had not been able to.

Key actions taken:

- **House Sale:** The client is independently managing the sale of his house.
- **Eye Health:** A second eye test contradicted a previous prescription. He has since ordered and received new glasses.
- **Financial Support:** Successfully applied for and was awarded Attendance Allowance.
- **Assistive Technology:** He was referred to Seescape and is now exploring technology to support his reading and communication needs.

Impact on the Client

As a result of advocacy support, the client has become more confident and empowered to take control of his life:

- He independently manages communications with his estate agent.
- He arranged and attended an optician's appointment without advocacy support, selected new frames, and collected his varifocals.
- With his Attendance Allowance, he plans to purchase a new laptop and smartphone to reduce his isolation.

Conclusion

This case study highlights the importance of advocacy in ensuring that individuals with sensory impairments receive the support that they need to make informed decisions and maintain their independence. By facilitating access to financial, medical, and technological resources, advocacy has helped this client regain confidence and autonomy in his daily life.

Case Study 2 – Short Term Citizen Advocacy Partnership

Citizen Advocate 1 and Person X

Person X was referred through the Well as she was struggling to deal with some of the debt issues she had. Person X had contacted CARF about it before, but due to her decline in mental health she struggled with communicating with her allocated advisor and completing the tasks they needed from her.

Person X had found the courage to go along to the Well to try to find some more help, they felt that given some of the communication issues Person X could have, advocacy would be a good support and made the referral to an Advocacy Provider.

Person X was matched with a short-term Citizen Advocate 1 (CA1). From the beginning CA1 made the time to start building a trusting relationship where Person X knew there was no judgement about her circumstances and that she was there to help Person X find the right support she needed to deal with her debt issues.

Together they agreed how to move forward, and contacted CARF and started the process again. CA1 was with Person X for each telephone appointment she had, took notes to make sure they understood what was required of Person X and made sure she understood the different options for resolving her debt. CA1 and Person X gathered all the information the CARF advisor required, such as bank details, payslips and changing Person X's bank account. At times this was quite tricky as Person X was off work due to illness and communication to get the right paperwork she needed from them was not easy, CA1 supported Person X to write a letter to the Head Office detailing what she required from them.

The full process took a few months to complete but with CA1's support, Person X was able to go through the whole CARF Debt service, communicate effectively, understanding the choices given and the consequences of certain choices taken and deal with the debt that she had.

Looking at the Advocacy Over Time outcomes chart, we can see Person X's journey and that several of the advocacy outcomes have been achieved:

- **Increased opportunities to talk to someone they trust** - very private matter of finances and did not want many others to know due to stigmatism around being in debt
- **Increased understanding the issues affecting them** - knew she was in a lot of debt but was not sure exact amount as too worried to properly look
- **better understanding of how to access information/services** - had to try to access CARF before for debt support but due to declining mental health felt unable to continue with the process - a lot of information gathering to be done by the person themselves and not with the aid of CARF.
- **Feel more listened to & are more confident to communicate about issues that are important to them** - through the support of a short-term advocate the partner was able to communicate with

CARF the exact debt resolution that she felt was best for her circumstances. (CARF had suggested not doing bankruptcy even though that was the path she felt was best to take)

- **felt empowered** - to take charge and complete the debt resolution this time and make changes to her life to not be in debt.
- **have improved advocacy skills, better able to manage challenges AND have more control over their lives** - through having a short-term advocate the partner has been able to lift the mental burden of her debt - has learned how to communicate her wishes around subjects that are important to her and is now more confident to deal with other aspects of life without the need of advocacy.

Case Study 3 – Outcomes Over Time Case Study - A Citizen Advocacy Partnership

Citizen Advocate 2 and Person Y

Person Y was referred by education for support while making the transition from school to college. Person Y has Autism, ME and a hearing impairment.

After an initial assessment Person Y began to meet with one of Fife's Advocacy Development Workers and in addition to advocacy support around the issue of transition, it was clear that he would also benefit from widening his social activities through a trusting relationship with someone close to his own age. The parent of Person Y was supportive of Person Y being matched with a volunteer, which helped the initial stages.

Person Y met with the Development Worker regularly over a three-month period, building a picture of his advocacy needs and wishes, along with his interests and expectations for being matched with a volunteer Citizen Advocate.

In August, the Development Worker introduced Person Y to one of the volunteer citizen advocates (VCA 2), who is a 16-year-old High School student. VCA 2 completed her Advocate Preparation group and one-to-one training, and the organisation had a good understanding of her skills, interests and experience. VCA 2 is highly intelligent, somewhat quiet but has confidence and is a great listener.

Their first meeting was in the house with Person Y's parent present too, but Person Y quickly wanted to show off his summer hut in the garden which has a mini-fridge, table and chairs and he uses it for listening to music and arts and crafts. The parent was really surprised at how comfortable Person Y was speaking to VCA 2 and commented how the slow introduction to the Development Worker and then a Citizen Advocate had allowed him to be ready to talk much more freely than she expected. At the second meeting both teenagers shared similar experiences of how school and colleges struggle to communicate successfully with students and also teachers / lecturers they both knew.

By mid-September they agreed to be matched in our long-term Community project after only two matching meetings which was also a surprise to Person Y's parent who had initially felt that Person Y may have been very hesitant. He had said that he had "friends" at school but there was nobody that he saw out of school –partly due to his health and partly his lack of social confidence.

Outcomes Achieved

- Increased opportunity to talk to someone they trust.

- More opportunity to have their voices heard.

At the first Quarterly review in December, it was confirmed that meetings are regular and have allowed Person Y to challenge Fife College (with advocacy support) to ensure that they provide “reasonable adjustments” to their timetable to enable him to be fully attentive and healthy.

- Increased awareness of his rights.
- Feels more listened to.
- Opportunity to have his voice heard.
- Has their voice heard more often.

The partnership has now been clearly established and one of the unintended consequences has been the ability of Person Y to take his concerns to his Citizen Advocate rather than his parent. This has very quickly empowered Person Y as he has done these things himself (with advocacy support).

- Feeling more empowered.

The plans for the near future include meeting as a partnership outside of Person Y’s home and into the immediate community, exploring more local venues, subject to his daily wellbeing, but allowing more awareness of his community.

- Knowing more about activities in the local community.
- Identifying more personal interests.



Feedback from individuals who have used Advocacy Support Services.

“Advocacy Support has been life changing, I have been able to come and be part of a group”

“Advocacy enabled me to get used to regular social contact and friendships in ways I had previously not been able to due to my disability”



“I feel that advocacy has allowed me to make my own needs better known, without falling into the trap of just giving people the answers I think they want. More importantly, I know that whatever I say will be responded to in a manner free from bias or judgement”

“advocacy support has helped me to get more used to talking to people. I feel more confident talking to someone who I know will respond in a non-judgemental, unbiased way. Also, I find it easier to broach certain subjects which I might otherwise have not felt comfortable discussing with my own family or other friend groups”



“Until we found you, we were out in the wilderness”

“Without your help we would be stuck forever”

“This is going to make a huge difference to our life”

Joint Advocacy Planning Group (JAPG)

The Joint Advocacy Planning Group (JAPG) was active until 2020, paused, and then reinstated in 2024. Meetings are currently on hold pending review of the best way to deliver Advocacy priorities in Fife.



Conclusion and next steps

In conclusion, we hope that this report demonstrates Fife Health and Social Care Partnerships commitment to delivering the Advocacy Strategy 2023 – 2026. We are proud to offer a range of advocacy services and supports across Fife, including independent advocacy and we hope that this report highlights some of the positive outcomes that have made a difference to people in Fife as well as the significant amount of people accessing advocacy support.

Looking ahead, the Care Reform (Scotland) Act 2025 marks a pivotal shift in Scotland’s approach to social care, embedding the principles of dignity, choice, and empowerment at its core. Our commitment to the Care Reform (Scotland) Act 2025 reflects our dedication to empowering individuals to shape their own care. We will strengthen access to independent advocacy, ensuring people’s voices are heard, rights are respected, and choices supported.

Our planned activity for 2025 and beyond is shown in the table below:

| |
|--|
| <p>More people will be aware of the advocacy support in Fife and how to access it.</p> <ul style="list-style-type: none">• We will work in partnership with Fife Advocacy Forum to support and share awareness raising activity through our networks.• We will Support Fife Advocacy Forum to continue the ongoing delivery of an annual Advocacy Awareness Week. |
| <p>There will be a model in place for Fife Advocacy Providers to demonstrate the positive impact of independent advocacy.</p> <ul style="list-style-type: none">• Working in partnership with Fife Advocacy Forum, we will support the ongoing development of the Logic model to ensure that it continues to be aligned with national and local strategic priorities. |
| <p>We will meet our statutory responsibilities to provided independent advocacy for specific groups of people.</p> <ul style="list-style-type: none">• We will continue to conduct contract monitoring activity to ensure that the Independent Advocacy Contract is being delivered as per the contract specification and that this continues to meet the ongoing needs of those who require to access independent advocacy services in Fife. This will ensure that Fife Council, NHS Fife and Fife Health and Social Care Partnership continue to meet their statutory obligations in relation to the provision of independent advocacy. |
| <p>We will review our approach to strategic links with the Fife Advocacy Forum and agree next steps.</p> <ul style="list-style-type: none">• We will review and an identify an approach to creating a strategic link with Fife Advocacy Forum and our Senior Leadership Team and consider how best to continue to deliver our Advocacy Strategy and statutory obligations. |

Fife Advocacy Forum
Supporting & Developing Advocacy Across Fife 

| | |
|---|---|
| Barnardo's Fife 01592 651482 | Circles Network 01592 645360 |
| Dunfermline Advocacy 01383 624382 | Equal Voice 01592 653754 |
| Fife Carers Centre 01592 205472 | Fife Forum 01592 643743 |
| Fife Young Carers 01592 205472 | Include Me 07487 566 442 07487 566 937 |
| Kindred 01383 745651 | People First 07834 328821 |
|  | VoiceAbility 0300 303 1660 |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | | | |
|---------------------------|--|--------------|------------------|
| Meeting: | Integration Joint Board | Date: | 26 November 2025 |
| Report Title: | Care Home Grading Report | | |
| Agenda Item No: | 6.5 | | |
| Responsible Owner: | Tracy Hogg, Chief Finance Officer | | |
| Report Authors: | Alan Adamson, Service Manager, Contracts and Quality Assurance Caroline Cherry, Principal Social Work Officer | | |

Executive Summary

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

Recommendations

This paper is presented to:-

| | | |
|-------------------|-------------------------------------|---|
| Seek a Decision | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | This paper provides assurance that care home inspection grades and required improvements are monitored. |
| For Discussion | <input type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

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

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

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

Assessment (Key Points/Issues and Risks)

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

The Quality Inspection Framework's Key Questions are:

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

The grades are as follows:

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

The attached Appendix 1 summarises the current position of the Care Inspectorate inspection outcomes for care home services for Adults / Older People being provided within Fife.

This is based on the information available from the Care Inspectorate as of 9th September 2025 and it may not have information about inspections that have been completed before this date but have yet to be finalised or published.

Since 31st March 2025 there have been:

- 2 new registrations (care homes that changed ownership).
- 27 inspections

For those who had grades published between the 31st of March 2025 and 9th September 2025 the change from the previous minimum grade across the questions had:

- Declined for 3 care homes.
- Improved for 8 care homes.
- Remained the same for 16 care homes.

The average and median grade across the care homes and categories inspected is 4 (Good).

The average grade for each of the categories inspected is as follows:

- How well do we support people's wellbeing? Good (4.16)
- How well is our care and support planned? Good (4.04)
- How good is our setting? Good (4.15)
- How good is our staff team? Good (4.14)
- How good is our leadership? Good (4.16)

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

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

The Partnership will liaise and work closely with the care provider, linking in with the Care Inspectorate, on the actions the care service is or intends to take in order that the necessary improvements are achieved. To strengthen shared intelligence, the Principal Social Work Officer meets with the Adult Team Manager for the Care Inspectorate monthly. Note internal care homes are held to the same standard and the Principal Social Work Officer provides feedback on the improvement plans for internal care homes.

Currently, there are no care homes in Fife with restrictions on admissions in place due to the outcome of a Care Inspectorate inspection. There are, however, at any one time, care homes with voluntary moratoriums to admissions because of either Large-Scale Investigations (under Adult Support and Protection) or ongoing improvement work.

Leads for Nursing, Quality Assurance and Social Work have further work to do to join up the quality assurance, regulation and protection issues and develop a plan that focuses systematically on poorer performing care homes.

Related Documents/Appendices

The following appendices are included with this report:

- Appendix 1 Care Home Grades

| Assurance Levels | |
|--|--|
| Level: | Descriptor: |
| Significant <input checked="" type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Local Partnership Forum (LPF) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Strategic Planning Group (SPG) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05.11.25 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Finance, Performance & Scrutiny (FP&S) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Board | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

| Implications/Impacts | | | |
|---|-------------------------------------|---|---|
| Description of any +/- implications/impacts and any suggested actions arising | | | |
| Service Users/Carers | <input type="checkbox"/> | | |
| Localities/Communities | <input type="checkbox"/> | | |
| Quality of Care | <input checked="" type="checkbox"/> | By regularly reviewing and monitoring the performance of care homes in Fife, we can be assured that individuals being supported are receiving the highest quality care and support. If issues are highlighted, we can ensure that the care home(s) take action to address these. | |
| Workforce | <input checked="" type="checkbox"/> | Monitoring of care homes impacts on the workload of the Contracts Officers. Supporting care homes to improve impacts on Nursing, Quality Assurance and Social Work staff. | |
| Legal | <input type="checkbox"/> | | |
| Financial | <input type="checkbox"/> | | |
| Performance | <input type="checkbox"/> | | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input type="checkbox"/> | | |
| Communication and Engagement | <input type="checkbox"/> | | |
| Risk & Mitigation | <input checked="" type="checkbox"/> | As inspection feedback and grades are made available the contracts team act depending on the grades received thus ensuring that risk is appropriately managed. Low grades can result in suspension on admissions until the home demonstrates that improvements have been made. This is contained within the contract with care homes. Risks related to protection, and the quality of care needs to add to the information on inspection. | |
| Equalities and Human Rights, including children's rights and health inequalities | <input checked="" type="checkbox"/> | No Impact/Not Required | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input type="checkbox"/> | Age | |
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender Reassignment | |
| | <input type="checkbox"/> | Marriage/Civil Partnership | |
| | <input type="checkbox"/> | Pregnancy/Maternity | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Sex | |
| | <input type="checkbox"/> | Sexual Orientation | |
| | <input type="checkbox"/> | Full EQIA has been completed and is available on request | |

Appendix 1 – Care Home Grades

Grades that have changed since the last update are marked with an asterisk.

Local Authority

| CS Number | Service Name | Location | Last Grading | Support | Planning | Setting | Staff | Leadership | Minimum Grade | Average Grade | Change in Support | Change in Planning | Change in Setting | Change in Staff | Change in Leadership | Change in Min Grade | Change in Average Grade |
|--------------|-----------------|-------------|--------------|---------|----------|---------|-------|------------|---------------|---------------|-------------------|--------------------|-------------------|-----------------|----------------------|---------------------|-------------------------|
| CS2003016298 | Jean Mackie | Dunfermline | 30-Apr-24 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2003006833 | Ladywalk House | Anstruther | 16-Aug-23 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ↓ -1 | ⇒ 0 | ↓ -0.2 |
| CS2017353223 | Lindsay House | Cowdenbeath | 29/07/2025* | 4* | 4* | 4* | 3* | 3* | 3 | 3.6 | ⇒ 0 | ↑ 1 | ↓ -1 | ↓ -1 | ↓ -1 | ⇒ 0 | ↓ -0.4 |
| CS2003006834 | Matthew Fyfe | Dunfermline | 27/06/2025* | 5* | 4* | 4* | 4* | 5* | 4 | 4.4 | ↑ 1 | ⇒ 0 | ⇒ 0 | ↑ 1 | ⇒ 0 | ↑ 1 | ↑ 0.4 |
| CS2003006837 | Methilhaven | Methil | 14-Mar-24 | 5 | 4 | 5 | 5 | 5 | 4 | 4.8 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2017353222 | Napier House | Glenrothes | 19-Aug-24 | 5 | 4 | 5 | 5 | 5 | 4 | 4.8 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2003006835 | Northeden House | Cupar | 18-Sep-24 | 4 | 3 | 4 | 4 | 3 | 3 | 3.6 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2015337334 | Ostlers House | Kirkcaldy | 14/07/2025* | 3* | 4* | 5* | 3* | 3* | 3 | 3.6 | ↓ -1 | ⇒ 0 | ⇒ 0 | ↓ -1 | ↓ -2 | ↓ -1 | ↓ -0.8 |

Private and Voluntary

There are a couple of care homes which have changed hands and therefore have been re-registered and not yet inspected.

| CS Number | Service Name | Location | Last Grading | Support | Planning | Setting | Staff | Leadership | Minimum Grade | Average Grade | Change in Support | Change in Planning | Change in Setting | Change in Staff | Change in Leadership | Change in Min Grade | Change in Average Grade |
|--------------|---------------------------|-------------|---|---------|----------|---------|-------|------------|---------------|---------------|-------------------|--------------------|-------------------|-----------------|----------------------|---------------------|-------------------------|
| CS2003007083 | Abbeyfield House | Kirkcaldy | 7-Mar-25 | 4 | 5 | 5 | 5 | 5 | 4 | 4.8 | ↓ -1 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ↓ -1 | ↓ -0.2 |
| CS2010248946 | Abbotsford Cowdenbeath | Cowdenbeath | 1-Mar-24 | 5 | 5 | 4 | 5 | 5 | 4 | 4.8 | ⇒ 0 | ↑ 1 | ⇒ 0 | ↑ 1 | ↑ 1 | ⇒ 0 | ↑ 0.6 |
| CS2010248948 | Abbotsford East Wemyss | East Wemyss | 11-Apr-25 | 6 | 5 | 5 | 5 | 5 | 5 | 5.2 | ↑ 1 | ⇒ 0 | ↓ -1 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2010248949 | Abbotsford Glenrothes | Glenrothes | 21-Oct-24 | 3 | 4 | 4 | 3 | 3 | 3 | 3.4 | ⇒ 0 | ↑ 1 | ↑ 1 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ↑ 0.4 |
| CS2012311915 | Abbotsford Headwell House | Dunfermline | 01/07/2025* | 3* | 4* | 4* | 3* | 3* | 3 | 3.4 | ↓ -1 | ↑ 1 | ⇒ 0 | ↓ -1 | ↓ -1 | ⇒ 0 | ↓ -0.4 |
| CS2010248943 | Abbotsford Methil | Methil | 07/02/2025* | 4* | 4* | 3* | 4* | 4* | 3 | 3.8 | ↑ 1 | ⇒ 0 | ⇒ 0 | ↑ 1 | ⇒ 0 | ⇒ 0 | ↑ 0.4 |
| CS2010248944 | Abbotsford Newburgh | Newburgh | 5-Jul-24 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | ↑ 1 | ↑ 1 | ↑ 1 | ⇒ 0 | ⇒ 0 | ↑ 1 | ↑ 0.6 |
| CS2023000159 | Alexander House | Cowdenbeath | 12/08/2025* | 3* | 3* | 4* | 4* | 4* | 3 | 3.6 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ↑ 1 | ↑ 1 | ⇒ 0 | ↑ 0.4 |
| CS2007153219 | Auchtermairnie | Kennoway | 16-May-24 | 5 | 6 | 6 | 4 | 5 | 4 | 5.2 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ↓ -2 | ⇒ 0 | ↓ -1 | ↓ -0.4 |
| CS2011300848 | Balfarg Care Home | Glenrothes | 21-Jun-24 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | ↑ 1 | ↓ -1 | ⇒ 0 | ⇒ 0 | ↑ 1 | ↑ 1 | ↑ 0.2 |
| CS2016349811 | Balnacarron | St Andrews | 14-Mar-25 | 5 | 4 | 4 | 5 | 4 | 4 | 4.4 | ↑ 1 | ⇒ 0 | ⇒ 0 | ↑ 1 | ⇒ 0 | ⇒ 0 | ↑ 0.4 |
| CS2003010321 | Bandrum | Saline | 23/05/2025* | 4* | 4* | 5* | 5* | 4* | 4 | 4.4 | ↑ 1 | ↑ 1 | ⇒ 0 | ↑ 1 | ↑ 1 | ↑ 1 | ↑ 0.8 |
| CS2023000095 | Barrogil House | Kirkcaldy | 7-Apr-25 | 3 | 3 | 4 | 4 | 4 | 3 | 3.6 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2025000191 | Benarty View | Kelty | New registration from 23/4/25 as provider changed - not yet inspected | | | | | | | | | | | | | | |
| CS2024000104 | Bennoch Lodge | Kirkcaldy | 13/06/2025* | 2* | 2* | 2* | 2* | 1* | 1 | 1.8 | ↓ -1 | ↓ -1 | ↓ -1 | ↓ -1 | ↓ -2 | ↓ -2 | ↓ -1.2 |

| CS Number | Service Name | Location | Last Grading | Support | Planning | Setting | Staff | Leadership | Minimum Grade | Average Grade | Change in Support | Change in Planning | Change in Setting | Change in Staff | Change in Leadership | Change in Min Grade | Change in Average Grade |
|--------------|----------------------------|--------------------|---|---------|----------|---------|-------|------------|---------------|---------------|-------------------|--------------------|-------------------|-----------------|----------------------|---------------------|-------------------------|
| CS2007162394 | Benore Care Home | Lochore, Ballingry | 28-Jun-24 | 6 | 4 | 4 | 6 | 5 | 4 | 5 | ↑ 1 | → 0 | → 0 | ↑ 1 | → 0 | → 0 | ↑ 0.4 |
| CS2023000073 | Camilla House | Auchtertool | 21/08/2025* | 3* | 4* | 4* | 3* | 4* | 3 | 3.6 | → 0 | → 0 | ↓ -1 | → 0 | ↑ 1 | → 0 | → 0 |
| CS2007142850 | Canmore Lodge | Dunfermline | 26-Jun-24 | 5 | 6 | 4 | 5 | 4 | 4 | 4.8 | ↓ -1 | → 0 | → 0 | ↑ 1 | → 0 | → 0 | → 0 |
| CS2011300682 | Chapel Level | Kirkcaldy | 12/06/2025* | 4* | 4* | 5* | 4* | 5* | 4 | 4.4 | → 0 | → 0 | → 0 | → 0 | ↑ 1 | → 0 | ↑ 0.2 |
| CS2020378965 | Craighead | Newport on Tay | 17-Apr-24 | 5 | 4 | 4 | 5 | 5 | 4 | 4.6 | ↑ 1 | ↑ 1 | → 0 | ↑ 1 | ↑ 1 | ↑ 1 | ↑ 0.8 |
| CS2023000123 | Craigie House | Cowdenbeath | 21-Nov-24 | 3 | 3 | 4 | 3 | 3 | 3 | 3.2 | → 0 | → 0 | ↑ 1 | → 0 | → 0 | → 0 | ↑ 0.2 |
| CS2025000049 | Dalgety Bay | Dalgety Bay | New registration from 6/2/25 - not yet inspected | | | | | | | | | | | | | | |
| CS2020378969 | Earlsferry House | Elie | 18-Jul-24 | 5 | 4 | 4 | 4 | 4 | 4 | 4.2 | → 0 | → 0 | ↑ 1 | → 0 | → 0 | ↑ 1 | ↑ 0.2 |
| CS2017353797 | Elizabeth Hse. | Kirkcaldy | 22/07/2025* | 4* | 4* | 4* | 4* | 4* | 4 | 4 | → 0 | → 0 | → 0 | → 0 | ↑ 1 | ↑ 1 | ↑ 0.2 |
| CS2023000071 | Fernlea House | Cardenden | 25-Apr-25 | 3 | 3 | 4 | 3 | 3 | 3 | 3.2 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 | |
| CS2023000096 | Finavon Ct. | Glenrothes | 19-Feb-25 | 4 | 5 | 5 | 5 | 5 | 4 | 4.8 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 |
| CS2013318119 | Forth Bay | Kincardine | 29-Mar-24 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | → 0 | ↑ 1 | → 0 | → 0 | → 0 | ↑ 1 | ↑ 0.2 |
| CS2011302958 | Forth View | Methil | 10-Dec-24 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | ↑ 1 | ↑ 1 | → 0 | → 0 | ↑ 1 | ↑ 1 | ↑ 0.6 |
| CS2022000254 | Gibson Hse. | St Andrews | 7-Jun-24 | 4 | 4 | 3 | 4 | 4 | 3 | 3.8 | ↑ 1 | ↑ 1 | → 0 | ↑ 2 | ↑ 1 | ↑ 1 | ↑ 1 |
| CS2003039139 | Glenburnie | Leven | 9-Jul-24 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 |
| CS2003007571 | Glendale Lodge | Dunfermline | 9-Jan-22 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 |
| CS2020379154 | Gowrie House | Kirkcaldy | 9-Aug-24 | 5 | 4 | 5 | 5 | 5 | 4 | 4.8 | ↑ 1 | → 0 | → 0 | → 0 | → 0 | → 0 | ↑ 0.2 |
| CS2023000111 | Harbour Care Centre | Dysart, Kirkcaldy | 26-Aug-24 | 4 | 4 | 5 | 4 | 4 | 4 | 4.2 | → 0 | → 0 | → 0 | ↑ 1 | ↑ 1 | ↑ 1 | ↑ 0.4 |
| CS2014329901 | Harbour Care Home | Dysart, Kirkcaldy | 26-Aug-24 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | ↑ 1 | ↓ -1 | ↓ -1 | ↓ -1 | ↑ 1 | ↑ 1 | ↓ -0.2 |
| CS2020378971 | Henderson Hse. | Dalgety Bay | 16-Apr-25 | 3 | 4 | 4 | 4 | 4 | 3 | 3.8 | → 0 | → 0 | → 0 | ↑ 1 | ↑ 1 | → 0 | ↑ 0.4 |
| CS2003037897 | Hepburn Court / West Lodge | Glenrothes | 28-Feb-25 | 3 | 3 | 5 | 3 | 3 | 3 | 3.4 | ↓ -1 | → 0 | → 0 | ↓ -2 | ↓ -1 | → 0 | ↓ -0.8 |
| CS2010249559 | Hilton Ct. | Rosyth | 19-Mar-24 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 |
| CS2023000298 | Inspired Breaks | Leven | 4-Apr-25 | 5 | 4 | 5 | 5 | 4 | 4 | 4.6 | → 0 | → 0 | → 0 | ↑ 1 | ↑ 1 | ↑ 1 | |
| CS2021000273 | Leven Beach | Leven | 20-Mar-25 | 5 | 4 | 4 | 5 | 5 | 4 | 4.6 | → 0 | → 0 | → 0 | ↑ 1 | → 0 | → 0 | ↑ 0.2 |
| CS2004085047 | Leys Park | Dunfermline | 2-May-25 | 4 | 4 | 4 | 4 | 4 | | 4 | → 0 | ↑ 1 | ↑ 1 | ↑ 1 | ↑ 1 | ↓ -3 | ↑ 0.8 |
| CS2008183932 | Links View | Burntisland | 04/06/2025* | 3* | 3* | 2* | 3* | 3* | 2 | 2.8 | ↓ -1 | ↓ -1 | ↓ -2 | ↓ -1 | ↓ -1 | ↓ -2 | ↓ -1.2 |
| CS2011300748 | Lomond Court | Glenrothes | 5-Nov-24 | 4 | 5 | 4 | 5 | 4 | 4 | 4.4 | ↑ 1 | → 0 | → 0 | → 0 | → 0 | ↑ 1 | ↑ 0.2 |
| CS2023000108 | Lomond View | Falkland | 09/05/2025* | 3* | 3 | 4 | 3 | 3 | 3 | 3.2 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 | → 0 |
| CS2025000183 | Lunardi Court | Cupar | New registration from 23/4/25 as provider changed - not yet inspected | | | | | | | | | | | | | | |
| CS2018369999 | Marchmont | Kirkcaldy | 13/08/2025* | 3* | 3* | 4* | 4* | 3* | 3 | 3.4 | ↓ -1 | → 0 | → 0 | ↓ -1 | ↓ -1 | → 0 | ↓ -0.6 |
| CS2023000129 | Methven House | Kirkcaldy | 16/05/2025* | 4* | 4* | 4* | 4* | 4* | 4 | 4 | ↑ 1 | → 0 | ↑ 1 | ↑ 1 | ↑ 1 | ↑ 1 | ↑ 0.8 |
| CS2025000111 | Morar at St. Andrews | St Andrews | Not yet graded | | | | | | | | | | | | | | |

| CS Number | Service Name | Location | Last Grading | Support | Planning | Setting | Staff | Leadership | Minimum Grade | Average Grade | Change in Support | Change in Planning | Change in Setting | Change in Staff | Change in Leadership | Change in Min Grade | Change in Average Grade |
|--------------|----------------------|--------------------|--|---------|----------|---------|-------|------------|---------------|---------------|-------------------|--------------------|-------------------|-----------------|----------------------|---------------------|-------------------------|
| CS2014330580 | Mossview | Lochgelly | 20/06/2025* | 4* | 4* | 4* | 3* | 4* | 3 | 3.8 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2013314910 | Newlands | Dunfermline | 16/07/2025* | 5* | 4 | 4* | 5 | 5 | 4 | 4.6 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2025000362 | Orchardhead Hse. | Rosyth | 24-Jan-25 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2008171446 | Peacehaven Care Home | Lundin Links | 29-Jul-22 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2003010322 | Pitlair House | Bow of Fife | 3-Mar-25 | 5 | 4 | 4 | 4 | 5 | 4 | 4.4 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2024000387 | Pitreavie Castle | Dunfermline | New registration from 14/10/24 - not yet inspected | | | | | | | | | | | | | | |
| CS2023000072 | Preston House | Glenrothes | 08/08/2025* | 5* | 4 | 5* | 4 | 5 | 4 | 4.6 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2014334458 | Raith Manor | Kirkcaldy | 29-Apr-25 | 4 | 4 | 3 | 4 | 4 | 3 | 3.8 | 👤 1 | 👤 1 | ⇒ 0 | 👤 1 | 👤 1 | ⇒ 0 | 👤 0.8 |
| CS2015340843 | Robert Allan House | Lochore, Ballingry | 23-Mar-23 | 5 | 5 | 4 | 4 | 5 | 4 | 4.6 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | 👇 -1 | ⇒ 0 | 👇 -0.2 |
| CS2023000026 | Roselea House | Cowdenbeath | 22-Jan-25 | 5 | | | 5 | 5 | 5 | 5 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 |
| CS2003042852 | Rosturk House | Cupar | 07/07/2025* | 4* | 4* | 5* | 4* | 5* | 4 | 4.4 | ⇒ 0 | ⇒ 0 | 👤 1 | 👤 1 | 👤 1 | 👤 1 | 👤 0.6 |
| CS2013318122 | Scoonie House | Leven | 13-Sep-24 | 5 | 4 | 4 | 4 | 5 | 4 | 4.4 | 👤 1 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | 👤 0.2 |
| CS2004063136 | St Andrews Hse. | St Andrews | 30-May-24 | 4 | 4 | 4 | 3 | 4 | 3 | 3.8 | 👤 1 | 👤 1 | 👤 1 | ⇒ 0 | 👤 1 | ⇒ 0 | 👤 0.8 |
| CS2010251669 | St. Serfs | Newport on Tay | 15/08/2025* | 4* | 4* | 4* | 4* | 5* | 4 | 4.2 | 👤 1 | 👤 1 | 👤 1 | 👤 1 | 👤 2 | 👤 1 | 👤 1.2 |
| CS2013318123 | Strathview | Auchtermuchty | 2-May-23 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 👤 1 | ⇒ 0 | ⇒ 0 | ⇒ 0 | 👤 1 | 👤 1 | 👤 0.4 |
| CS2011300764 | The Beeches | Dunfermline | 16/05/2025* | 4* | 4* | 4* | 4* | 5* | 4 | 4.2 | 👤 1 | 👤 1 | ⇒ 0 | ⇒ 0 | 👤 1 | 👤 1 | 👤 0.6 |
| CS2003006871 | Villa Atina | Kinghorn | 23-Nov-23 | 4 | 4 | 3 | 5 | 4 | 3 | 4 | 👤 1 | 👇 -1 | ⇒ 0 | 👤 2 | 👤 1 | ⇒ 0 | 👤 0.6 |
| CS2023000132 | Walton House | Leven | 27/08/2025* | 3 | 4 | 3 | 3 | 3* | 3 | 3.2 | ⇒ 0 | ⇒ 0 | ⇒ 0 | ⇒ 0 | 👤 1 | 👤 1 | 👤 0.2 |
| CS2004071160 | West Park | Glenrothes | 27/06/2025* | 5* | 5 | 4* | 5* | 5 | 4 | 4.8 | ⇒ 0 | ⇒ 0 | ⇒ 0 | 👤 1 | ⇒ 0 | ⇒ 0 | 👤 0.2 |
| CS2018369997 | Wilby House | Kirkcaldy | 22-Jul-24 | 5 | 4 | 4 | 5 | 4 | 4 | 4.4 | 👤 1 | 👤 1 | ⇒ 0 | 👤 1 | 👤 1 | 👤 1 | 👤 0.8 |
| CS2023000114 | Willow House | Cellardyke | 17-Dec-24 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 👤 1 | ⇒ 0 | ⇒ 0 | ⇒ 0 | 👤 1 | 👤 1 | 👤 0.4 |
| CS2011300791 | Woodside Court | Glenrothes | 04/06/2025* | 3* | 3* | 4* | 4* | 4* | 3 | 3.6 | ⇒ 0 | 👇 -1 | 👤 1 | 👤 1 | ⇒ 0 | ⇒ 0 | 👤 0.2 |



| | | | |
|---------------------------|--|--------------|------------|
| Meeting: | Integration Joint Board | Date: | 26/11/2025 |
| Report Title: | Fife Health & Social Care Partnership Winter Planning 2025/26 | | |
| Agenda Item No: | 6.6 | | |
| Responsible Owner: | Lynne Garvey, Director, Fife HSCP | | |
| Report Author: | Chris Conroy, Head of Community Care Services, Fife HSCP Lyndsey Dunn, Clinical Services Manager, Community Care Services | | |

Executive Summary

- **System Pressures & Delayed Discharges**

Winter 2025/26 is anticipated to be one of the most pressured periods for health and social care in Fife. Rising referrals to the Integrated Discharge Team and sustained discharge volumes highlight significant system strain. A coordinated approach to capacity and flow is essential to mitigate delays and maintain safe, timely care.

- **Discharge Without Delay (DWD) Collaborative**

Fife Health and Social Care Partnership (Fife HSCP) continues to embed the DWD principles across acute and community pathways. The Acute Frailty Model ensures early identification and intervention at the front door, while Discharge to Assess (D2A) pathways promote timely discharge to homely settings. These workstreams are supported by integrated discharge teams and community rehabilitation services.

- **Hospital at Home (H@H)**

The H@H service has expanded its capacity and responsiveness, with same-day discharge for most referrals, extended operating hours, and enhanced Intravenous (IV) antibiotic delivery in the community. These developments support national ambitions for 2,000 H@H-equivalent beds by 2026 and contribute to improved patient experience and system resilience.

- **Winter Surge Planning**

A phased surge bed mobilisation plan is in place across community hospitals, with up to 288 beds available in extremis. Workforce and financial planning are aligned to support safe staffing and medical cover, ensuring readiness for peak demand periods.

- **Primary and Urgent Care Services**

Fife's Urgent Care Services (UCSF) and Primary Care Out of Hours (OOH) teams continue to deliver agile, multidisciplinary care. Direct access pathways for care homes, Emergency Department (ED) redirection protocols, and professional-to-professional

triage lines support timely interventions and reduce unnecessary admissions. Winter planning includes extended operating hours and enhanced support for vulnerable patients.

Recommendations

This paper is presented to:-

| | | |
|-------------------|--------------------------|--|
| Seek a Decision | <input type="checkbox"/> | |
| Provide Assurance | X | Be assured of plans in place to address the predicted winter pressures and note last winter's performance despite significant pressures. |
| For Discussion | X | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|--------------------------|
| No Direction Required | X |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Glossary of Terms

Below is a list of common abbreviations/acronyms used within the Fife HSCP Winter Planning 2025/26 paper.

| | |
|--------|--|
| 4AT | Assessment Tool |
| A&E | Accident and Emergency |
| ACP | Anticipatory Care Plan |
| AHP | Allied Health Professional |
| ANP | Advanced Nurse Practitioner |
| AU1 | Admissions Unit 1 |
| AU2 | Admissions Unit 2 |
| AWI | Adults with Incapacity |
| BCP | Business Continuity Plans |
| CGA | Comprehensive Geriatric Assessment |
| CLW | Clinical Link Worker |
| CMHT | Community Mental Health Team |
| COPD | Chronic Obstructive Pulmonary Disease |
| CRT | Community Respiratory Team |
| CTAC | Community Treatment and Care Service |
| C&YP | Children and Young People |
| D2A | Discharge to Assess |
| DBI | Distress Brief Intervention |
| DSR | Dynamic Support Register |
| DWD | Discharge without Delay |
| DN | District Nursing |
| DNACPR | Do not attempt cardiopulmonary resuscitation |
| ED | Emergency Department |
| eKIS | Electronic Key Information Summary |

| | |
|-----------|---|
| ENP | Emergency Nurse Practitioners |
| Fife HSCP | Fife Health and Social Care Partnership |
| GPs | General Practices |
| HCSW | Healthcare Support Worker |
| H@H | Hospital at Home |
| ICT | Intermediate Care Teams |
| IDT | Integrated Discharge Team |
| IV | Intravenous |
| LD | Learning Disabilities |
| LLF | Link Life Fife |
| LOS | Length of Stay |
| MIU | Minor Injuries Unit |
| MDT | Multi-disciplinary Team |
| MOU2 | Memorandum of Understanding |
| MSK | Musculoskeletal |
| NEF | North East Fife |
| OOH | Out of Hours |
| P2P | Professional to Professional |
| PDD | Planned Day of Discharge |
| PDS | Public Dental Service |
| SAS | Scottish Ambulance Service |
| SLWG | Short Life Working Group |
| TOC | Test of Change |
| VHK | Victoria Hospital, Kirkcaldy |
| UCAT | Unscheduled Care Assessment Team |
| UCSF | Urgent Care Services Fife |

Situation/Background (Purpose of Report)

Winter presents a critical period for health and social care systems, marked by increased demand, seasonal illness, and operational pressures across both Acute and Community Services. Fife HSCP is committed to a proactive, whole-system approach to winter preparedness drawing on learning from previous years and aligning with national priorities to ensure resilience and responsiveness.

This Winter Plan outlines the strategic actions, service developments, and collaborative frameworks designed to deliver safe, effective, and person-centred care throughout Winter 2025/26. It reflects the integration of acute and community pathways, enhanced discharge planning, and targeted interventions to support flow, reduce hospital-induced harm, and maintain system-wide capacity.

Key developments include strengthened models of care across Hospital at Home, Intermediate Care Teams, Frailty at the Front Door, and Urgent Care Services, alongside surge capacity planning and workforce mobilisation. These initiatives are underpinned by data-driven decision-making, partnership working, and a shared commitment to improving outcomes for individuals.

This report will:

- Provide an update on actions agreed during Winter 2024 and their associated performance.
- Outline enhanced strategies and service developments for Winter 2025/26.
- Reinforce the importance of system-wide collaboration and evidence-based interventions to deliver safe, effective, and person-centred care.

Fife HSCP, in collaboration with NHS Fife, Fife Council, and other key partners, continues to prioritise coordinated winter planning. This includes:

- Anticipating and mitigating risks associated with seasonal surges in service demand.
- Leveraging data and insights to inform decision-making and resource allocation.
- Enhancing communication and coordination across sectors to support seamless care transitions.
- Engaging with third sector organisations, independent providers, and the Scottish Ambulance Service (SAS) to ensure comprehensive service coverage.

This integrated planning framework aims to uphold the principles of person-centred care, equity, and resilience throughout the winter period.

Assessment (Key Points/Issues and Risks)

Systems Pressures – People Delayed in Hospital

The pressures on the health and care system—particularly during the winter period—continue to escalate, with 2025 projected to be one of the most challenging years in terms of system-wide capacity and flow. This is reflected in the growing number of individuals delayed in hospital due to unmet social care needs.

A significant proportion of patients referred to the Integrated Discharge Team (IDT) require an element of social care or social work input before a safe and sustainable discharge can be achieved. These individuals often present with complex needs, including frailty, cognitive impairment, or housing instability, which necessitate coordinated support from Social Care services.

The demand for such support is substantial and rising, contributing to delays in discharge and increased pressure on acute hospital beds. This highlights the critical need for:

- **Timely access to social work assessments and care planning**
- **Availability of community-based care packages and reablement services**
- **Enhanced collaboration between health, social care, housing, and third sector partners**

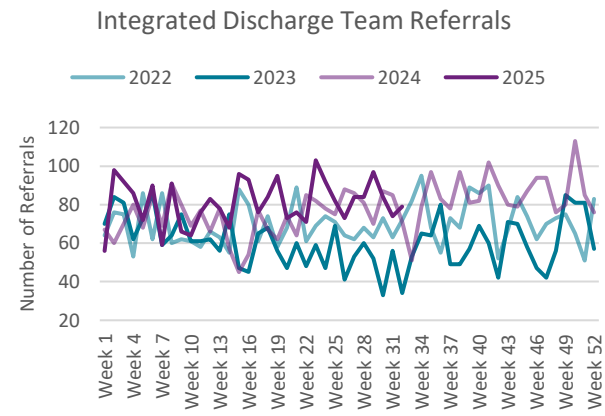
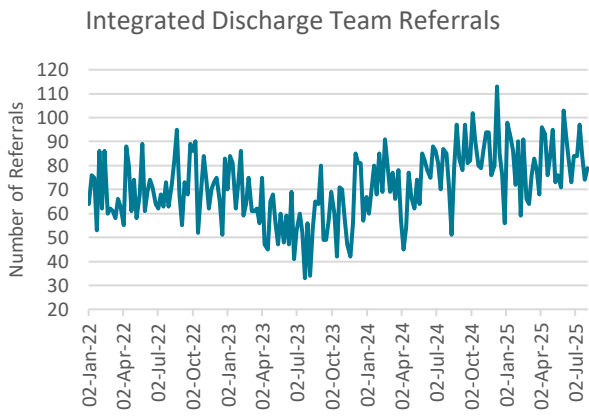
This growing demand is particularly evident in the increasing volume and complexity of referrals requiring social work and social care input. The data and operational experience consistently show that delays are often linked to the availability and responsiveness of these services, underscoring the need for targeted investment and strategic alignment across sectors. The following section outlines the specific pressures and trends observed within social work and social care, and their impact on discharge pathways and system flow.

Integrated Discharge Team

Referrals from Victoria Hospital, Kirkcaldy (VHK) to the IDT have shown a sustained and steady increase throughout 2025, following a temporary dip in activity during 2023. Each seasonal month this year has recorded the highest referral volumes to date, reflecting both rising demand and improved identification of patients requiring coordinated discharge support.

This upward trend highlights the growing role of the IDT in managing complex discharges and facilitating timely transitions from acute care to community-based services. The increase also aligns with the implementation of the digital referral system in March 2024, which has streamlined processes, improved visibility of discharge needs, and enhanced multidisciplinary coordination.

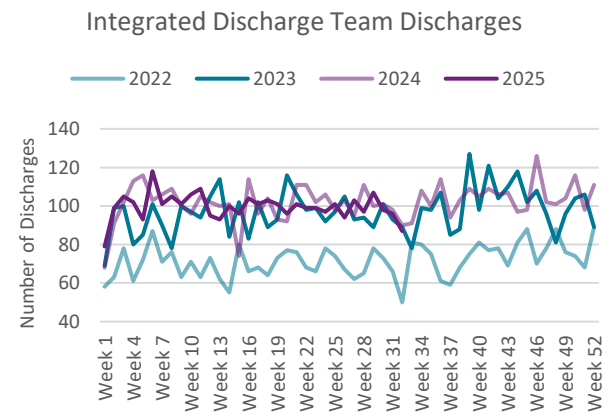
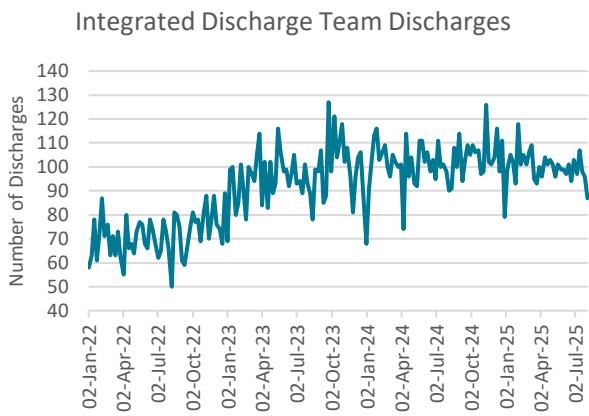
The data reinforces the importance of maintaining adequate capacity, staffing, and integrated pathways within the IDT to respond effectively to winter pressures. It also underscores the need for continued investment in discharge planning infrastructure to ensure safe, person-centred care and optimal system flow.



Discharges coordinated through the IDT have significantly increased since 2022 and have consistently remained at elevated levels throughout 2024 and into 2025. This sustained performance reflects the IDT’s central role in facilitating safe, timely, and person-centred transitions from acute care to community settings.

While discharge volumes have remained high, the number of referrals to the IDT has continued to rise, placing additional pressure on the team’s capacity and resources. This increase in demand highlights the growing complexity of discharge planning and the need for robust multidisciplinary coordination to maintain flow and avoid delays.

Despite these challenges, the IDT has maintained a strong discharge profile, regularly achieving over 100 discharges per week. This demonstrates the team’s resilience and effectiveness in managing complex cases, supporting whole-system performance, and contributing to reduced hospital-induced harm and dependency.

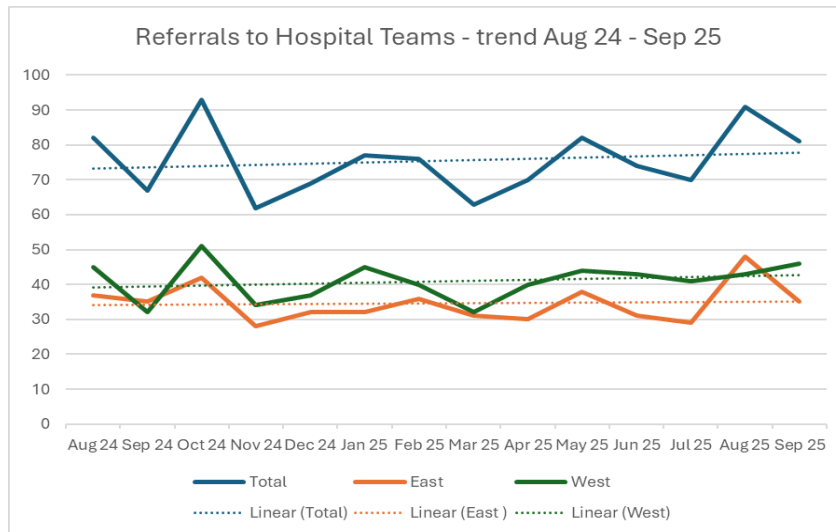


Rising Demand on Hospital Discharge Social Work Teams

Over the past 12 months, Hospital Discharge Social Work teams have experienced a sustained upward trend in demand, mirroring the broader pressures across the health and social care system. This increase reflects the growing complexity of discharge planning and the essential role of social work in enabling safe transitions from hospital to home.

Despite these challenges, Social Work teams continue to demonstrate flexibility and responsiveness—adapting to fluctuating demand and prioritising caseloads to ensure timely support. Their contribution extends beyond discharge, with follow-up work required to review

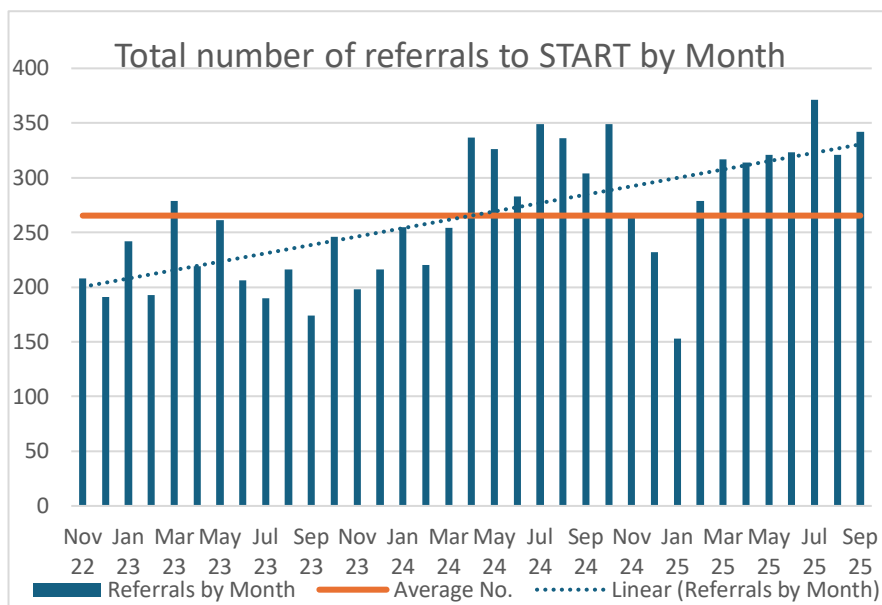
individuals receiving services, confirm that identified outcomes are being met, and facilitate appropriate handover to community-based teams where necessary.



Increasing Referrals to Care at Home (START Team)

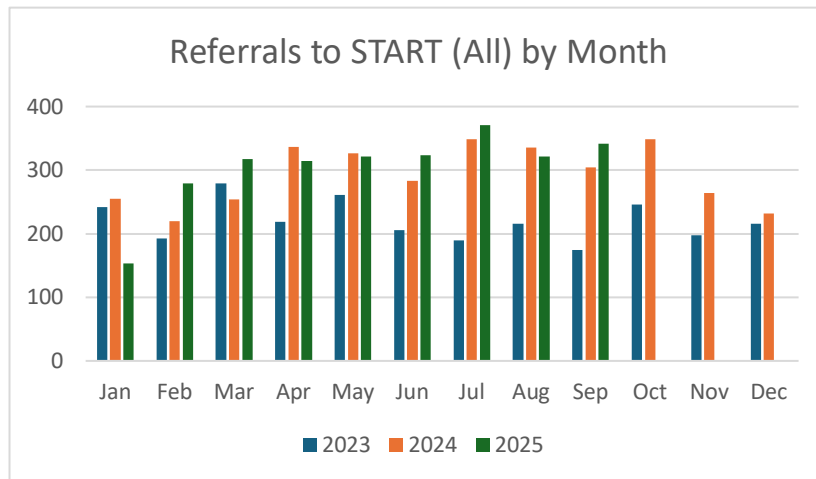
Since 2022, the START Team has experienced a year-on-year increase in referrals, reflecting the growing demand for timely discharge support and assessment. This rise has placed additional pressure on the team to deliver Anticipatory Rehabilitation Planning (ARP) assessments for both hospital inpatients and individuals in the community or residing in care homes and assessment beds who are awaiting care packages.

The sustained growth in referrals highlights the critical role of the START Team in facilitating safe and effective transitions of care and underscores the need for continued investment in capacity to meet this escalating demand.



With the exception of January 2023, referral volumes have shown a consistent and significant month-on-month increase compared to previous years. This upward trend reflects the sustained pressure on services and the growing complexity of discharge planning across the system.

Figures for October to December 2025 are not yet available; however, early indications suggest that demand is likely to remain high, continuing the pattern observed throughout the year.



Awareness of rising unmet need in the community, waiting for assessment or care at home. Social work and care at home will work on improving our community escalation guidance and management of risk in the community.

Fife’s Position in National Delayed Discharge Performance

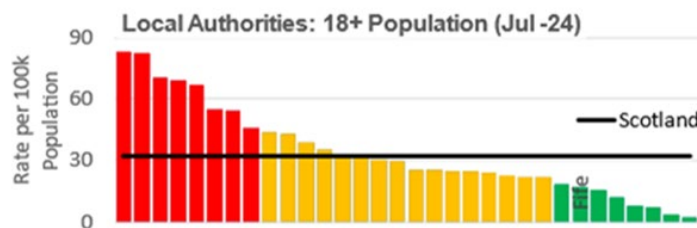
Fife has historically performed well in managing delayed discharges. In the previous year, we were ranked within the top 25% of best-performing local authority areas across Scotland. However, due to a notable rise in demand throughout 2025, our position has shifted.

While we are currently performing below the national average, Fife remains within the top 50% of local authorities. This reflects the resilience of local systems in the face of increasing complexity and volume and highlights the ongoing efforts to maintain flow and discharge performance under challenging conditions.

This change in position is illustrated in the graphs below, which show comparative performance trends over time.

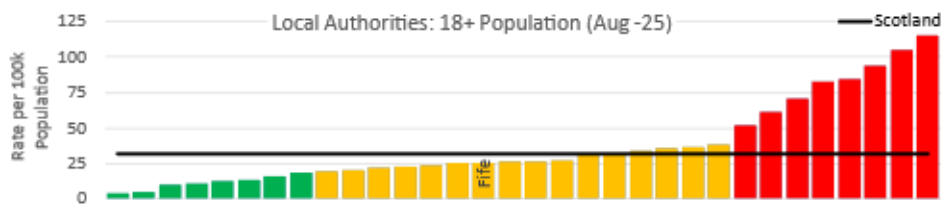
Standard Delayed Discharges (inc MH)

Lower than Scottish average
Positioned within 25% best performing LAs



Standard Delayed Discharges (inc MH)

Lower than Scottish average
Positioned in top 50% best performing LAs



Actions Taken – Discharge Without Delay (DWD) Collaborative

Fife HSCP is an active participant in the national DWD Collaborative, a whole-system initiative aimed at improving outcomes for frail older people by reducing hospital-induced harm and dependency. The programme integrates Acute and Community Care pathways and is structured around four co-dependent workstreams, each aligned with national principles and supported by a robust measurement framework.

Workstream 1: Frailty at the Front Door

Focused on early identification and intervention for frail individuals at the point of hospital admission, this workstream ensures timely multidisciplinary assessment and rapid discharge planning via Acute Frailty Units.

- **Key principles:** Admission within 4 hours, dedicated frailty staffing, daily Multi-disciplinary Team (MDT) huddles, and access to step-down or community rehabilitation within 24 hours.
- **Measurement commitments:** Reduced acute geriatric length of stay (LOS), increased early interventions, and improved discharge timeliness.

Since September 2025, a designated 11-bed Frailty Unit has been operational, providing older adults with timely access to Comprehensive Geriatric Assessment (CGA) at the front door. This has enabled prompt discharge home with appropriate support where required. All community partnership teams have prioritised access to care allocation for patients from the unit, and any transitions to community beds have been managed efficiently. Early results have been very positive, demonstrating improved patient flow, reduced hospital-induced dependency, and enhanced recovery outcomes in familiar environments. This model exemplifies the Home First principles and reflects the collaborative commitment to delivering person-centred, integrated care.

Workstream 2: Home First and Discharge to Assess (D2A)

Promotes discharge to a homely setting as the default, with assessments conducted post-discharge to support independence and reduce hospital-induced dependency.

- **Key principles:** D2A services available within 24–72 hours, rehabilitation and enablement focus, and alignment with Integrated Enhanced Community Support Teams.
- **Measurement commitments:** Reduced delayed discharges, timely access to care packages, and improved patient satisfaction.

Progress is underway to scope all D2A services across Fife, ensuring that all teams are aware of referral pathways and eligibility criteria. This work is focused on improving consistency, accessibility, and understanding of the D2A model to support timely, person-centred discharge. In parallel, efforts are being made to evaluate learning from the Red Cross test of change, which is currently delivering a 24-hour care model. Based on early positive outcomes, planning has commenced to explore the expansion of this model into a Fife-wide service. This reflects a strong commitment to the Home First principles and the collaborative ambition to deliver integrated, responsive care that enables recovery at home.

Workstream 3: Planned Date of Discharge (PDD) and Integrated Discharge Teams (IDT)

Emphasises co-produced discharge planning from admission, with IDTs embedded in high-volume wards to coordinate transitions across health and social care.

- **Key principles:** MDT-set PDDs reviewed regularly, daily huddles, and resource matching to meet discharge timelines.
- **Measurement commitments:** Improved adherence to PDD targets, reduced LOS, and enhanced discharge efficiency.

A national toolkit is currently being developed through the DWD Collaborative to support education and standardisation of PDD setting across Scotland. The toolkit aims to promote realistic and person-centred discharge planning, ensuring consistency and clarity in practice. Education sessions have already been rolled out across acute and community nursing teams, Allied Health Professionals, and newly qualified practitioners. These sessions are helping to embed the principles of timely discharge and integrated working, supporting improved patient flow and reducing delays. This workstream reflects a strong commitment to national alignment and workforce development in delivering safe, effective discharge planning.

Workstream 4: Community Hospitals and Step-Down Rehabilitation

Strengthens the role of community hospitals in delivering timely rehabilitation and supporting early transfers from acute settings.

- **Key principles:** Target LOS of 28 days, no waiting list culture, and access to care packages or placements within 7–10 days.
- **Measurement commitments:** Reduced step-down LOS, timely transfers, and increased rehabilitation throughput.

A quality improvement methodology has been applied to develop a standardised MDT document across community hospitals. This tool supports timely and consistent discharge planning discussions, ensuring that we are making every day count for patients. The aim is to reduce variability in practice and improve flow, ultimately contributing to a reduction in length of stay. In addition, a national MDT audit framework has been developed by the DWD Collaborative and will commence in October 2025. This will provide a structured measurement approach to identify key areas for improvement and drive consistency across community hospital settings.

Whole-System Outcome Targets (by March 2026)

- ≥20% reduction in Acute Geriatric LOS
- ≥20% reduction in Community Hospital/Step-down LOS
- ≥20% reduction in HSCP delayed discharges
- ≤25% of total delayed discharges in Acute Hospitals by December 2025
- 3–5% improvement in 4-hour whole-system performance

Intermediate Care Teams (ICT)

The ICT continue to play a pivotal role in supporting safe and timely discharge through a D2A model. In preparation for Winter 2025/26, ICT has further developed a direct access pathway from the Acute Frailty Unit, enabling patients to transition home with appropriate support, reducing reliance on inpatient rehabilitation and alleviating system pressures.

Key features of the ICT model include:

- Rapid response to referrals, aiming to accept patients' home within 24 hours.
- Functional and cognitive assessments carried out in the patient's home environment, ensuring accuracy and person-centred care.
- Clinical triage determines the level of assessment required; only complex cases require same-day registered staff input.
- Settling-in visits by rehab support workers, followed by clinician assessment within 72 hours as appropriate.

In August 2025, of the 49 referrals to ICT, 47 patients were discharged within 24 hours, demonstrating the team's agility and capacity to respond to demand. This pathway complements the Acute Frailty Model and supports the wider DWD programme, contributing to improved flow and reduced hospital-induced dependency.

Adults With Incapacity (AWI) / Guardianship Pathway

Efforts have been made to streamline the AWI and Guardianship Pathway by truncating timelines at key stages where the HSCP holds responsibility. Enhanced scrutiny and oversight mechanisms are in place to ensure timely progression and optimal performance.

Clinical teams are required to continuously review patient capacity as part of routine care, particularly in relation to decision-making and consent. This includes the proactive use of tools such as the Assessment Tool (4AT) to identify signs of delirium or cognitive impairment early. The 4AT supports timely recognition of patients who may lack capacity, enabling teams to initiate appropriate support and interventions before a formal capacity assessment is required. This ongoing review process ensures that decisions are made in the patient's best interest and aligns with legal and ethical frameworks, while also promoting safe and person-centred care.

To support this, additional administrative capacity has been introduced, including work on a communication strategy to promote uptake of Power of Attorney across the Partnership.

Bed flow has been improved through targeted support for care homes. Dedicated bed flow coordinators both in-house and within the private sector are facilitating timely assessments, placements, and discharges across designated Fife care homes.

A review of internal and external bed models is underway to further enhance flow. The short-stay bed model is being utilised to reduce barriers to discharge and enable timely social care assessments for individuals unable to return home immediately.

Hospital at Home (H@H) Service Development

In alignment with the Scottish Government's Operational Improvement Plan and the First Minister's commitment to deliver 2,000 H@H-equivalent beds by December 2026, Fife's H@H service has made significant progress in expanding capacity, improving responsiveness, and enhancing patient outcomes.

Key achievements include:

- **Capacity Growth:** Two substantive Nurse Practitioners joined in January 2025, enabling same-day discharge for the majority of appropriate referrals. In August, 39 out of 42 referrals returned home the same day.
- **Operational Efficiency:** Maximum capacity closures have halved compared to the same period in 2024, reflecting improved service resilience.
- **Service Enhancements:**
 - Extended triage and assessment cut-off from 5pm to 8pm, allowing later step-down admissions.
 - Development of a 7-day in-reach model to support acute discharge and front-door assessment.
 - Expansion of IV antibiotic delivery in the community, in collaboration with District Nursing (DN) and Respiratory Services, freeing up H@H capacity for acutely unwell patients.
- **Patient Experience:** Improvements have led to more timely discharges, reduced hospital-induced harm, and better continuity of care.

Building on this momentum, the vision for H@H in Fife is to expand beyond frailty pathways and incorporate a broader range of specialist clinical services, including Respiratory, Cardiology, Gastroenterology, and Paediatrics. In particular, Fife's Community Respiratory and Cardiac Specialist Services are actively redesigning pathways to support the evolving H@H model, particularly in preparation for winter pressures as per below:

Respiratory Services

- Introduction of Community Respiratory Team (CRT) pathways to manage Chronic Obstructive Pulmonary Disease (COPD) exacerbations at home, supported by the purchase of nebuliser machines.
- Approval of Patient Group Directives for home dispensing of antibiotics and steroids.
- A TOC with SAS is underway to enable direct referral from ambulance staff to H@H, with step-down to the CRT.

Cardiac Services

- Strengthening of pathways between acute and community
- Establishment of community medication optimisation clinics.
- Expansion of cardiac outpatient clinics to alleviate acute pressures and support winter planning.

In parallel, all Community Specialist Services now proactively screen for frailty as part of the newly developed Community Frailty Pathway. This pathway enables early identification of individuals at risk and ensures that those who screen positive are followed up with a Comprehensive Geriatric Assessment (CGA) where appropriate. The integration of frailty screening and CGA into community practice supports anticipatory care planning, reduces avoidable hospital admissions, and promotes holistic, multidisciplinary management tailored to the needs of older adults.

This strategic development will enable more people to receive high-quality, specialist care in their own homes, reducing reliance on hospital-based services and enhancing community resilience. We currently have 40-45 patients concurrently being supported via H@H. The ambition is to increase this capacity by 30 across the expanded range of specialty areas, with over ambition of supporting 130 patients via Fife's Hospital without Walls, by December 2026.

Prevention and Early Intervention

Fife HSCP continues to prioritise prevention and early intervention, with a strong focus on empowering individuals to self-manage long-term conditions. This approach is central to reducing avoidable hospital admissions, improving quality of life, and building resilience across health and social care systems. Through digital innovation, collaborative partnerships, and specialist service redesigns, Fife is advancing integrated care models that support people to live independently and safely at home.

Telecare and Digital Self-Management

Fife HSCP offers a digital self-assessment tool Living Safely and Independently at Home in Fife to help individuals and carers identify appropriate support solutions. The platform includes guidance on healthy ageing, links to local services, and access to the Fife Equipment Loan Store.

The addition of the Life Curve app enables users and practitioners to assess functional decline and take proactive steps to maintain independence. Early evaluations, particularly in sheltered housing, show improved digital literacy, health outcomes, and cost savings. The service is expanding through training, collaboration with Adult Basic Education, and the development of digital champions. The system is being rebranded as 'Smartlife in Fife', enhancing visibility and promoting wider uptake.

Fife HSCP is also working in collaboration with Chest Heart & Stroke Scotland to explore a Test of Change (TOC) based on the successful self-management programme in Dumfries & Galloway, aiming to embed community-led support for people with long-term conditions.

Specialist Services Supporting Hospital at Home Redesign

Together, these approaches reflect a shift towards preventative, proactive, and integrated care, ensuring that both cognitive and physical vulnerabilities are identified early and addressed through coordinated pathways across acute and community settings.

Anticipatory Care Plans (ACP) for Care Home Residents

Fife HSCP is committed to ensuring that all care home residents have an ACP in place to proactively manage long-term conditions and reduce avoidable hospital admissions. These plans are shared with the MDT, including GPs, to support early intervention and symptom management.

To strengthen this approach, Advanced Nurse Practitioners (ANPs) are being recruited and aligned to locality care homes, acting as first points of contact for staff and enabling timely clinical support.

A TOC is underway in the Levenmouth locality, initially involving three care homes and now expanded to six, with plans to scale across the area. ACPs are completed collaboratively with ANPs, stored in paper format with the resident, and digitally updated in the GP's Key Information Summary (eKIS), which is visible in secondary care. A TRAK alert is also added to flag the

presence of an ACP. Expansion to Kirkcaldy locality is imminent, awaiting assessment of digital infrastructure.

This work supports a more coordinated, person-centred approach to care planning and is a key component of Fife's strategy to reduce hospital admissions and improve outcomes for care home residents.

District Nursing Service

District Nursing Advanced Nurse Practitioners (DN ANPs) – 2025 Update

This year, the District Nursing ANP team has undergone expansion through a strategic merger with the Complex Care Team, forming a more resilient and integrated workforce. This merger supports a Fife-wide approach to frailty, aligning with the newly developed Community Frailty Pathway. The pathway ensures that frailty is proactively identified and managed across all localities, with seamless access to CGA where required.

The team now includes Advanced and Nurse Practitioners who provide coverage across all 57 GP practices in Fife, enhancing the reach and consistency of care. Their focus remains on patients within the district nursing caseload who experience frequent or recurring hospital admissions. By taking a proactive and preventative approach, the ANPs conduct thorough reviews of patients' medical histories, medications, and perform full clinical assessments. Individualised action plans are then implemented, which may include medication optimisation, diagnostic investigations, or referrals to secondary care.

Intravenous Antibiotics – Fife-Wide Rollout

Following a successful TOC in one locality, District Nursing teams have collaborated with H@H and continue to deliver IV antibiotics to medically stable patients in the community. This initiative has proven highly effective and is now being rolled out across Fife, with staff training underway in all localities. The model ensures that acutely unwell patients can be prioritised by H@H, while District Nurses with the right skills deliver IV therapy safely and effectively in the community. This reflects a commitment to delivering the right care, by the right person, in the right place, and supports both capacity and quality across services.

Winter Surge Bed Mobilisation – Community Hospitals 2025/26

As part of winter planning for 2025/26, Fife HSCP will implement a phased surge bed mobilisation strategy across community hospitals to respond flexibly to seasonal demand. The core bed base currently stands at 249 beds, with plans to increase capacity incrementally as follows:

- **Phase 1:** Up to 25 additional beds activated based on demand, bringing the total to 274 beds. This phase carries workforce and financial implications, particularly around safe staffing levels.
- **Phase 2:** A further 5 beds may be opened, increasing total capacity to 279 beds. This stage requires additional workforce and raises infection control risks due to environmental constraints.
- **Phase 3 (Extremis Scenario):** In the event of complete blockage in acute flow, an emergency provision of 9 additional beds could be activated for a short-term period, bringing total capacity to 288 beds.

Workforce Requirements:

- Additional RMO cover and Junior Doctor support, likely via agency locum arrangements.
- Increased Allied Health Professional (AHP) staffing across all community inpatient areas.

Financial Impact:

Estimated additional cost of up to £500,000, based on being within Phase 3 surge for duration of winter. Escalations will be in place to make sure NHS Fife and Fife Council are briefed of any financial implications.

Cowdenbeath Locality

Established in November 2023, the Levenmouth Home First Group was formed in response to persistently high rates of emergency hospital admissions and ED attendances in the area. Building on this foundation set by Levenmouth Locality of a Home First Group, a Phase 2 TOC is proposed for the Cowdenbeath Locality, which also experiences high levels of ED attendance and unplanned hospital admissions. This MDT of health and social care professionals works collaboratively to identify individuals at risk, understand the reasons behind frequent ED visits, and take co-ordinated action to prevent avoidable admissions. By analysing locality data and engaging with services such as Community Led Support, Care at Home, Housing and specialist nursing teams, the group adopts a holistic approach, addressing both clinical needs and wider social factors like isolation, housing, and support networks. This work is aligned to Fife Council is introduction of the “No Wrong Door” approach, enabling HSCP teams to work together more effectively to ensure people receive the right support at the right time and in the right place.

Primary & Preventative Care Services

As part of Primary & Preventative Care Services winter preparedness planning, a wide range of community health services have reviewed their Business Continuity Plans (BCPs) to ensure safe and effective service delivery during seasonal pressures. Children’s Services have implemented daily safe staffing huddles and strengthened cross-team collaboration to maintain continuity of care, prioritising critical services such as community nursing, homecare, and residential support. Staff are encouraged to attend their nearest base during adverse weather, and non-essential activity is assessed to ensure resources are focused where most needed.

Community Pharmacy Services, comprising 86 independent contractors, play a vital role in maintaining access to medicines during disruption. Larger pharmacy chains can redeploy staff across sites, and NHS Fife is working with area managers to align retraction plans with local priorities. Similarly, Public Dental Services (PDS) maintain urgent dental care for vulnerable populations through 12 strategically located clinics, with remote triage and emergency mobilisation in place. Independent dental practices are responsible for their own BCPs, but PDS acts as a safety net when needed.

Clinical services such as Physiotherapy, Speech and Language Therapy, Podiatry, and Rheumatology have adopted flexible working models, prioritised urgent care and enabling remote consultations via Near Me or telephone. Staff are encouraged to work from bases closer to home, and routine appointments may be rescheduled. These services have integrated lessons from previous winters, including proactive planning around weather alerts and enhanced remote access to systems and advice lines.

Community Treatment and Care (CTAC) Services, during service disruption, CTAC staff attend their nearest available base, and team leaders coordinate staffing and liaise with practices to ensure continuity. Lessons learned from previous winters highlight the importance of timely and coordinated communication to avoid confusion for both staff and patients.

Health Promotion Services continue to deliver key public health initiatives. While not leading winter communications, the team cascades messages through local networks and workplaces, ensuring public awareness and access to resources.

Community Immunisation Services

Overview of Autumn/Winter COVID-19 and Flu Programme Coordination:

The key objectives of the Seasonal Flu Immunisation Programme are:

- To protect those most at risk of severe illness from flu.
- To support the resilience of the health and care system, particularly during the winter months.
- To further increase uptake across all eligible groups, with particular focus on those at highest risk, and those of pre-school age, for which high uptake is important for protecting wider society.
- To improve where uptake has recently been low, such as those in a clinical risk group, pregnant women (at all stages of pregnancy) and eligible health and social care workers.

The aim of the COVID-19 immunisation programme is to prevent serious disease (hospitalisation and/or mortality) arising from COVID-19, with age being strongly associated with the risk of hospitalisation and mortality from COVID-19, with the oldest in the population being the most vulnerable.

There are around 234,000 eligible patients, comparable to 2024 but with a higher expectation of 100% being able to access an appointment or vaccination by 7 December (vs. 85% in 2024).

Children's Flu Programme

Children's flu programme commenced 8th of September 2025 completing on the 30th of November 2025, with all primary schools having been visited on at least 1 occasion, secondary schools with 2 or 3 visits, with all schools having follow up visits as required, with clinic mop up options also available.

Care Home Residents and people who are Housebound

Care home vaccinations commenced 6th of October 2025. This will be delivered across a concentrated 4-week period with ongoing mop up.

Nationally we are seeing an increase in this cohort and national support is given to ensure that this cohort is correctly identified, current cohort is circa 3,500.

Community Venues & Appointments

Citizens will be given the opportunity to uptake the vaccine in centres across Fife. This will include the more rural populations of West and Northeast Fife. Clinics commence the week of 27th September with over 75 year old co-administration clinic activity up until the 7th of December, ongoing drop-in clinics will continue across the community.

Inpatients

Inpatients within our Community Hospital/Mental Health and Learning Disabilities facilities with a length of stay longer than 28 days will be identified and vaccinated accordingly.

Health and Social Care Workers (HCSW)

A large range of options will be offered to HSCW to encourage Flu vaccination uptake. This Winter there is no offer of Covid vaccination to staff. This year the opportunity for peer flu vaccination is now in process with a dedicated Short Life Working Group (SLWG) in place. As per previous campaigns staff can drop into any clinic for vaccination.

Flu champions are to be identified on each Ward, there will be a 4-week period focusing on Peer Vaccination. Robust communication plans, Care home staff on duty will be offered flu vaccination by the Teams when they are vaccinating residents. Further in-reach will be implemented at the end of the programme, week commencing 1st Dec to support mop up and the non-frontline staff cohort. Social care workers will be able to attend the following, any clinic as a drop in, community pharmacy and the SAS outreach van in November.

School and Pre-school Programme

Pre-school aged children aged 2-5 will all be appointed to local clinics. The SAS are also supporting with this cohort in the most rural and deprived areas, plus opportunistic vaccination will continue to be offered at routine appointments. Primary and secondary school aged children will be offered vaccination in schools with several opportunities for mop-up. We will also run dedicated children's clinics over the school holidays to further support uptake.

Community Pharmacy

Community Pharmacies have been involved in the delivery of the winter vaccination programme over the last 4 years and have expressed interest in taking part again in the 25/26 winter programme. Around 50 community pharmacies have offered capacity to support flu.

Primary Care – General Practices (GPs)

There is a focus to support effective winter planning and ensuring service readiness with an agile and flexible approach to patient care. Learning from work that has had positive impacts is fundamental to ensure our readiness and preparedness for the coming winter months.

The Primary Care Contracting Team continues to support practices, ensuring they can deliver sustainable access to a range of GP services. GPs offer patients choice in terms of face to face and or telephone consultations, to ensure equity of access to for patients.

The Scottish Government introduced weekly Capacity and Pressures returns for GPs during the 2024/25 winter months, and the Primary Care Contracting Team plan to replicate this in the coming winter, to enable greater support to practices throughout this particularly busy period.

In preparation for 2024/25 winter planning, GPs were provided with dedicated time to review chronic and complex patient cases, including review of any Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs), Future Care Plan, special notes and Palliative Care planning, to ensure planning and preparation for Fife's most vulnerable patients to receive high quality care over the winter months. Planning is now enabled that this can be replicated in preparation for winter 2025/26.

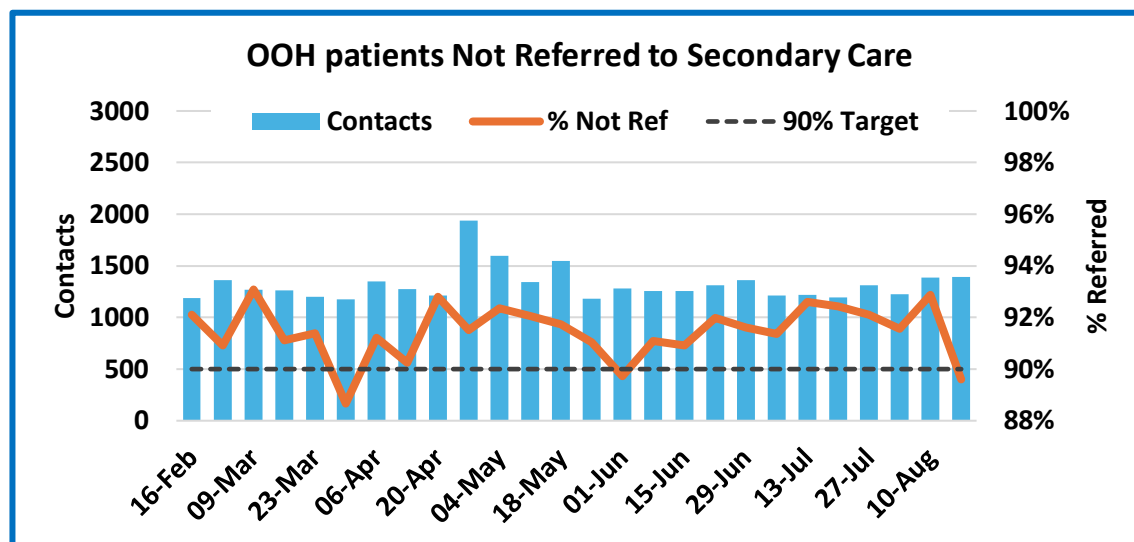
Urgent Care Services

Urgent Care – GP Out of Hours Service

A full OOH MDT is established to support a sustainable, accessible and agile services in the out of hour's period. The service will continue to provide access to telephone and video consultation assessments using Near me, direct consultations across the 3 urgent care centres and home visits Fife wide covering all nursing, care homes, and community hospitals.

- **63,547** patients accessed Out-of-Hours Urgent Care in the last year.
- **1220** patients per week, 175 per day, (peaking to **2000 per week** on PHs).

- **>90%** - Local KPI aiming to support of patients remain at home.
- **91%** of patients were supported to remain at home, in the community or in a homely setting.
- **9%** admitted to secondary care, to departments including: ED, Medical or Surgical Assessment, OOH Mental Health UCAT, Haematology, & Women and Children departments – Maternity, Gynaecology, Children’s Ward & SCBU & Ninewells (Graph 1).



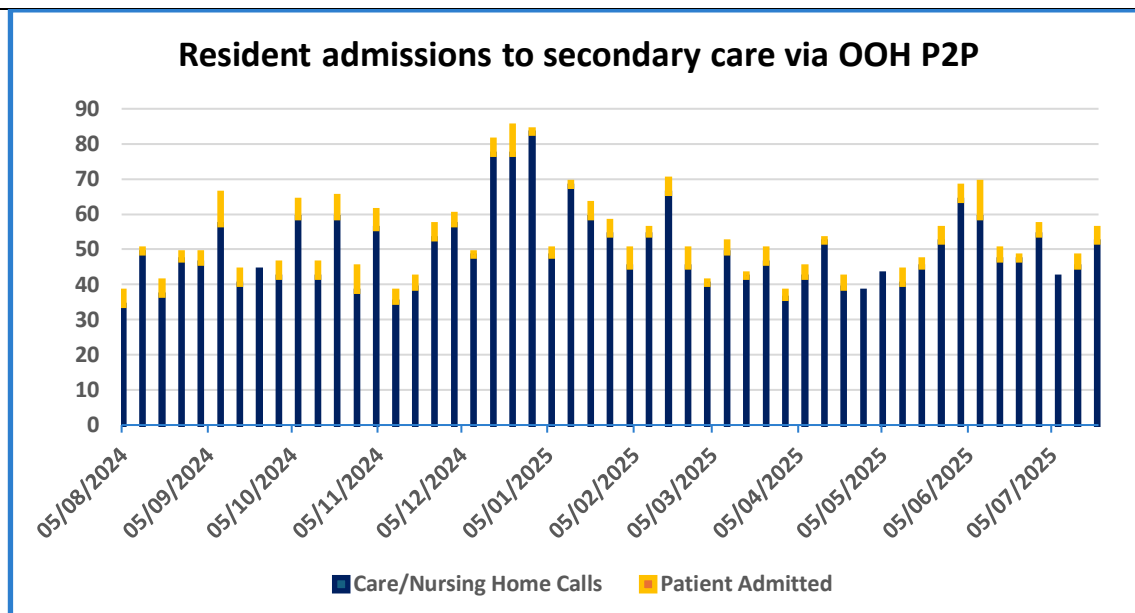
Graph 1: Total OOH patients not referred to Victoria hospital

Urgent Care direct access for Fife Care Homes - Out of Hours

During the out-of-hours (OOH) period, care homes across Fife benefit from direct access to urgent clinical support, ensuring timely triage and intervention that helps avoid unnecessary hospital admissions. Currently, 76% of all nursing homes have this direct link to OOH services, enabling residents to receive the right care in the right place, even during evenings and weekends. This access has proven critical in maintaining continuity of care and reducing the strain on emergency departments.

To further strengthen this model, a new test of change has been introduced using the RESTORE2 Mini tool. This initiative supports residential care homes (many of which previously lacked clinical oversight) by equipping carers with a structured approach to recognising early signs of deterioration. The tool enhances decision-making and provides clear escalation pathways to OOH services, building confidence and resilience within the care home workforce. The ambition is to extend this support to 100% of care homes by the end of 2025. Some key data relating this initiative below:

- **2582** calls received between Aug 2024 and Aug 2025.
- **50** residents per week are referred to OOH via the care home P2P.
- **188** care home residents were admitted to secondary care Aug 2024 – Aug 2025.
- An average **3 (7%)** residents per week (Graph 2), **93%** remaining at home.



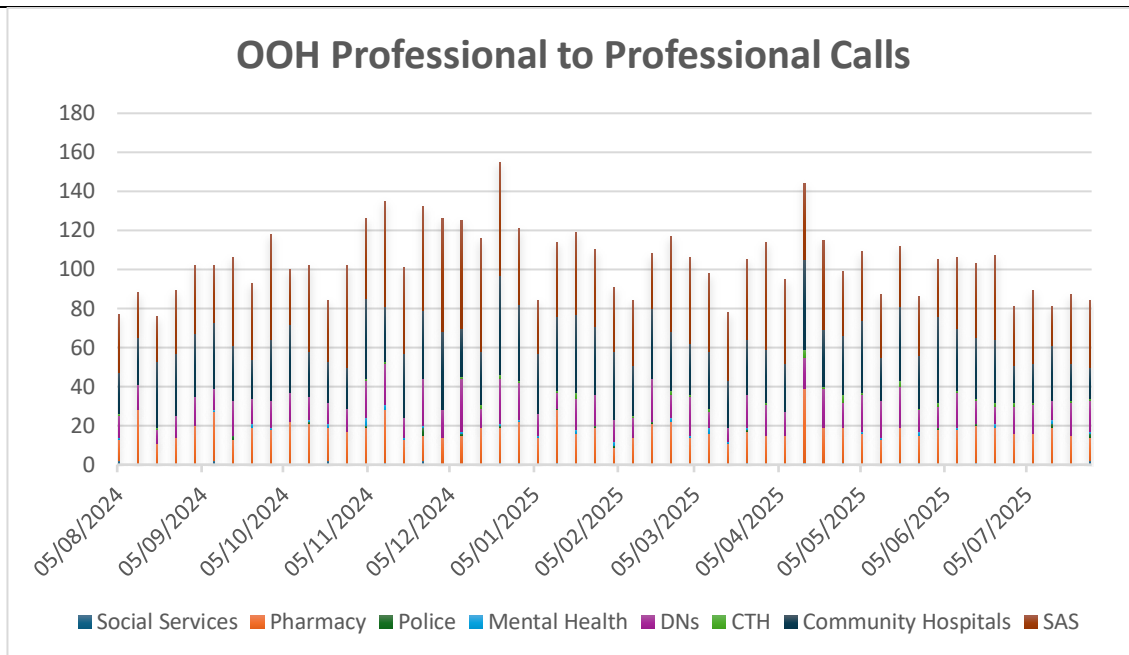
Graph 2: Care/ Nursing Home residents admitted to secondary care via OOH

Professional to Professional Line access to OOH

The Urgent Care Out-of-Hours (OOH) service provides a vital point-to-point (P2P) access route for a wide range of health and social care partners, including the Scottish Ambulance Service, social work teams, pharmacy, Police Scotland, mental health services, district nursing, Hospital at Home, the Cancer Treatment Helpline, and all community hospitals. This integrated approach ensures that professionals across disciplines can connect directly with urgent care clinicians when immediate support is needed.

By enabling P2P calls straight to OOH clinicians, the system streamlines decision-making and accelerates access to senior clinical expertise. This means patients can receive timely interventions that help them remain at home, in their community, or in a homely setting, rather than being transferred unnecessarily to hospital. The model not only improves patient experience but also strengthens system resilience by reducing avoidable admissions and supporting care in the most appropriate environment. Some key data outlined below:

- **5394** calls were received by OOH via the P2P line Aug 2024 - Aug2025.
- Average **105** calls received per week, peaking to **155** in PH weeks (Graph 3).



Graph 3: P2P direct access calls to urgent care in the out of hour's period

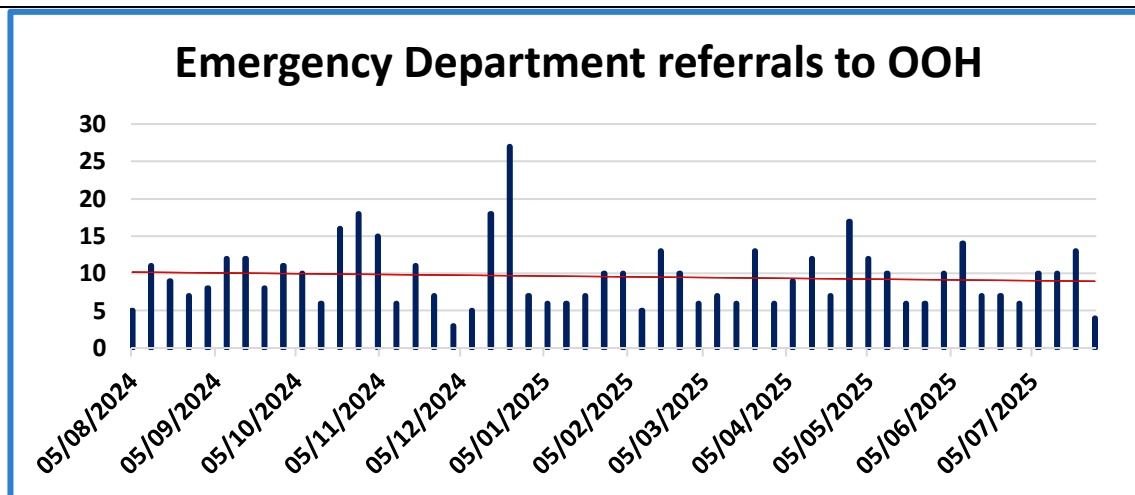
Emergency Department (ED) direct access to OOH

The Emergency Department (ED) has a well-established pathway that provides direct access to urgent care services for patients who attend ED but require same-day treatment rather than full emergency admission. This approach follows agreed clinical protocols and ensures that patients receive timely and appropriate care without unnecessary delays.

During out-of-hours periods, ED clinicians can refer suitable patients to urgent care services for assessment and management. This pathway significantly improves the patient journey by reducing waiting times in ED and redirecting individuals to settings where their needs can be met more effectively. It ensures that care is delivered in the right place, at the right time, and by the right team.

By streamlining referrals and reducing unnecessary ED occupancy, this model not only enhances patient experience and flow but also optimises the use of ED resources. It supports safer, more sustainable care delivery and helps maintain capacity for true emergencies, which is particularly critical during periods of high demand such as winter. See data below:

- **459** patients were referred to OOH via ED Aug 2024 – Aug 2025 (Graph 9)
- An average of **9** patients per week.
- Notably, in the festive weeks of 2024/2025 these referrals peaked to a successful **27** patient redirections from ED to Urgent Care OOH.
- **34** (7%) patients referred to OOH via ED resulted in follow on admission to hospital.



Graph 9: ED referrals to urgent care in the out of hour's period

Along with ongoing arrangements within Primary and Preventative Care Services, there are additional key actions in preparation for Winter 2025/2026: -

To strengthen winter resilience, primary care and out-of-hours (OOH) GPs are being allocated dedicated time to review chronic and complex patient cases. This proactive approach ensures that Fife's most vulnerable patients have clear care plans in place, reducing the risk of crisis situations and supporting high-quality care throughout the winter months.

OOH services will also maintain robust verification processes within UCSF, assessing the appropriateness of patient journeys. This continuous improvement approach guarantees that individuals receive the right care, in the right place, from the right professional, while identifying opportunities to refine pathways and enhance efficiency.

Recognising the impact of social determinants on health, OOH is piloting a referral pathway to Clinical Link Workers (CLWs) through Link Life Fife. CLWs provide one-to-one support for individuals facing challenges such as poverty, housing instability, mental health concerns, trauma, addiction, bereavement, and isolation. By enabling next-day referrals from urgent care, this initiative aims to improve mental wellbeing and reduce pressure on front-door urgent care services.

In addition, OOH will pilot referrals for Distress Brief Intervention (DBI), a Scottish Government programme offering compassionate, timely support for people experiencing emotional distress. GPs and Advanced Nurse Practitioners will receive Level 1 DBI training, enabling them to provide an immediate response and, where appropriate, refer patients for Level 2 next-day support. This pathway is designed to expand access to urgent mental health care during out-of-hours periods and ease demand on UCAT services.

Finally, OOH will commence a Test of Change on point-of-care testing (POCT) for C-reactive protein (CRP) in partnership with the University of St Andrews. This rapid diagnostic tool will guide clinical decision-making, particularly around antibiotic prescribing, supporting efforts to combat antimicrobial resistance. The initiative aims to improve clinician confidence, reduce unnecessary referrals and admissions, and enhance patient satisfaction through faster diagnosis and more personalised care.

Complex and Critical Care Services

Work is ongoing to improve unplanned and urgent mental health care for individuals in mental health crisis or distress. This is being developed through the redesign the Mental Health unscheduled and urgent care service in order to ensure timely access to psychiatric assessments and care, available 24/7/365. A Short Life Working Group commenced in June 2025 to take forward the outcome of an Urgent Care Options Appraisal approved by the Mental Health Redesign Programme Board. Work is actively progressing to define test of change actions.

In order to ensure patient flow and adequate admitting capacity, weekly MDT clinical reviews are in place to support effective discharge planning by identifying barriers to discharge and coordinating appropriate care packages within available resources. The Discharge coordinator provides early identification of needs and setting planned discharge dates to help reduce delays. Community resources such as the Wells, Link Life Fife and Primary Care mental health Services are promoted to maintain home-based care. Crisis support from UCAT and DBI helps manage individuals in the community and avoid hospital re-admission.

Improvement initiatives include monthly multi-agency review groups for Older Adult, Adult and Specialist Services, focussing on complex cases, DSR and guardianship processes. A follow-up pathway ensuring CMHT contact within 7 days following discharge has been established alongside dynamic discharge meetings to maintain flow and closer working with A&E.

Related Documents/Appendices

N/A

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Partnership Forum (LPF) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategic Planning Group (SPG) | <input type="checkbox"/> | <input type="checkbox"/> | Cabinet | <input type="checkbox"/> | <input type="checkbox"/> |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | NHS Fife | | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> |
| Integration Joint Board (IJB) | | <input checked="" type="checkbox"/> | NHS Board | | <input type="checkbox"/> |

Implications/Impacts

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

| | | | |
|---|----------------------------|--------------------|---|
| Service Users/Carers | <input type="checkbox"/> | | |
| Localities/Communities | <input type="checkbox"/> | | |
| Quality of Care | <input type="checkbox"/> | | |
| Workforce | <input type="checkbox"/> | | |
| Legal | <input type="checkbox"/> | | |
| Financial | <input type="checkbox"/> | | |
| Performance | <input type="checkbox"/> | | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input type="checkbox"/> | | |
| Communication and Engagement | <input type="checkbox"/> | | |
| Risk & Mitigation | <input type="checkbox"/> | | |
| Equalities and Human Rights, including children's rights and health inequalities | <input type="checkbox"/> | No Impact | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input type="checkbox"/> | Age | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Sex | |
| | <input type="checkbox"/> | Sexual Orientation | |
| <input type="checkbox"/> | Marriage/Civil Partnership | | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | | | |
|---------------------------|--|--------------|------------------|
| Meeting: | Integration Joint Board | Date: | 26 November 2025 |
| Report Title: | Finance Update – Month 6 | | |
| Agenda Item No: | 8.1 | | |
| Responsible Owner: | Lynne Garvey, Director of Health & Social Care | | |
| Report Author: | Tracy Hogg, Chief Finance Officer | | |

| Executive Summary | |
|---|--|
| <ul style="list-style-type: none"> The projected outturn for Fife Health & Social Care Partnership at 30 September 2025 is currently a projected overspend of £6.847m This is a movement of £1.369m from the July position Savings delivery is projected to be 82% Actions to bring the budget back to break even continue to be progressed | |

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

| Directions | |
|--|-------------------------------------|
| No Direction Required | <input type="checkbox"/> |
| Fife Council | <input checked="" type="checkbox"/> |
| NHS Fife | <input checked="" type="checkbox"/> |
| Situation/Background (Purpose of Report) | |

The report details the financial position (projected outturn) of the delegated and managed services. The projected outturn for Fife Health & Social Care Partnership at 30 September 2025 is currently a projected overspend of £6.847m

Assessment (Key Points/Issues and Risks)

As at 30 September 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.847m

Currently the key areas of overspend are: –

- Primary Medical Services
- Prescribing
- 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.

Related Documents/Appendices

Appendix 1 – Finance Report at September 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

Assurance Levels

Level:

Descriptor:

| | |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Local Partnership Forum (LPF) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11.11.2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Strategic Planning Group (SPG) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12.11.2025 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Updated narrative on Directions, updated narrative on movement in savings from July reported position |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Board | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |
| Finance Governance Board | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10.11.2025 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

| Implications/Impacts | |
|---|--------------------------|
| Description of any +/- implications/impacts and any suggested actions arising | |
| Service Users/Carers | <input type="checkbox"/> |

| | | | |
|---|-------------------------------------|---|---|
| Localities/Communities | <input type="checkbox"/> | | |
| Quality of Care | <input checked="" type="checkbox"/> | Quality and customer care is a priority for the IJB and work will continue to ensure high quality services are delivered to the people of Fife | |
| Workforce | <input checked="" type="checkbox"/> | For all Change & Transformation Plans we will support our workforce with a focus on communication, fairness, consistency, training and health and safety | |
| Legal | <input type="checkbox"/> | | |
| Financial | <input checked="" type="checkbox"/> | There will be financial implications for NHS Fife and Fife Council should the Partnership exceed its budget, necessitating the requirement for the Risk Share Agreement | |
| Performance | <input type="checkbox"/> | | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input type="checkbox"/> | | |
| Communication and Engagement | <input type="checkbox"/> | | |
| Risk & Mitigation | <input type="checkbox"/> | | |
| Equalities and Human Rights, including children's rights and health inequalities | <input checked="" type="checkbox"/> | No Impact/Not Required | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input type="checkbox"/> | Age | |
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender Reassignment | |
| | <input type="checkbox"/> | Marriage/Civil Partnership | |
| | <input type="checkbox"/> | Pregnancy/Maternity | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Sex | |
| | <input type="checkbox"/> | Sexual Orientation | |
| | <input type="checkbox"/> | Full EQIA has been completed and is available on request | |

| Key Decision | What are the risks if we do not take this decision? | What are the risks to taking this decision? | What impact do these risks have for the IJB?* | Corresponding risk appetite** | What benefits are envisaged from taking this decision? | Can we take or accept those risks associated with taking this decision in line with our Risk Appetite? |
|--|---|---|--|--|--|---|
| Approve the Directions to NHS Fife and Fife Council for additional allocations in year | Not complying with due Governance | None known | <input type="checkbox"/> Strategic Objectives <input type="checkbox"/> Legislation <input checked="" type="checkbox"/> Governance <input type="checkbox"/> Quality of Care <input type="checkbox"/> Resources <input type="checkbox"/> Reputation | Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open | Compliance with Governance | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision |

| *Key Risk Impacts | **Risk Appetite | Comments |
|---|------------------------|---|
| Impact on the Delivery of Strategic Objectives | Open | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored. |
| Impacts on Compliance with legislation | Averse/Minimalist | We will not break the law but may take some small, considered risks in the application of untested legislation. |
| Impacts on Governance arrangements | Cautious/Open | We may take some risks in relation to our internal governance arrangements if this will provide a benefit. |
| Impacts on Quality of Care | Cautious/Open | We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had. |
| Impacts on resources, including financial and workforce resources | Open | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored. |
| Impacts on Reputation | Cautious/Open | We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain. |



**Fife Health
& Social Care
Partnership**



Finance Report

Projected Outturn as at 30th September 2025



Supporting the people of Fife together



FINANCIAL MONITORING

PROJECTED OUTTURN AS AT SEPTEMBER 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 £6.847m 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 £3.838m since July (£57.765m 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 |
| Direction at M3 | 30.689 |
| Budget at July | 795.488 |
| Primary Care Uplift | 4.717 |
| Prescribing tariff adjustment | -1.389 |
| Bairns Hoose | 0.314 |
| Scottish Dental Access Initiative (SDAI) | 0.160 |
| Unscheduled Care Funding | 0.057 |
| Secondment Income- Royal College of Nursing | 0.036 |
| Other | -0.077 |
| Older People Residential and Daycare - FC Capital Delivery Fund | 0.020 |
| Budget at September | 799.326 |

Directions for the £3.838m increase in funding since July are included at Appendix 2.

4. Directions

When the budget was approved in March 2025 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. This transfer equates to £8.500m from NHS Fife to Fife Council.

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 30th September 2025

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £6.847m overspend. This is shown in Table 2 below.

| Fife Health & Social Care Partnership | | | | | | | | | |
|--|----------------|------------------|--|-----------------------|----------------------------|--|---------------------|--------------------------|----------------------|
| Provisional Outturn as at September 2025 | | | | | | | | | |
| Objective Summary | Budget July | Budget September | | Forecast Outturn July | Forecast Outturn September | | Variance as at July | Variance as at September | Movement in Variance |
| | £m | £m | | £m | £m | | £m | £m | £m |
| Community Services | 170.334 | 170.221 | | 172.287 | 171.850 | | 1.953 | 1.629 | (0.324) |
| Hospitals and Long-Term Care | 71.715 | 72.088 | | 72.657 | 74.806 | | 0.942 | 2.718 | 1.776 |
| GP Prescribing | 87.784 | 86.395 | | 87.920 | 86.762 | | 0.136 | 0.367 | 0.231 |
| Family Health Services | 132.289 | 137.235 | | 132.950 | 137.888 | | 0.661 | 0.653 | (0.008) |
| Children's Services | 20.230 | 20.231 | | 20.010 | 19.831 | | (0.220) | (0.400) | (0.180) |
| Homecare Services | 68.843 | 69.221 | | 69.847 | 70.914 | | 1.004 | 1.693 | 0.689 |
| Older People Nursing and Residential | 62.325 | 62.329 | | 62.444 | 62.685 | | 0.118 | 0.356 | 0.238 |
| Older People Residential and Day Care | 18.685 | 18.866 | | 19.469 | 19.779 | | 0.784 | 0.913 | 0.129 |
| Older People Fife Wide/ Hospital Discharge | 1.683 | 1.707 | | 1.676 | 1.691 | | (0.007) | (0.016) | (0.009) |
| Occupational Therapy & ICASS | 5.706 | 5.755 | | 6.359 | 6.402 | | 0.653 | 0.647 | (0.006) |
| Adults Fife Wide | 9.300 | 9.310 | | 8.805 | 8.838 | | (0.495) | (0.472) | 0.023 |
| Adult Supported Living | 32.891 | 33.271 | | 30.176 | 29.991 | | (2.714) | (3.280) | (0.566) |
| Social Care Fieldwork Teams | 27.134 | 27.273 | | 26.448 | 26.315 | | (0.687) | (0.958) | (0.271) |
| Adult Placements | 77.345 | 77.346 | | 81.551 | 82.073 | | 4.206 | 4.726 | 0.520 |
| Social Care Other | -7.360 | -8.500 | | -8.778 | -10.200 | | (1.418) | (1.700) | (0.282) |
| Business Enabling/Professional | 14.938 | 14.930 | | 15.499 | 14.902 | | 0.561 | (0.028) | (0.589) |
| Housing | 1.646 | 1.646 | | 1.646 | 1.646 | | 0.000 | 0.000 | 0.000 |
| Total Health & Social Care | 795.488 | 799.326 | | 800.965 | 806.172 | | 5.477 | 6.847 | 1.369 |

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

| | Budget M4 | Forecast Outturn M4 | Variance as at M4 | Budget M6 | Forecast Outturn M6 | Variance as at M6 | Movement M4-M6 |
|----------------------------------|----------------|---------------------|-------------------|----------------|---------------------|-------------------|----------------|
| Primary Care & Preventative | 301.318 | 299.776 | -1.542 | 304.562 | 304.032 | -0.530 | 1.012 |
| Complex & Critical Care | 227.881 | 229.603 | 1.722 | 228.462 | 232.668 | 4.206 | 2.484 |
| Community Care | 230.886 | 233.303 | 2.417 | 231.876 | 234.703 | 2.827 | 0.410 |
| Professional & Business Enabling | 28.530 | 29.684 | 1.154 | 28.833 | 28.598 | -0.235 | -1.389 |
| Other | 6.873 | 8.599 | 1.726 | 5.592 | 6.171 | 0.579 | -1.147 |
| Total HSCP | 795.488 | 800.965 | 5.477 | 799.326 | 806.172 | 6.847 | 1.369 |

5.1 Financial Analysis

The projected financial position at September is an overspend of £6.847m, a movement of £1.369m from the July reported position.

Primary & Preventative Care – underspend £0.530m

Prescribing is projecting an overspend of £0.367m, this is due to a volume increase of 3.15%. Cost per item is lower than previous years (£10.45) offsetting impact of volume increase.

Primary Medical Services is projecting an overspend of £0.653m. This is mainly due to premises costs, maternity and sickness payments, GP Superannuation costs, and 2c practice costs - a delay in 2 GP practices transferring from 2c to 17j has further increased these costs.

Other Primary and Preventative Care services are forecasting an underspend of £1.550m. This reflects a combination of factors, including the current proactive approach to managing both pay and non-pay expenditure.

Movement from July position is £1.012m this is due to an increase of £0.231m in prescribing and the allocation of Management and Admin savings to this portfolio.

Complex and Critical Care Services – overspend £4.206m

Mental Health and Psychology services are projecting an overspend of £5.148m, this overspend includes £0.605m non delivery of savings which will remain under review throughout the year. The remaining overspend due to increased costs in a specialist inpatient unit in Tayside, an increase in prescribing within addictions, and inpatient bed numbers which are currently higher than budgeted levels, 6 beds have been removed however a supplementary staffing 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.

Learning Disabilities has a projected underspend of £0.958m due to a high level of vacancies due to the national issue in recruiting LD Nurses

Adults Social Care is projecting an overspend of £3.1m of non-delivery of savings on Transforming care and Transport, and £1.6m on adults' packages and associated taxi costs. This is offset by £4.7m of underspends across supported living, community support and fieldwork teams due to vacancies and difficulty in recruitment.

The movement in overspend from the July position is £2.484m and is due to the increase in the Mental Health position through continued use of medical agency and bank staff.

Community Care Services - overspend £2.827m

Care of Elderly Inpatients is projecting a £1m overspend which relates to continued use of bank and agency and surge beds, this is offset by underspends totalling £1.8m across Community Nursing, Admin and ICASS due to vacancies across the teams.

Care at Home is projecting a £1.6m overspend, this is due to Care at Home hours commissioned exceeding the budgeted position due to continued increased demand from both the hospital and community aligned to the ageing population.

Older People Residential is projecting a £0.913m overspend within Fife Council internal care homes relating to cleaning & catering recharges and agency usage. Discussions will continue to ensure close scrutiny and actions taken to reduce spend wherever possible.

Nursing & Residential is projecting a £0.356m overspend relating to an increased number of care home placements resulting in beds in use being greater than budget allows.

Occupational therapy adaptations and equipment is projecting an overspend of £0.657m due to current demand and increasing costs of equipment.

The movement in overspend from the July position is £0.410m and is due to the increases in social care costs of £1m offset by an increased underspend across ICASS and Specialist inpatients as vacancies continue.

Professional, Business Enabling & Other - £0.344m overspend

Service Level Agreements and Out of Area treatments are projecting a year end overspend of £4.702m. This consists of £1.644m of projected slippage in savings delivery due to delays in returning patients to Fife, and £3.058m 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 due to a change in the charging model, 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.

Inflation for Adults nursing is reflected in the position as a pressure of £0.500m, an 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.

Professional and Business Enabling services are projecting to underspend by £0.235m due to vacancies.

Management actions have been implemented to address the overspend include targeted cost containment measures such as reductions in discretionary expenditure such as printing, travel, and consumable supplies; utilisation of reserves; and deferring recruitment to certain management posts.

The movement is an improvement in the position of £2.536m. There is an increase in the SLA/OATs overspend position from July of £1.335m, offset by further vacancies and recovery actions.

6. Savings

Savings approved by the IJB for 2025-26 total £29.424m. £24.010m is currently on track to be delivered (82% delivery). The July position was £24.200m on track to be delivered.

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

| Saving | July £m | Sept £m |
|--|--------------|--------------|
| Transport Review | 0.250 | 0.250 |
| Reprovision of out of area care packages | 1.454 | 1.644 |
| Transforming Overnight Care | 2.915 | 2.915 |
| Mental Health Redesign | 0.605 | 0.605 |
| TOTAL | 5.224 | 5.414 |

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. These have been increased in frequency to two meetings per week.

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. At M4 it was agreed to utilise the £0.782m to offset the overspend, the balance of £1.712m remains.

Table 4

| Reserves Balances | Balance @ September 2025 |
|-----------------------|--------------------------------|
| Earmarked Reserves | 0.574 |
| Reserves Committed | 1.138 |
| Total Reserves | 1.712 |

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.

Management actions implemented to mitigate the overspend are reflected in the current position; however, a deficit remains. Additional measures are under active consideration with the Senior Leadership Team and partner organisations.

If required, a formal Recovery Plan will be prepared and submitted for discussion and approval.

9. Risks

There is a risk that Tayside will also change their charging model and this will increase costs.

There is a risk of further slippage on delivery of savings, 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.

Discussions continue as new updated financials become available, and we will work closely with SLT and our partners to mitigate the overspend and achieve financial balance.

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 – these have increased in frequency to two meetings per week.

Continued scrutiny of all vacant posts through a fortnightly 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.

Tracy Hogg

Chief Finance Officer

12th November 2025



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

| | | |
|----------|---|--|
| 1 | Reference Number | 2025.0012 (DRAFT) |
| 2 | Report Title | Additional Funding 2025-26 |
| 3 | Date Direction issued by Fife Integration Joint Board through the Chief Officer | 26 th November 2025 |
| 4 | Date Direction Takes Effect | 26 th November 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 as detailed within the table below delegated to NHS Fife by Fife Integration Joint Board |
| 8 | Full Text of Direction | NHS Fife will utilise funding as allocated in table below relevant to each of the services as allocated. |

| | | |
|----|---|---|
| 9 | Budget Allocated by IJB to carry out Direction | For the financial year 2025 to 2026, additional funding of £3.818m is allocated by Fife IJB to NHS Fife as detailed in the table below |
| 10 | Performance Monitoring Arrangements | Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. |
| 11 | Date Direction will be reviewed | 28 th January 2026 |

| | 3.818 | Total Budget to be spent on NHS Services |
|---|----------------------|---|
| Portfolio/ Service | Budget £M | Narrative |
| Primary Care & Preventative | 3.244 | 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. |
| Community Immunisation Service | (0.300) | 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. |
| Advanced Health Practitioner Services Fife-wide | 0.023 | 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) | 0.040 | 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. |
| Primary Care Management + Admin | (0.075) | Divisional Management + Admin support to Primary Care & Preventative Teams |
| GP Prescribing | (1.389) | GP Prescribing covers expenditure relating to drugs prescribed by GP practices. |
| Family Health Services | 4.946 | Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy. |
| Integrated Community Care | 0.354 | 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 | 0.351 | 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 | (0.174) | <p>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 -</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
| Community Nursing Services | 0.271 | 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 | (0.008) | 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 | 0.043 | Management + Admin support to Integrated Community Care Teams |
| Community Flow and Integrated Discharge Hub | (0.129) | The Hub enhances the patient's journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay |
| Integrated Complex & Critical Care | 0.050 | Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work |
| Mental Health Services | (0.175) | 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 | 0.036 | 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 | 0.189 | 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 | 0.311 | 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 | -0.141 | HSCP allocations awaiting distribution & Board Vol Orgs |



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

| | | |
|----------|---|--|
| 1 | Reference Number | 2025.013 (DRAFT) |
| 2 | Report Title | Additional Funding 2025-26 |
| 3 | Date Direction issued by Fife Integration Joint Board through the Chief Officer | 26 th November 2025 |
| 4 | Date Direction Takes Effect | 26 th November 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 as detailed within the table below delegated to Fife Council by Fife Integration Joint Board |
| 8 | Full Text of Direction | Fife Council will utilise funding as allocated in table below relevant to each of the services as allocated. |

| | | |
|----|---|---|
| 9 | Budget Allocated by IJB to carry out Direction | For the financial year 2025 to 2026, additional funding of £0.020m is allocated by Fife IJB to Fife Council as detailed in the table below |
| 10 | Performance Monitoring Arrangements | Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. |
| 11 | Date Direction will be reviewed | 28 th January 2026 |

| | | |
|-------------------------------------|----------------------|---|
| | 0.020 | Total Budget to be spent on Fife Council Services |
| Portfolio/ Service | Budget £M | Narrative |
| Prof & Business Enabling | 0.020 | 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. |

DRAFT

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 | 0.686 | 1.644 | 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 | 24.010 | 5.414 | 82% | |

*All of the savings are recurring and are reviewed annually as part of the Medium-Term Financial Strategy

| Appendix 4 - Earmarked Reserves | Opening Balance April 2025 | Additions in Year | Allocated in Year | Closing Balance at March 2025 |
|--|-----------------------------------|--------------------------|--------------------------|--------------------------------------|
| | £m | £m | £m | £m |
| Mental Health R&R | 0.522 | | | 0.522 |
| Anti-Poverty | 0.052 | | | 0.052 |
| Total Earmarked | 0.574 | | | 0.574 |
| Community Alarms - Analogue to Digital | 0.971 | | | 0.971 |
| Housing - adaptations | 0.167 | | | 0.167 |
| Committed Balance | 1.138 | | | 1.138 |
| Uncommitted Balance | 0 | 0.782 | -0.782 | 0 |
| Total Reserves | 1.712 | 0.782 | -0.782 | 1.712 |

| Integration Joint Board | | | | | | | | | | | Partner Reporting |
|---|---------------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|--|-------------------|
| 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 | | |
| 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 | | | | | | | | 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 | | | | Presented | | | | 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 | Tracy Hogg | | | | Delayed | 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 | | | | Presented | | | | No |
| Primary Care Strategy | Annual | Assurance | Lisa Cooper | | | | Presented | | | | No |
| Workforce Strategy (inc Wellbeing Action Plan 2025-26) | Annual | Assurance | Roy Lawrence | | | | Presented | | | | No |
| Equality, Diversity & Inclusion Annual Report | Annual | Assurance | Roy Lawrence | | | | Presented | | | | 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 | Presented | Scheduled | Scheduled | | No |
| Revised Budget Direction | On Request | Decision | Audrey Valente | | Presented | | | | | | |
| Refreshed Performance Report | Quarterly | Assurance | Audrey Valente | Presented | | Presented | | Scheduled | | | No |
| Annual Performance Report 2024-25 | Annual | Assurance | Audrey Valente | | Presented | | | | | | No |
| Fife IJB Draft Audited Accounts | Annual | Decision | Audrey Valente | | | Presented | | | | | No |
| Annual Review of Best Value | Annual | Assurance | Tracy Hogg | | | | | Delayed | Scheduled | | No |
| 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 | Presented | 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 | | Presented | | | | No |
| IJB Workplan | Standing Item | Assurance | Vanessa Salmond | Presented | Presented | Presented | Presented | 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 | | | | | | | | |

| 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 | |
| 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 | | | | Presented | | | 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 | | | | Delayed | Scheduled | | No | |
| Public Sector Climate Duties Annual Report | Annual | Assurance | Audrey Valente | | | | Presented | | | 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 | | | | Yes | |
| Locality Planning Annual Report | Annual | Assurance | Roy Lawrence | | | | | | Scheduled | | |
| Winter Plan 2025-26 | Annual | Assurance | Chris Conroy | | | Delayed | Presented | | | Yes | |
| Care Inspectorate Grading Report | Annual | Assurance | Audrey Valente | | | | Presented | | | 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 (Biennial) (ASPC) | Biennial | Assurance | Karen Marwick | Presented | | | | | | | |
| ASP Annual Report (Social Work / Social Care) | Annual | Assurance | Karen Marwick | | | | | Scheduled | | 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 | | | Presented | | | | 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 | | | | | |
| Fife Dental & Oral Health Improvement Annual Report | Annual | Assurance | Lisa Cooper | | | | | Scheduled | | Yes | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | | | |
|---------------------------|---|--------------|--------------------------------|
| Meeting: | Integration Joint Board | Date: | 26 th November 2025 |
| Report Title: | Membership of Integration Joint Board | | |
| Agenda Item No: | 9.2 | | |
| Responsible Owner: | Tracy Hogg, Chief Finance Officer | | |
| Report Author: | Vanessa Salmond, Head of Corporate Governance | | |

Executive Summary

- Alistair Morris has joined the Integration Joint Board as part of his role as a Non-Executive Member of NHS Fife.
- Ken Fraser has joined the Integration Joint Board as Public Representative.
- Alistair Morris has joined the Finance, Performance and Scrutiny Committee.
- We are seeking to appoint a permanent Chair of the Finance, Performance and Scrutiny Committee.
- We are seeking to appoint a permanent Chair of the Quality and Communities Committee.

Recommendations

| This paper is presented to: - | | Clearly outline below what the Board/Committee are being asked to do: - |
|---|-------------------------------------|--|
| Seek a Decision Risk Appetite Section MUST be completed | <input checked="" type="checkbox"/> | Members are asked to formally agree member transitions as detailed in the Assessment section of the report. |
| Provide Assurance | <input type="checkbox"/> | |
| For Discussion | <input type="checkbox"/> | |
| For Noting | <input checked="" type="checkbox"/> | IJB Members would like to formally record their sincere thanks for Ian for his valued contribution to the IJB. |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

This report informs Members of recent changes to the Voting Membership of the Integration Joint Board and updates to Committee Membership.

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the legislation for Membership of Integration Joint Boards and that there should be an equitable number of Voting Members for each of the constituent authorities around the Integration Joint Board.

As per agreed good practice any changes in IJB membership are conveyed to members via a formal report to the Integration Joint Board.

Assessment (Key Points/Issues and Risks)

IJB Membership

Alistair Morris has been appointed to the Integration Joint Board, filling the vacancy created by Alistair Grant's resignation as Executive Member of NHS Fife, effective November 2025.

Ken Fraser has also joined the Integration Joint Board, taking up the position vacated by Ian Dall following his decision to step down as Public Representative, effective November 2025.

The Integration Joint Board are asked to formally record its sincere appreciation to Ian for his significant and valued contribution to the Board.

Committee Membership

Alistair Morris has joined the Finance, Performance and Scrutiny Committee and we seek a permanent Chair for this Committee. David Alexander is currently serving as Interim Chair.

We are also seeking to appoint a permanent Chair for Quality and Communities Committee, where Rosemary Liewald is currently serving as Interim Chair. Although an email invitation for nominations has been circulated, no submissions have been received to date.

Assurance Levels

| Level: | Descriptor: |
|--|--|
| Significant <input checked="" type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|-------------------------------|----------|--------------------------|------|--|----|-----------------------|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | None | | | |

Implications/Impacts

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

| | | |
|---|-------------------------------------|---|
| Service Users/Carers | <input type="checkbox"/> | |
| Localities/Communities | <input type="checkbox"/> | |
| Quality of Care | <input type="checkbox"/> | |
| Workforce | <input type="checkbox"/> | |
| Legal | <input type="checkbox"/> | |
| Financial | <input type="checkbox"/> | |
| Performance | <input type="checkbox"/> | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input type="checkbox"/> | |
| Communication and Engagement | <input type="checkbox"/> | |
| Risk & Mitigation | <input type="checkbox"/> | |
| Equalities and Human Rights, including children's rights and health inequalities | <input checked="" type="checkbox"/> | No Impact/Not Required <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input type="checkbox"/> | Age |
| | <input type="checkbox"/> | Disability |
| | <input type="checkbox"/> | Gender Reassignment |
| | <input type="checkbox"/> | Marriage/Civil Partnership |
| | <input type="checkbox"/> | Pregnancy/Maternity |
| | <input type="checkbox"/> | Race |
| | <input type="checkbox"/> | Religion |
| | <input type="checkbox"/> | Sex |
| | <input type="checkbox"/> | Sexual Orientation |
| | <input type="checkbox"/> | Full EQIA has been completed and is available on request |



| | | | |
|---------------------------|---|--------------|----------|
| Meeting: | Integration Joint Board | Date: | 26/11/25 |
| Report Title: | Equality, Diversity & Inclusion Year 1 Annual Report 2024-25 | | |
| Agenda Item No. | 10.1 | | |
| Responsible Owner: | Roy Lawrence, Head of Culture, Engagement and Communities | | |
| Report Author: | Louise Radcliffe, Organisational Development and Culture Specialist | | |

Executive Summary

This Report is presented to the Board having been endorsed at the Senior Leadership Team, Local Partnership Forum, Quality & Communities Committee and Finance, Performance & Scrutiny Committee. **For members who have read the Report previously, no changes have been asked for or made, so the Report is the same as presented previously.**

Fife Health and Social Care Partnership (FHSCP) has made significant progress in Year 1 of its three-year Equality, Diversity and Inclusion (EDI) Action Plan (2024–2027). The first year has focused on building strong foundations, amplifying staff voices, and embedding early initiatives that are beginning to shift workplace culture. Key developments include:

Summary Point 1 – Strengthened Governance

The EDI Steering Group was revised to include a broader range of representatives and senior decision-makers from across NHS Fife, Fife Council, independent and third-sector partners. This has improved credibility, ensured diverse perspectives in leadership discussions, and increased staff confidence that their voices are being heard.

Summary Point 2 – Raising Awareness and Visibility

Campaigns and communications played a pivotal role in improving understanding and reducing stigma. The LGBTQIA+ awareness campaign amplified lived experiences and supported the launch of the NHS Fife LGBT+ Network. The Non-Visible Disabilities Newsletter raised awareness of hidden challenges faced by staff, while the Neuroinclusion in the Workplace Guide provided managers with practical resources to better support neurodivergent colleagues.

Summary Point 3 – Driving Cultural Change

Innovative initiatives such as the Reverse Mentoring Pilot, Partnership Equality Network (PEN), and Neurodiversity Natter events have shifted culture toward openness, inclusion, and shared learning. The ethos of “Brave Spaces” has been embedded across initiatives, normalising constructive dialogue and courageous conversations even without formal sessions.

Summary Point 4 – Staff Feedback and Insights

The Annual EDI Evaluation Survey confirmed growing respect, engagement, and recognition of inclusion efforts. Programmes such as Reverse Mentoring and PEN were highly valued. However, neutral responses were frequent, highlighting challenges such as inconsistent adoption across teams, communication gaps, and workload pressures that limit engagement.

Summary Point 5 – Next Steps for Transformation

Going forward, inclusion must become visible, consistent, and embedded across all services. Leaders must model inclusive behaviours, while staff should be supported to participate where possible. Initiatives should evolve from standalone projects into everyday practice. Broader opportunities for peer-led learning and grassroots activity will be essential to sustain momentum and transform cautious optimism into confident endorsement.

Recommendations

| | | |
|------------------------------|-------------------------------------|---|
| This paper is presented to:- | | Narrative required |
| Seek a Decision | <input type="checkbox"/> | |
| Provide Assurance | <input checked="" type="checkbox"/> | IJB are asked to take assurance that the work being done to support our workforce to feel included and supported is making real progress and having a positive impact for a range of staff. |
| For Discussion | <input checked="" type="checkbox"/> | |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

The purpose of this report is to provide an update and assurance on the progress made in the first year of the FHSCP EDI Action Plan (2024–2027). The plan represents a commitment to fostering a workplace culture where all staff feel valued, respected, and able to bring their authentic selves to work. Since its inception, all work generated and delivered by the EDISG has had involvement / co-design with our Trade Union and Staff Side colleagues and has reported to the LPF at key points.

The Action Plan was built on the Interim Workplan (Sept 2023 – June 2024), which involved staff engagement sessions, open consultations, and research from the Fife Centre for Equalities. These inputs shaped the three-year strategy into annual objectives designed to ensure continuous progress and sustainable cultural change.

This Year 1 report covers the period September 2024 – August 2025, with early insights from Year 2 (September – October 2025). It evaluates actions taken, assesses the impact of key initiatives, and highlights challenges and risks that must be addressed.

The report is prepared by the Equality, Diversity, and Inclusion Steering Group (EDISG) and applies the Scottish Approach to Service Design (Discover, Define, Develop, Deliver), ensuring that actions are co-created with staff and grounded in evidence.

Ultimately, this report serves both as a record of achievements and as a strategic tool to guide the next stages of implementation, embedding EDI into the day-to-day culture of the Partnership.

Assessment (Key Points/Issues and Risks)

Key Achievements

- **Governance Improvements:** A restructured and representative EDI Steering Group ensures stronger decision-making, accountability, and integration of diverse perspectives into governance processes.
- **Awareness Campaigns:** Targeted campaigns: LGBTQIA+, Non-Visible Disabilities, and Neuroinclusion, amplified lived experiences, promoted empathy, and provided managers with practical support tools.
- **Cultural Change Initiatives:** The Reverse Mentoring Pilot exceeded expectations, pairing senior leaders with diverse staff to challenge unconscious bias and inform inclusive leadership. PEN, the first employee-led resource group, created sustainable peer networks and visibility for inclusion. The Neurodiversity Natter brought practical recommendations for workspace, communication, and leadership.
- **Staff Engagement:** The Annual EDI Survey highlighted growing respect and support for EDI initiatives, with staff recognising cultural progress in collaboration, openness, and safety.

Key Issues

- **Neutrality in Feedback:** While progress is evident, a high number of neutral survey responses suggests that inclusion is not yet consistently experienced across all teams. Staff are cautious, acknowledging progress but waiting to see if change will endure.
- **Workload Pressures:** Heavy workloads and competing priorities prevent many staff from engaging fully with EDI activities. Without leadership support and encouragement, engagement risks being limited to those with capacity rather than representative of the whole workforce.

- **Communication Gaps:** Despite multiple campaigns, a significant proportion of staff remain unaware of EDI initiatives, highlighting the need for consistent, accessible, and multi-channel communication.

Risks

- **Sustainability:** If initiatives remain framed as standalone projects, they risk being seen as optional add-ons rather than integrated into everyday practice. This threatens long-term impact.
- **Leadership Visibility:** While progress has been made, visible and sustained leadership modelling of inclusive behaviours is essential. Without this, staff confidence in the Partnership’s commitment may falter.
- **Consistency Across Services:** Cultural change remains uneven across departments and teams. Without stronger structures for accountability, there is a risk that inclusion will remain patchy rather than universal

Related Documents/Appendices

Appendix 1 – EDI Year 1 Annual Report

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Partnership Forum (LPF) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategic Planning Group (SPG) | <input type="checkbox"/> | <input type="checkbox"/> | Cabinet | <input type="checkbox"/> | <input type="checkbox"/> |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | NHS Fife | | |
| Quality & Communities (QCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> |
| Integration Joint Board (IJB) | | x | NHS Board | | <input type="checkbox"/> |

| Implications/Impacts | | |
|---|-------------------------------------|---|
| Description of any +/- implications/impacts and any suggested actions arising | | |
| Service Users/Carers | <input checked="" type="checkbox"/> | <p>A more inclusive workforce creates better experiences of quality care for service users and carers, particularly those with protected characteristics or facing health inequalities. Staff who feel respected and supported are more likely to deliver person-centred, compassionate care.</p> <p>Further Action: Continue sharing staff stories and lived experiences through campaigns and networks to influence frontline practice in ways that benefit service users.</p> |
| Localities/Communities | <input checked="" type="checkbox"/> | <p>Visibility of EDI work through staff networks and campaigns strengthens community confidence in FHSCP and its services. Campaigns around LGBTQIA+ and non-visible disabilities resonate with local communities, helping reduce stigma and promote inclusion.</p> <p>Further Action: Strengthen links between staff-led initiatives and local community equality groups to amplify reach and share good practice.</p> |
| Quality of Care | <input checked="" type="checkbox"/> | <p>Embedding EDI into workplace culture enhances the quality of care by ensuring staff are more aware, empathetic, and inclusive. Risks include inconsistent application across teams, which could result in uneven service experiences.</p> <p>Suggested Action: Use resources like the Neuroinclusion Guide and campaign materials to support staff in integrating inclusive practice into everyday care delivery.</p> |
| Workforce | <input checked="" type="checkbox"/> | <p>Staff engagement has grown through initiatives like the Reverse Mentoring Pilot and PEN, leading to greater confidence and belonging. However, participation is limited by workload pressures and time constraints.</p> <p>Suggested Action: Encourage managers to support staff engagement with EDI by recognising participation within existing workloads (e.g., through team meetings, learning sessions).</p> |
| Legal | <input checked="" type="checkbox"/> | <p>Implications: While FHSCP does not set policy, these initiatives support compliance with the Equality Act 2010 by showing due regard to protected characteristics.</p> <p>Suggested Action: Maintain consistent equality impact assessments when developing internal initiatives, even without policy-making authority.</p> |
| Financial | <input checked="" type="checkbox"/> | <p>No direct budget implications as current initiatives rely on existing staff contributions, internal communications channels, and voluntary engagement. However, providing the support described within the report means that the HSCP is encouraging staff to feel valued and stay well at work, which in turn can reduce the need for sickness cover.</p> <p>Suggested Action: Continue using low-cost or no-cost approaches (e.g., staff stories, newsletters, peer-led events) to sustain visibility and engagement.</p> |

| | | | |
|---|-------------------------------------|---|---|
| Performance | <input checked="" type="checkbox"/> | <p>Staff who feel included are more engaged, motivated, and effective, contributing positively to service performance. Risks arise if EDI activity is seen as optional or inconsistent, potentially affecting morale.</p> <p>Suggested Action: Strengthen performance by sharing good practice across teams (e.g., highlighting successful initiatives like Reverse Mentoring and PEN in existing meetings, newsletters, and briefings) to encourage consistency and motivate wider engagement.</p> | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input checked="" type="checkbox"/> | <p>No direct climate impacts identified. However, inclusive practice contributes indirectly by ensuring environmental initiatives are accessible to all staff and communities.</p> <p>Suggested Action: Ensure climate and sustainability projects include equality impact assessments to avoid exclusion.</p> | |
| Communication and Engagement | <input checked="" type="checkbox"/> | <p>Campaigns have successfully improved awareness, but some staff remain unaware of initiatives. This highlights uneven communication across teams.</p> <p>Further Action: Use multiple channels (digital newsletters, staff briefings, peer-led forums) to increase reach without requiring new resources.</p> | |
| Risk & Mitigation | <input checked="" type="checkbox"/> | <p>Risks:</p> <ul style="list-style-type: none"> • Neutral survey responses highlight cautious optimism but lack of consistent cultural change. • Workload pressures risk disengagement. • Inconsistent leadership visibility may undermine progress. <p>Mitigation:</p> <ul style="list-style-type: none"> • Embed EDI initiatives into routine practice rather than stand-alone projects. • Ensure senior leaders have clear accountability to model inclusive behaviours and be visible. • Protect staff time for engagement and measure participation | |
| Equalities and Human Rights, including children's rights and health inequalities | <input type="checkbox"/> | No Impact | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input checked="" type="checkbox"/> | Age | Campaigns and mentoring supported cross-generational learning. No negative impact identified. |
| | <input checked="" type="checkbox"/> | Religion | Reverse Mentoring included religious perspectives, improving understanding. No negative impact identified. |
| | <input checked="" type="checkbox"/> | Disability | Strong positive impact through Neuroinclusion Guide and Non-Visible Disabilities campaign. Continued monitoring required. |
| | <input checked="" type="checkbox"/> | Gender | Improved inclusion through staff stories and visibility campaigns. No negative impact identified. |
| | <input checked="" type="checkbox"/> | Race | Reverse Mentoring brought valuable insights into racial experiences in the workplace. Continued monitoring required. |
| | <input checked="" type="checkbox"/> | Sex | Improved inclusion through staff stories and visibility campaigns. No negative impact identified. |

| | | | |
|--|-------------------------------------|----------------------------|---|
| | <input checked="" type="checkbox"/> | Sexual Orientation | Strong positive impact via LGBTQIA+ campaign and creation of LGBT+ Network. |
| | <input checked="" type="checkbox"/> | Marriage/Civil Partnership | No direct impact identified; inclusion principles apply universally. |



Equality, Diversity and Inclusion 2024-25



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www.fifehealthandsocialcare.org

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Executive Summary

Fife Health and Social Care Partnership (FHSCP) is committed to creating a culture of belonging through its three-year Equality, Diversity and Inclusion (EDI) Action Plan (2024–2027). This report reviews progress during Year 1 (September 2024 – August 2025), with early insights into Year 2. The first year has been defined by laying strong foundations, amplifying staff voices, and embedding initiatives that demonstrate visible cultural change.

Strengthened Governance

A major achievement has been the expansion of the EDI Steering Group to include broader representation and key decision-makers. This has enhanced credibility, ensured diverse perspectives are reflected in decision-making, and increased staff confidence that their voices are being heard at the highest levels.

Raising Awareness and Visibility

Targeted campaigns have significantly improved visibility and awareness across the Partnership. The LGBTQIA+ campaign amplified lived experiences and led to the creation of the NHS Fife LGBT+ Network. A Non-Visible Disabilities Newsletter highlighted hidden challenges, reducing stigma and encouraging empathy. The publication of the Neuroinclusion Guide provided managers with practical tools to better support neurodivergent staff and embed inclusive practice across teams.

Driving Cultural Change

Year 1 also delivered innovative initiatives that helped shift workplace culture. The Reverse Mentoring Pilot paired senior leaders with staff from diverse backgrounds, delivering powerful insights and lasting impact on leadership awareness. The Partnership Equality Network (PEN), FHSCP's first employee-led resource group, has created a sustainable platform for dialogue and peer support. The Neurodiversity Natter event provided practical recommendations for improving workplace inclusion. While formal "Brave Spaces" were not adopted, their ethos has been integrated across initiatives, embedding openness and constructive dialogue into everyday practice.

Insights from the Annual EDI Survey

Survey results confirmed that respect, engagement, and recognition of EDI initiatives are growing. Programmes such as Reverse Mentoring, PEN, and Neuro Natters were particularly valued. However, a significant proportion of staff provided neutral responses, highlighting that cultural change is not yet consistently experienced. Communication gaps, workload pressures limiting participation, and uneven adoption across teams remain key challenges.

Next Steps

To build on Year 1 progress, inclusion must become visible and consistent across all services, with senior leaders actively modelling inclusive behaviours. Initiatives must move from stand-alone projects to embedded ways of working, while staff should be supported with protected time to engage in EDI activity. Expanding opportunities for peer learning, grassroots-led events, and staff spotlights will help broaden engagement. Above all, sustained consistency and leadership visibility will be essential to transform cautious optimism into confident endorsement.

Conclusion

Year 1 of the EDI Action Plan has achieved significant milestones and demonstrated tangible cultural change. The challenge ahead is to sustain momentum, scale what works, and embed EDI into the daily experience of every colleague. With continued leadership and collective commitment, FHSCP can move from progress to transformation, creating a Partnership where inclusion is not an aspiration but a lived reality.

Introduction

Fife Health and Social Care Partnership (FHSCP) is committed to fostering a diverse, equitable, and inclusive environment where every individual feels valued and respected. To achieve this, we have established a set of clear and actionable objectives aimed at enhancing our Equality, Diversity, and Inclusion (EDI) efforts over the three years 2024–2027 through our FHSCP’s Equality, Diversity and Inclusion Action Plan 2024 -2027. These goals are designed to create a supportive and inclusive workplace culture, promote ongoing learning and awareness, and ensure initiatives are effective and responsive to the needs of our workforce. By focusing on these objectives, the FHSCP aims to build a solid foundation for sustained EDI progress and continuous improvement across all areas of FHSCP.

Background

The Action Plan builds on the Interim Workplan (September 2023 – June 2024), which laid the groundwork through a series of workforce engagement sessions, open consultations, and expert input from the Fife Centre for Equalities. These activities helped gather valuable insights that directly shaped the objectives and actions. The Action Plan was directly informed by findings from three key sources:

- Staff Open Consultation Equality, Diversity, and Inclusion Report (January – June 2024)
- Staff Equality, Diversity, and Inclusion Engagement Session Series Key Findings Report (February – June 2024)
- Fife Centre for Equalities Report (published July 2024)

These findings were analysed and synthesised to develop a set of **Overarching Principles** seen below and a series of objectives divided into three annual iterations, designed to ensure momentum and sustainable cultural change year on year.

Scope of the Report

The FHSCP EDI Action Plan sets out a three-year strategy to foster a workplace culture that values dignity, equality, and inclusion. Structured around annual objectives, the plan is designed to build momentum year on year, supporting lasting cultural change and continuous improvement across the FHSCP.

This report focuses primarily on **Year 1 of the EDI Action Plan (September 2024 – August 2025)**, with an overview of early progress in the **first two months of Year 2 (September – October 2025)**. It specifically reviews the objectives set for the first year and evaluates the progress made in achieving them. By concentrating on the foundation stage, the report highlights actions taken to establish the conditions for Year 2 expansion and the long-term sustainability of the three-year programme.



Governance and Methodology

The Equality, Diversity, and Inclusion Steering Group (EDISG) prepared this report for the Senior Leadership Team Assurance, Local Partnership Forum, Quality & Communities Committee, and the Integrated Joint Board (IJB). Its aim is to provide assurance, demonstrate progress against Year 1 objectives, and ensure accountability for delivery across governance structures.

The EDISG applied the **Scottish Approach to Service Design (Discover, Define, Develop, Deliver)** to ensure actions were co-designed with staff, grounded in evidence, and supported by subject matter expertise.

Year 1: Foundation and Initial Implementation

Equality Architects - Revising the EDI Steering Group Membership

Objective A: Revise Equality, Diversity, and Inclusion (EDI) Steering Group membership to ensure comprehensive representation from all portfolios and include key decision-makers to effectively promote and integrate EDI principles across the FHSCP.

Status: Completed – December 2024

Summary of Completion

Membership Review & Recruitment: Representative gaps were identified and addressed. Recruitment was carried out via internal communications and voluntary sign-ups, ensuring inclusion of EDI representatives from all portfolios.

Inclusive Representation Achieved: The revised group includes professionals from NHS Fife, Fife Council, and the Fife Health and Social Care Partnership (HSCP), spanning various roles and levels of seniority. This includes:

- Equality & Human Rights Lead Officer (NHS Fife)
- UNISON Equalities Officers (Fife Council & NHS Fife)
- HR professionals, OD & Culture specialists, Communications Advisors
- Independent Sector Lead (Scottish Care), Senior Health Promotion Officer
- CEO of Fife Centre for Equalities, Business Manager, and more



Impact and Engagement

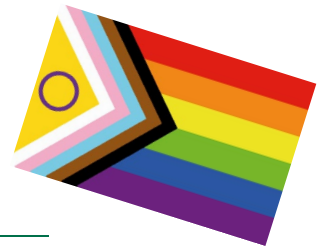
The revised membership enhanced workforce engagement by signalling that staff voices are valued and that decisions are informed by diverse perspectives. The inclusion of decision-makers strengthened the Steering Group's capacity to influence operational practice, and culture. Staff reported greater confidence that their experiences would be considered, and the group's credibility was enhanced through visible leadership participation.

Outcome

The Steering Group is now fully operational and positioned to embed EDI principles across the Partnership effectively. Its diverse and authoritative membership provides a foundation for sustained initiatives, and annual reviews will ensure ongoing representation and responsiveness to workforce needs.

Voices Amplified through Media – LGBTQI+

Objective B: Address the needs of the workforce by providing timely, relevant, and actionable information through a 'raising awareness campaign'. The campaign will focus on improving workforce engagement, enhancing job satisfaction, and fostering a positive work environment.



Status: Completed – March 2025

Summary of Completion

A targeted awareness campaign was successfully produced and published across multiple platforms in January 2025, ensuring wide reach and engagement. The campaign focused on creating inclusive workplaces for LGBTQI+ staff, fostering open conversations, and addressing specific challenges such as safety during travel.

Key Features of the Campaign:

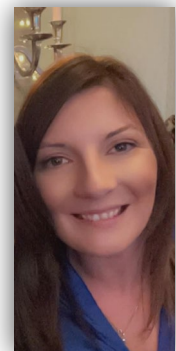
- Staff stories were shared to promote understanding and empathy
- Supportive content was developed to raise awareness and drive change
- The NHS Fife LGBT+ Network was launched to support and celebrate LGBTQI+ colleagues across the organisation

Staff Voices: Lived Experiences of LGBTQI+ Professionals

The campaign proudly celebrated the voices of staff who shared their personal journeys with honesty, strength and hope. These stories didn't just highlight challenges; they showcased the resilience and leadership of individuals who are helping shape a more inclusive and compassionate workplace.

Bernadette Brown, a care sector professional married to a woman, spoke with grace and conviction about the importance of being open about her identity. She shared how she had once been discouraged from mentioning her same-sex relationship in a professional setting, a moment that made her question the assumptions still present in society. Bernadette's message was powerful:

"Being gay is not something to be ashamed of. It's not the whole of who I am, but it's an important part, and I shouldn't feel the need to hide it."



Her story reminded us that inclusion means treating everyone with dignity and respect, without exception.



Lynda Reid-Fowler, a proud pansexual woman, shared a deeply personal experience of encountering homophobia from someone she had once considered a friend. Despite the hurt, Lynda found strength in the allyship of another colleague, who stood up against discriminatory views. Lynda's words captured the emotional impact of the moment:

"With every further comment made, I felt more upset, more anger and more disbelief."

Her courage in sharing this story, and her recognition of the power of allies, highlighted the importance of standing together and speaking out.

Tracy's story brought a deeply heartfelt and inspiring perspective to the campaign. As the proud mother of a trans daughter, Tracy spoke about how her own journey of living openly had a profound impact on her child's confidence and sense of identity. She shared how visibility and representation within her family helped create a safe and affirming environment, not just at home but in the wider community. Tracy said,



"I want my daughter to grow up knowing that who she is will always be enough. Seeing me live openly gives her the courage to do the same."

Her commitment to inclusion extended beyond the workplace, as she described attending events like Edinburgh and Fife Pride with her daughter. Tracy's story was a beautiful celebration of love, visibility and the legacy of inclusion we pass on to future generations. Her voice reminded us that when we live authentically, we not only empower ourselves but also inspire those around us to do the same.



Together, these stories were more than reflections they were declarations of pride, resilience and hope. They celebrated the strength it takes to be authentic, the importance of allyship and the transformative power of inclusive culture. By amplifying these voices, the campaign not only fostered understanding but also inspired action, reminding us all that every person deserves to feel safe, valued and celebrated for who they are.

Impact & Engagement

The campaign humanised inclusion by amplifying lived experiences, creating empathy, and fostering conversations about identity and allyship. It led to the extension of all membership being open to all FHSCP staff across the NHS Fife LGBT+ Network, providing a dedicated space for staff to connect and celebrate their identities. Engagement metrics and staff feedback indicated increased awareness, confidence in discussing diversity, and openness to challenging discriminatory behaviour. Research shows that workforce engagement is closely linked to productivity and job satisfaction. This campaign contributed to a more inclusive and positive work environment, aligning with these findings.



Outcome

The campaign successfully met its objectives, enhancing workforce engagement and contributing to a more inclusive culture across FHSCP.

Brave Spaces

As part of our commitment to fostering a culture of openness, inclusion, and growth, we set out with three bold objectives:

Objective C: Create 'Brave Spaces' for our workforce—spaces where individuals can freely voice ideas, ask questions, and engage in constructive dialogue.

Objective D: Recruit and train volunteer facilitators to host these sessions and support meaningful conversations.

Objective E: Promote 'Brave Spaces' as a way to nurture openness, challenge discriminatory practices, and encourage people to step outside their comfort zones.

Summary

While we've chosen not to move forward with formal 'Brave Spaces' sessions at this time, this decision reflects our commitment to **prioritising the evolving needs of our workforce**. We've listened carefully, and we're responding with agility, adapting our approach to ensure it resonates with where our people are right now.

Impact and Engagement

The essence of 'Brave Spaces' is already thriving across our organisation. Through initiatives like **reverse mentoring, staff newsletters, neurodiversity events**, and our **staff networks**, we're creating meaningful opportunities for dialogue, reflection, and connection. These platforms are helping us build a culture where openness, respect, and courageous conversations are part of everyday life. Embedding Brave Space principles in alternative forums encouraged authentic dialogue, reflection, and constructive challenge. Staff reported opportunities to share experiences, connect across services, and develop mutual understanding. The approach allowed the Partnership to respond to evolving needs while maintaining the spirit of Brave Spaces.

This is progress. It's a reflection of our ability to evolve with purpose, embedding brave conversations in ways that feel authentic, inclusive, and empowering.

We're proud of what we've achieved so far, and we're energised by what's ahead. Together, we'll continue to shape a workplace where every voice matters, and where curiosity, courage, and connection lead the way.

Outcome

The ethos of Brave Spaces is now integrated across multiple initiatives, providing meaningful dialogue opportunities and reinforcing a culture of openness, respect, and courage. The Partnership will continue to evaluate demand for formal sessions in Year 2.

Reverse Mentoring Pilot – Insight Exchange

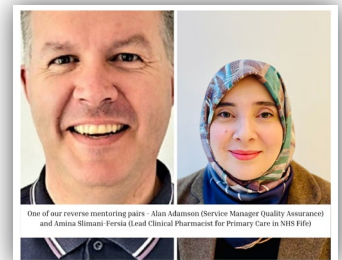
Objective F: Introduce a Reverse Mentoring Pilot to facilitate knowledge sharing, expand participants' networks, and help create a strong culture where everyone feels they have a support network for growth and connection.

Status: Completed – October 2025

Summary of Completion

We're thrilled to share the story of our Reverse Mentoring Pilot, a pioneering initiative that flipped the script on traditional mentoring and put Equality, Diversity, and Inclusion (EDI) at the heart of leadership development. The Reverse Mentoring Pilot was designed to facilitate knowledge sharing, expand participants' networks, and cultivate a culture where everyone feels supported in their professional growth and development. Completed in October 2025, this initiative represented a pioneering approach that reimagined traditional mentoring by placing Equality, Diversity, and Inclusion (EDI) at the heart of leadership development. Reverse mentoring inverted the conventional hierarchy by enabling less senior colleagues to mentor senior leaders. This approach emphasised authentic conversations, lived experience, and mutual learning. In this EDI-focused pilot, mentors shared personal insights related to race, neurodivergence, LGBTQIA+ identity, religion, and mental health, enabling leaders to view the organisation through perspectives shaped by empathy, authenticity, and inclusion.

The programme exceeded expectations, forming eleven mentor–mentee pairs, 120 percent more than the original target. Participants completed two preparatory training sessions and a mid-point reflection check-in, supporting meaningful learning and ongoing dialogue. Pre- and post-programme evaluations demonstrated significant shifts in mindset and behaviour. The pilot concluded on October 31st, with insights now shaping future mentoring and leadership development strategies.



What Is Reverse Mentoring?

Reverse mentoring turns the usual model on its head: instead of senior leaders guiding junior staff, junior or less senior colleagues' mentor senior leaders. But this isn't just about role reversal, it's about real conversations, lived experience, and mutual growth.

In our EDI-focused pilot, mentors shared personal insights on race, neurodivergence, LGBTQIA+ identity, religion, and mental health. These conversations helped leaders see the organisation through a different lens, one shaped by empathy, authenticity, and inclusion.

Impact and Engagement

Why It Matters

To our knowledge, this pilot was the first of its kind nationally to embed EDI centrally across multiple dimensions while pairing mentors and mentees across operational and leadership levels. It provided a structured framework to amplify voices often underrepresented in leadership spaces, creating a culture where lived experience informs decision-making. This was not merely a mentoring initiative; it represented a culture-shifting opportunity, demonstrating that authentic engagement with diverse perspectives strengthens both individual and organisational growth.

What We Achieved

The pilot achieved remarkable engagement, exceeding initial targets by forming eleven mentor–mentee pairs. Two structured training sessions prepared participants to engage fully, and a mid-point reflection supported ongoing

learning and adaptation. Pre- and post-programme evaluations highlighted significant shifts in mindset, empathy, and understanding, confirming that the initiative successfully enhanced participants' capacity to engage with diverse perspectives and challenge unconscious bias. The pilot's conclusion provided actionable insights that will inform the design of future mentoring and leadership development programmes.

Who Took Part?

Participants brought a rich variety of lived experiences. Mentors included staff with neurodivergence, such as ADHD, Autism, Dyslexia, and Dyspraxia. Diverse racial and ethnic backgrounds were represented, including Black, Mixed Heritage, and White Scottish identities. The group also included a spectrum of religious beliefs, such as Christianity, Islam, and non-religious perspectives. LGBTQIA+ identities were represented, encompassing lesbian, gay, bisexual, and non-binary colleagues. Staff with lived experiences of mental health challenges, including anxiety and depression, also participated. This diversity created authentic dialogue, fostered empathy, and ensured that leadership gained insight into the lived realities of a broad spectrum of staff.



What Changed?

- 100% of participants felt better equipped to listen without judgment
- Over 80% improved their ability to engage in emotionally honest conversations
- 88% felt confident challenging unconscious bias with empathy

Beyond metrics, the pilot cultivated stronger professional relationships, increased mutual understanding, and established a precedent for embedding inclusive practices into leadership development. It demonstrated the organisational value of listening to and learning from diverse perspectives.

Outcome

The Reverse Mentoring Pilot established a culture of reciprocal learning and informed leadership practice. Insights are being used to shape future programmes, demonstrating a scalable model for embedding EDI in leadership development. This **pilot didn't just connect people it sparked transformation**. It showed that when we listen, learn, and lead together, we build a culture where everyone can thrive.

Partnership Equality Network (PEN)

Objective G: Establish and foster a robust Employee Resource Group (ERG) that enhances visibility and engagement with EDI initiatives, thereby increasing awareness, participation, and the overall impact.

Status: Completed – December 2024 (ahead of schedule)

Summary of Completion

We are proud to share the story of the **Partnership Equality Network (PEN)**, Fife Health and Social Care Partnership's first Employee Resource Group (ERG).

PEN was not created overnight. It evolved naturally from the facilitator group that led the original EDI engagement sessions in 2023. These sessions highlighted a clear appetite across our workforce for ongoing connection, dialogue, and action on Equality, Diversity and Inclusion. What began as short-term facilitation quickly grew into a sustainable network where colleagues from all areas of health and social care could continue the conversation, support one another, and drive forward inclusive practice. The formation of PEN was completed in **December 2024, nine months ahead of schedule**, a testament to the energy and commitment across the Partnership.

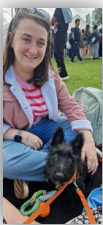
What Is an ERG?

An Employee Resource Group (ERG) is a voluntary, employee-led network that brings people together around shared experiences, interests, or identities. PEN's focus is on Equality, Diversity and Inclusion, ensuring that inclusion is not just something written in policy but something that is lived and experienced every day in the workplace.

Impact and Engagement

Why It Matters

The creation of PEN provides colleagues with something invaluable: a brave space to share their experiences openly, to connect with one another, and to feel part of a supportive community across different services. It keeps the momentum of our EDI work alive, moving it beyond one-off sessions into an ongoing, people-led movement. Most importantly, it ensures that staff voices are not only heard but are actively shaping the EDI Workforce Action Plan and the culture of the Partnership itself.



"Employee Resource Groups are where real connection happens. It's where people come together, share experiences, support one another, and help shape a workplace where everyone feels they truly belong." **Monica Logan- Mcfadden Co-Chair PEN**

What We Achieved

Since its establishment, PEN has already delivered meaningful impact. In December 2024, we co-hosted a **Neuro Natters** with the Fife Centre for Equalities, bringing together 56 participants to explore how workplaces can better support neurodiverse colleagues. The event gave people the opportunity to share their stories, raise challenges, and suggest practical solutions for creating more inclusive spaces.

PEN has also played a key role in supporting the **Reverse Mentoring Pilot**, contributing lived experiences of neurodivergence, race, religion, mental health, and LGBTQIA+ identities. These contributions helped leaders engage in authentic dialogue and view our organisation through new perspectives.

In recognition of our progress, the facilitator group achieved **silver level** in the Equality Pathfinders scheme, with ambitions already set on reaching Gold as part of Mission 25. Meanwhile, quarterly meetings and smaller project groups continue to keep the work of PEN active, collaborative, and forward-looking.



Who Took Part

PEN is proudly diverse and representative of the Partnership as a whole. Its members include social workers, occupational therapists, NHS staff, students, volunteers, and third sector partners. Within this community are colleagues with lived experience of neurodivergence, disability, race and ethnicity, religion, gender identity, and sexual orientation. It is this diversity of voices that makes PEN so powerful.



Ewa Golebikowska Co-Chair PEN *“Being part of the group has given me a real sense of belonging. It’s a space where I can be myself, connect with others who understand, and feel supported in ways that truly matter.”*

What Changed

Through PEN, the Partnership now has a visible, sustainable, and employee-led forum for EDI action. Colleagues report feeling more connected and supported in their work, while the network itself has created the confidence and space for people to share their stories. PEN has already begun to shift the culture across services, embedding EDI into practice rather than leaving it as an abstract principle. In short, it has turned ideas into action and brought inclusion to life.

Outcome

PEN has become a visible, sustainable, employee-led forum for EDI action, embedding inclusion into practice rather than leaving it as a principle. It has strengthened staff engagement and created a foundation for ongoing cultural change.

Neurodiversity Natter Event

Objective C: Create 'Brave Spaces' for our workforce—spaces where individuals can freely voice ideas, ask questions, and engage in constructive dialogue.

Status: Completed - December 2024

Summary of Completion

The Neurodiversity Natter Event (2024) created a powerful space to explore how workplaces can better support neurodiverse colleagues. Co-hosted by Fife Centre for Equalities and the FHSCP Employee Resource Group (PEN), the event brought together 56 participants: 30 from NHS Fife, 14 from Fife Council, 9 from the third sector, and 3 from private organisations.

More than just a conversation, the event highlighted everyday challenges, shared practical solutions, and revealed a strong appetite for structural change. It underscored the importance of continued dialogue, training, and policy development to ensure that neurodiverse staff feel valued and supported.

"I felt my experiences were valued, acknowledged, and listened to. Discussions were respectful and enlightening, bringing together perspectives from a wide range of services and roles." – Participant

Impact and Engagement

Key Findings and Analysis

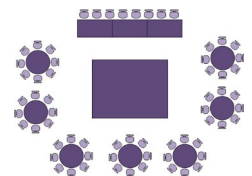
1. Workspace & Environment



Participants stressed the importance of comfort and personalisation in the workplace. Hot-desking was seen as restrictive, while access to quiet, sensory-friendly spaces with natural light and greenery was strongly valued. Adjustments in lighting, noise, and temperature were seen as central to employee wellbeing. The event itself modelled this practice with **adjusted lighting, fidget toys on the tables, and a designated breakout room** for anyone needing space.

2. Communication Preferences

Clear, accessible communication emerged as a key theme. Written instructions, emails, and slower speech were favoured, while unclear or fast-paced verbal exchanges were challenging. The inclusivity of hybrid formats was highlighted, providing flexibility for different needs. Event organisers supported accessibility by **sending all staff a detailed room and table plan in advance**, helping participants prepare and orient themselves.



3. Event & Training Requests

There was strong demand for further learning opportunities, including workshops on ADHD, Autism, Dyslexia, and workplace adjustments. Participants also asked for more informal, sensory-friendly networking and training for managers to better support neurodiverse colleagues.

4. Recommendations for Employers

The report emphasised three priorities:

Neuroinclusive workspaces – flexible seating, quiet zones, and sensory adjustments.

Improved communication – multiple channels, written clarity, and neuroinclusive training.

Training & support – workshops, mentorship schemes, and flexible working arrangements.

5. Recommendations for Future Events

Future sessions should combine in-person, online, and hybrid formats. Participants requested more practical workshops and informal networking opportunities to build stronger support communities.

The Importance of Neutral and Emerging Feedback

While no formal sentiment scores were captured, feedback revealed both progress and ongoing challenges. Staff recognised growing organisational awareness but also highlighted gaps in consistency particularly in communication and managerial support. These findings echo wider EDI trends: progress is being made, but it must be embedded into everyday practice to build real confidence.

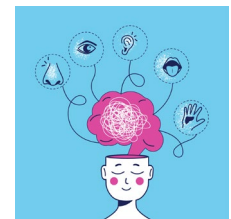
What Changed



The event demonstrated growing organisational recognition of neurodiversity as a workplace priority. It created visibility for issues such as workspace design, communication preferences, and leadership responsibilities. Organisers ensured accessibility and wellbeing on the day through **on-site Mental Health First Aid (MHFA) support, a breakout room, environmental adjustments, and sensory tools**. The commitment to future resources, mentorship, and continued events reflects momentum toward embedding neuroinclusive culture. However, the discussion also revealed structural barriers, such as rigid workplace practices and inconsistent managerial awareness, which require sustained action to resolve.

Outcome

In summary, the Neurodiversity Natter event provided a strong foundation for advancing inclusion. It captured the lived experiences of staff, generated practical recommendations, and identified clear next steps for employers and event organisers. The findings point to tangible ways to enhance workplace culture, from sensory-friendly spaces to communication training, while reinforcing the need for ongoing dialogue. By maintaining this momentum through future events, policy development, and visible leadership, FHSCP and partners can move toward a more consistently supportive and inclusive environment for neurodiverse colleagues.



Enhancing EDI Visibility Through Media – Non-Visible Disabilities

Objective H: Following on from delivery of Objective B in Months 4-6 we will further enhance the visibility and awareness of EDI efforts by continuing to use media platforms to effectively promote EDI content, providing timely, relevant, and actionable information ensuring recognition and engagement within FHSCP.

Status: Completed- March 2024 (ahead of schedule)

Summary of Completion

The Non-Visible Disabilities Newsletter (March 2024) brought together personal stories, professional insights, and practical advice from across FHSCP. More than a publication, it became a platform for storytelling, empathy, and education. Contributors shaped its tone and accessibility, ensuring it reflected real experiences and drove meaningful change.



As Social Care Worker Ann Marnock shared: *“I am very cautious about mentioning my symptoms... I think like many others, I am an over-achiever simply so nobody can question my ability to carry out my job.”*

Stories like Ann’s helped create a resource that not only raised awareness but also encouraged empathy, understanding, and change.

Why It Matters

Non-visible disabilities are often misunderstood, yet they affect most people with disabilities an estimated 80% globally. This invisibility can lead to stigma, isolation, and unmet needs.



Senior Prescribing Support Technician Rebecca Creighton captured this reality: *“I learned to put on a mask and act like everything was fine... but now I see how much it caused me to betray myself and my own needs.”*

Her honesty echoes a wider truth: many colleagues endure pain, fatigue, or anxiety in silence. By sharing lived experiences, contributors made hidden struggles visible, moving us beyond awareness into empathy and action.

What We Achieved

The newsletter was published digitally and shared across the FHSCP website, internal channels, and partner networks. As the fourth in a series of EDI campaigns, it built momentum by amplifying authentic voices and fostering open dialogue.

Operations and Wellbeing Manager, Laura Aldous, reminded us how easily symptoms are overlooked: *“On the surface, I might appear fine, but there are days when pain, fatigue, or cognitive challenges make even the simplest tasks feel overwhelming.”*

This honesty resonated widely. Staff feedback showed it was more than an information piece it became a catalyst for conversation, reflection, and stronger team support.



What Changed

The Non-Visible Disabilities Newsletter increased recognition of hidden barriers, gave managers practical tools to support colleagues, and demonstrated how communication campaigns can shift culture. It encouraged openness, dialogue, and shared responsibility for inclusion.

Outcome

The expanded use of media platforms has firmly positioned inclusion as a visible, ongoing priority across FHSCP. Staff report greater awareness of hidden barriers and growing confidence in supporting colleagues with non-visible disabilities. This initiative has nurtured a culture of empathy and openness, encouraging people to share experiences and learn from one another. By creating a consistent and accessible channel for EDI communications, FHSCP has established a sustainable model that keeps inclusion visible, meaningful, and embedded in everyday practice not just referenced in policy.

Resources on non-visible disabilities are now available on the HSCP website, including the guide Neuro-inclusion in the Workplace. While individual article analytics are not available, the 'About Us' page, where these resources are hosted, has become the most visited section of the site, generating 64% of total activity. Importantly, data shows that 7,300 users accessed the site directly via search engines, reflecting genuine interest and reach beyond internal networks.

Neuroinclusion in the Workplace: A Comprehensive Guide.

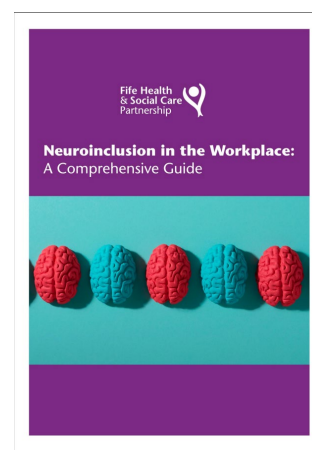
Objective H: Following on from delivery of Objective B in Months 4-6 we will further enhance the visibility and awareness of EDI efforts by continuing to use media platforms to effectively promote EDI content, providing timely, relevant, and actionable information ensuring recognition and engagement within FHSCP

- **Status:** Completed July 2025

Summary of Completion

In response to growing awareness and workforce needs, FHSCP developed the Neuroinclusion in the Workplace: A Comprehensive Guide. This toolkit was created to support managers in understanding neurodiversity and implementing inclusive practices that empower neurodivergent staff. The guide includes legal responsibilities, practical adjustments, communication strategies, and real-life examples, ensuring relevance and accessibility for all teams.

The guide was shared digitally via internal platforms and promoted through newsletters, staff briefings, and the FHSCP website. It complements previous EDI efforts and aligns with our commitment to fostering a respectful, inclusive, and high-performing workplace.



Impact and Engagement

Why It Matters

Neurodivergent individuals often face hidden barriers in the workplace, from sensory sensitivities to communication challenges. By providing a dedicated resource, we acknowledged these experiences and offered actionable support. The guide promotes empathy, understanding, and practical inclusion, helping managers and teams to better support colleagues and unlock the benefits of cognitive diversity.

This initiative aligns with FHSCP's core values: compassion, respect, and continuous learning. It reinforces our commitment to creating psychologically safe environments where all staff can thrive.

What We Achieved

- **Toolkit Development:** A comprehensive guide covering neurodivergent conditions, legal rights, reasonable adjustments, and inclusive leadership practices.
- **Resource Sharing:** Widely distributed through internal channels, including newsletters, SharePoint, and the Director's Briefing.
- **Staff Engagement:** Positive feedback highlighted the guide's clarity, relevance, and usefulness in real-world scenarios. Managers reported increased confidence in supporting neurodivergent staff.

What Changed

The publication of the Neuroinclusion Guide has contributed to a meaningful shift in organisational culture across FHSCP. Staff now demonstrate increased awareness of the experiences and needs of neurodivergent colleagues. Managers are actively encouraged to provide tailored support and foster open communication, which has led to more inclusive and responsive workplace practices. The guide has introduced practical tools that support inclusive

management and have helped reduce stigma surrounding neurodivergence. As a result, psychological safety has improved, and neurodivergent staff report feeling more understood, valued, and supported in their roles.

Outcome

The Neuroinclusion Guide has successfully positioned neurodiversity as a visible and valued component of FHSCP's broader inclusion strategy. Staff across the organisation now report a greater understanding of neurodivergent needs and feel empowered to create supportive and inclusive environments. This initiative has fostered a culture of openness, empathy, and shared responsibility, ensuring that Neuroinclusion is not just a policy statement, but a lived experience embedded in everyday practice.

Culture Compass - Evaluating EDI Initiatives

Objective 1: Evaluate the effectiveness of the collective EDI initiatives to assess progress and identify areas for improvement

Status: Completed August 2025

Summary of Completion

The **Annual EDI Evaluation Survey (2025)** provided a crucial opportunity to assess the progress of FHSCP's Equality, Diversity and Inclusion (EDI) initiatives. Responses were collected from staff across services and roles, offering a snapshot of awareness, engagement, and cultural change within the organisation.

This evaluation was not only about measuring successes but also identifying areas for growth. The survey findings give us a clear indication of where our initiatives are landing well and where further focus is needed.

Impact and Engagement

Key Findings and Analysis

1. Awareness and Communication

The majority of respondents reported awareness of the **EDI Action Plan** and had seen communications such as newsletters, campaigns, or events. However, around a quarter of responses indicated little or no awareness. This duality highlights progress but also signals a communications gap: while our visibility has increased, we must ensure information reaches *all* levels and teams consistently.

2. Respect and Inclusion

Most colleagues agreed they feel respected when working in FHSCP environments, particularly in cross-team and collaborative settings. This shows that respect and inclusion are becoming embedded within workplace culture. Yet, a noticeable proportion selected **Neutral**, reflecting that respect is not universally experienced. This suggests that while positive culture change is evident, it has not yet reached every corner of the Partnership.

3. Support for EDI Activity

Many respondents felt supported to take part in EDI activity, regardless of their role or grade. This indicates that organisational permission to engage in EDI is clear. Still, there is a question of *practicality*: qualitative feedback pointed to challenges such as workload and time pressures, which can hinder participation even when interest is present.

4. Opportunities for Engagement

Survey data highlighted positive perceptions of opportunities such as **Neuro Natters** and the **Reverse Mentoring Pilot**. These initiatives were recognised as meaningful, particularly for amplifying underrepresented voices. However, respondents also expressed appetite for a **wider variety of initiatives** including policy enhancements, staff spotlights, and peer learning. This shows demand for both strategic and grassroots approaches to engagement.

5. Perceptions of Progress

A majority agreed they had seen early signs of progress in EDI integration into services and staff engagement. Examples included safer environments, stronger cross-team relationships, and timely information sharing. However, **Neutral responses were frequent**. This is a critical finding: neutrality often means colleagues do not perceive negative movement, but they have not yet seen enough evidence of change to fully endorse it as progress.

6. Overall Confidence

When asked if FHSCP is on the right track with EDI work, most said **Yes**, while many others selected **Neutral**. Again, neutrality serves as a reminder that cultural change takes time and visibility. Staff are cautiously optimistic, waiting to see consistency in delivery before shifting to more positive ratings.

The Importance of Neutral Responses

Neutral ratings are a valuable barometer in cultural evaluations. Unlike positive or negative responses, which reflect clear experiences, neutrality often indicates:

- **Uncertainty:** staff may not yet have enough exposure to initiatives to form a view
- **Mixed experiences:** some positive, some less so, balancing to neutral
- **Conditional optimism:** waiting to see if initiatives are sustained over time

For FHSCP, the prevalence of neutral responses is not a failure but a signal of a workforce in transition. As initiatives become more consistent and visible, we would expect neutrality to decrease and confidence to increase. Monitoring the movement of neutral responses will be just as important as tracking agreement or disagreement.

What Changed

The Annual EDI Survey demonstrates that Equality, Diversity, and Inclusion is increasingly embedded within the Partnership. Colleagues report growing levels of respect, stronger support networks, and more opportunities to engage with EDI initiatives. Flagship programmes such as the Partnership Equality Network (PEN), Neuro Natters, and the Reverse Mentoring Pilot are widely recognised as meaningful steps forward that have positively influenced culture and staff experience. At the same time, the survey highlights ongoing challenges, including inconsistencies in communication, practical barriers related to workload, and the fact that cultural change is not yet uniformly experienced across all teams. These findings illustrate that, while clear progress has been made, the journey towards full inclusion is ongoing. Staff express a desire for more opportunities to participate, more consistent application of initiatives, and visible leadership commitment to consolidate gains and maintain momentum.

Outcome

In summary, the Annual EDI Survey confirms that progress is tangible. Respect, support, and engagement are growing, and key initiatives are valued by staff. The findings also emphasise that EDI is a long-term endeavour requiring sustained commitment, diversity of approaches, and strong leadership to move colleagues from cautious neutrality to confident endorsement. The survey provides both reassurance of progress and a roadmap for the next stage of embedding inclusion across the Partnership, ensuring that staff feel genuinely supported, heard, and able to thrive within an inclusive culture.

Summary and conclusions

Year 1 of the FHSCP Equality, Diversity and Inclusion (EDI) Action Plan has been more than a series of initiatives, it has been the start of cultural transformation. Together, we have taken the first steps toward building a Partnership where every colleague feels respected, supported, and able to bring their whole self to work.

We have achieved real milestones. A stronger, more representative EDI Steering Group now gives voice to a wider range of perspectives and ensures accountability at the highest levels. Our awareness campaigns have done more than share information they have amplified the lived experiences of colleagues, breaking silence and stigma, and sparking conversations that matter. Initiatives like Reverse Mentoring, the Neurodiversity Natter, and the creation of the Partnership Equality Network (PEN) have given colleagues safe, visible spaces to connect, challenge, and lead change.

Our Neuroinclusion Guide has provided managers with practical tools to turn good intentions into everyday action. And our first Annual EDI Survey confirmed that respect, trust, and engagement are growing across FHSCP. These are not abstract achievements they are real signals of change in how we work, how we connect, and how we lead.

But we also know this is only the beginning. Staff told us they want more. More opportunities to engage. More consistency in how EDI is communicated and applied. More visible leadership to sustain momentum. Neutral survey responses remind us that colleagues are watching closely, hopeful but waiting to see if our commitment will endure.

The conclusion is clear: progress is tangible and meaningful, but cultural change takes time, courage, and persistence. We now stand at a crossroads: we can celebrate the groundwork we have laid, but the true test will be whether we can turn this foundation into lasting, organisation-wide transformation.

This year has shown us what is possible when we listen, when we act, and when we lead with courage. The foundation is strong. The appetite for change is real. Now is the time to go further to turn momentum into transformation, and to create a Partnership where inclusion is not an aspiration, but a daily, undeniable experience for every colleague.

Links

Equality Diversity and Inclusion Action Plan:

<https://www.fifehealthandsocialcare.org/media/rjif2j4y/edi-action-plan-final.pdf>

LGBTQI Newsletter:

<https://www.fifehealthandsocialcare.org/media/nogpt4og/lgbtqi.pdf>

PEN sign up:

https://forms.office.com/pages/responsepage.aspx?id=L6Vp-cBC8UCYutrtrbEMIfA5ekd_y-w1MrIBX5iiEv49UNFBHOFhNSzJUOVIMRTITR09LTkFQVIJLOC4u&route=shorturl

Non-Visible Disabilities Newsletter (PDF):

<https://www.fifehealthandsocialcare.org/media/wbyjccmq/non-visible-disabilities-newsletter.pdf>

Neuroinclusion in the Workplace: A Comprehensive Guide:

<https://www.fifehealthandsocialcare.org/media/uwkh3fn/neuroinclusion-in-the-workplace-a-comprehensive-guide1.pdf>

Recommendations

To move forward with confidence and ambition, we must:

Make Inclusion Unmissable

EDI must not live in pockets of excellence it must be visible, consistent, and experienced in every service, every team, every role. Senior leaders must be more than sponsors; they must be champions, modelling inclusion in every decision and every action.

Turn Initiatives into Everyday Practice

The tools and resources we've created from the Neuroinclusion Guide to PEN must not remain optional extras. They must shape the way we recruit, manage, support, and celebrate our workforce. Inclusion must move from policy to practice, from principle to lived reality.

Protect Time for Engagement

Staff want to participate, but workload pressures often stand in the way. We must create protected opportunities for colleagues to engage in EDI activities without fear of falling behind in their daily duties. Inclusion should never feel like an 'add-on' it is part of the work.

Broaden the Conversation

Staff have asked for a greater variety of opportunities to connect and learn — from peer learning and staff spotlights to grassroots-led events. We must nurture both top-down strategy and bottom-up innovation, recognising that true cultural change grows strongest when it is co-owned.

Move Neutrality to Confidence

Neutral feedback is not indifference it is cautious hope. Our task is to turn that hope into trust by showing consistency, delivering on promises, and sustaining our commitment. Over time, neutrality must give way to confident endorsement.

Scale What Works

Reverse Mentoring, Neuro Natters, and PEN have already proven their value. We must embed them as permanent, growing features of our culture, celebrating them as symbols of what inclusion looks like in action.

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: | Integration Joint Board | Date: | 26 November, 2025 |
| Report Title: | Public Sector Climate Change Duties 2025 | | |
| Agenda Item No: | 10.2 | | |
| Responsible Owner: | Lisa Cooper, Head of Service, Primary & Preventative Care Services | | |
| Report Author: | Avril Sweeney, Manager, Risk Compliance | | |

Executive Summary

- The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires all major public bodies to submit an annual climate change report to the Scottish Government by 30 November. Integration Joint Boards (IJBs) were included in this reporting from 2016/17, and the upcoming submission will be Fife IJB's ninth report, covering the 2024/25 period.
- Each year IJB must set out its 5 strategic priorities for the year ahead.
- Lisa Cooper, Head of Primary and Preventative Care chairs the HSCP Climate Change Group who ensure compliance with the statutory duty, raise awareness of climate change throughout HSCP and support partner bodies to work more sustainably.
- IJB are asked to discuss and make a decision on the draft report to be submitted and agree the 5 priorities for the year ahead.

Recommendations

This paper is presented to:-

| | | |
|---|-------------------------------------|---|
| Seek a Decision Risk Appetite Section MUST be completed | <input checked="" type="checkbox"/> | Members are asked to agree the 5 priorities highlighted for the year ahead in the assessment section of the report. |
| Provide Assurance | <input checked="" type="checkbox"/> | |
| For Discussion | <input checked="" type="checkbox"/> | Members are asked to discuss the report and provide any comments. |
| For Noting | <input type="checkbox"/> | |

Directions

| | |
|-----------------------|-------------------------------------|
| No Direction Required | <input checked="" type="checkbox"/> |
| Fife Council | <input type="checkbox"/> |
| NHS Fife | <input type="checkbox"/> |

Situation/Background (Purpose of Report)

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

The Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as “major players” to submit a climate change report to the Scottish Government by 30 November each year. IJB’s were first included in the annual reporting exercise in 2016/17. This will be the ninth report for Fife IJB and will cover the period 2024/25.

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

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

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

Assessment (Key Points/Issues and Risks)

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

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

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

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

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

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

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

This change was also reflected in the Recovery and Renewal Plan4Fife 2021-24 Update where 'Addressing the Climate Emergency' was identified as one of the three key priorities for recovery and renewal.

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

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

This will be achieved by:

- Generating climate action in communities as part of a community wealth building approach.
- Making the changes needed to our buildings, infrastructure and businesses.
- Climate adaptation to reduce the impact of climate change in communities and across our assets.
- Ensuring we use our environmental capital and finite land resources to prevent the climate emergency and nature emergency.

NHS Fife's 2024/25 annual report demonstrates continued and significant progress in embedding sustainability and environmental stewardship across the organisation. Over the past year, notable achievements have been made in decarbonising the estate through energy upgrades, advancing the electrification of the fleet, and promoting active and sustainable travel. Progress has also been made in greenspace enhancement and biodiversity through site design projects and partnership work with Fife Council and Fife Coast and Countryside Trust. Waste management processes have improved through targeted audits, staff education and the successful rollout of re-use initiatives. NHS Fife has also strengthened its Environmental Management System and advanced sustainable construction practices, ensuring efficient use of resources. Looking ahead, the newly established 'Addressing the Climate Emergency' (ACE) Board will further embed sustainability across all directorates and drive delivery of the NHS Scotland Climate Emergency and Sustainability Strategy objectives.

As an anchor institution, NHS Fife recognises its responsibility and potential to drive broader change—particularly in reducing environmental impact and safeguarding resources for future generations. NHS Fife is committed to supporting local communities and contributes positively in various ways. Anchor organisations like NHS bodies also have a unique opportunity to lead by example in promoting sustainability goals such as fair employment, gender equality, and the development of sustainable communities—helping to address inequality in the process. NHS Fife collaborates with other local organisations within Fife Partnership, including Fife Council.

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

It is recommended that the IJB/HSCP continue to support the Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 and the aims and actions from the Climate Fife 2024 Strategy and Action Plan and also continue to work closely with partners on the development of the Anchors Strategic Plan

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

It is recommended that the IJB continues to support awareness raising for staff, making use of accessible training, and learning opportunities offered by partner bodies and others.

The Climate Change Group are considering the use of Climate Champions for each area to promote awareness raising. Training has been undertaken by HSCP employees including the full carbon literacy accreditation training, with a dedicated carbon literacy course being planned for HSCP. This training is also being promoted through the Prevention and Early Intervention training webpage and their training communications. Taster sessions have been provided to

the HSCP Senior Leadership Team, and this is also being rolled out to the HSCP Extended Leadership Teams. E-learning is also available and being promoted to staff.

It is recommended that the integrated work of partner bodies continues, and this is strengthened by the HSCP Climate Change Group that convened last year and will identify opportunities to work more efficiently and sustainably.

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

The HSCP Strategic Plan 2023 to 2026 identifies climate change as an external driver within its strategic framework and therefore a focus on positive contributions to climate change is maintained in all supporting strategies of the plan.

The sustainability groups of the partner bodies will feedback to the HSCP Climate Change Group on key actions they are taking on climate change, mitigation and adaptation.

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

In 2021/22 the SBAR template was amended to highlight the Climate Change Report and allow staff to set out any climate change impacts in relation to reports coming to Committees/IJB.

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

It is recommended that in the year ahead we continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies and encourage and promote the use of the Fife Environmental Assessment Tool (FEAT) when preparing SBAR's, reports and business cases.

The FEAT tool is a simple and easy to use tool that screens proposals for environmental risks. The use of this tool will help to provide more informed information. We piloted this as a trial for a test of change, and this is attached at Appendix 1 for information.

A review of the environmental/climate change impacts highlighted within SBAR's submitted to Committees during the period September 2024 to August 2025 is attached at Appendix 2.

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

- The IJB/HSCP continue to support the Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 and the aims and actions from the Climate Fife 2024 Strategy and Action Plan and continue to work closely with partners on the development of the Anchors Strategic Plan.
- The IJB continues to support awareness raising for staff, making use of accessible training, and learning opportunities offered by partner bodies and others.

- The integrated work of partner bodies continues, and this is strengthened by the HSCP Climate Change Group that convened last year and will identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions and outcomes aligned to the delivery of the Strategic Plan, including those within the supporting strategies, that promote co-benefits with climate change strategies.
- Continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies and encourage and promote the use of the Fife Environmental Assessment Tool (FEAT) when preparing SBAR's, reports and business cases.

Related Documents/Appendices

Appendix 1 – Example of FEAT Tool

Appendix 2 - Review of SBARS 2024-2025

Assurance Levels

| Level: | Descriptor: |
|---|--|
| Significant <input type="checkbox"/> | The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position. |
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |
| Limited <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 | Date | Amendments to report following meeting | | |
|--------------------------------|-------------------------------------|--------------------------|----------|--|--------------------------|--|
| | | | | Yes | No | Summary of amendments |
| HSCP/IJB | | | | | | |
| Senior Leadership Team (SLT) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20/10/25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Full SSN submission to be available on request |
| Local Partnership Forum (LPF) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Strategic Planning Group (SPG) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Audit & Assurance (A&A) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality & Communities (QCC) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | | |
|--|-------------------------------------|--------------------------|----------|--------------------------|-------------------------------------|--|
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12/11/25 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Integration Joint Board (IJB) | | <input type="checkbox"/> | | | | |
| Fife Council | | | | | | |
| Council Executive Team (CET) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| People & Communities Scrutiny | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Fife | | | | | | |
| Executive Leadership Team (ELT) | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Public Health & Wellbeing Committee | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NHS Board | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify): | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

| Implications/Impacts | | | |
|---|-------------------------------------|---|---|
| Description of any +/- implications/impacts and any suggested actions arising | | | |
| Service Users/Carers | <input type="checkbox"/> | | |
| Localities/Communities | <input type="checkbox"/> | | |
| Quality of Care | <input type="checkbox"/> | | |
| Workforce | <input type="checkbox"/> | | |
| Legal | <input checked="" type="checkbox"/> | <p>There is a legal requirement to report under the Climate change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.</p> <p>The IJB is required to consider the risks around climate change and how it can work with partner bodies to mitigate these.</p> | |
| Financial | <input type="checkbox"/> | | |
| Performance | <input type="checkbox"/> | | |
| Climate Climate Fife 2024 Strategy and Action Plan | <input checked="" type="checkbox"/> | The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives. | |
| Communication and Engagement | <input checked="" type="checkbox"/> | Consultation has taken place with members of the Health & Social Care Partnership Senior Leadership Team | |
| Risk & Mitigation | <input type="checkbox"/> | | |
| Equalities and Human Rights, including children's rights and health inequalities | <input checked="" type="checkbox"/> | No Impact | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
| | <input type="checkbox"/> | Age | |
| | <input type="checkbox"/> | Religion | |
| | <input type="checkbox"/> | Disability | |
| | <input type="checkbox"/> | Gender | |
| | <input type="checkbox"/> | Race | |
| | <input type="checkbox"/> | Sex | |
| <input type="checkbox"/> | Sexual Orientation | | |

| | | | |
|--|--------------------------|----------------------------|--|
| | <input type="checkbox"/> | Marriage/Civil Partnership | |
|--|--------------------------|----------------------------|--|

Risk Appetite Consideration for Key Decisions

Appendix 1

| Key Decision | What are the risks if we do not take this decision? | What are the risks to taking this decision? | What impact do these risks have for the IJB?* | Corresponding risk appetite** | What benefits are envisaged from taking this decision? | Can we take or accept those risks associated with taking this decision in line with our Risk Appetite? |
|--|--|---|--|--|--|---|
| Agreeing the strategic priorities for the Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015 | There is a risk the IJB would be non-compliant with legislation | None known | <input type="checkbox"/> Strategic Objectives <input checked="" type="checkbox"/> Legislation <input type="checkbox"/> Governance <input type="checkbox"/> Quality of Care <input type="checkbox"/> Resources <input type="checkbox"/> Reputation | Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open | Compliance with legislation Mitigating inequalities | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision |
| Agreeing the strategic priorities for the Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015 | There is a risk that IJB would not be able to comply with commitment in relation to climate change | None known | <input checked="" type="checkbox"/> Strategic Objectives <input type="checkbox"/> Legislation <input type="checkbox"/> Governance <input type="checkbox"/> Quality of Care <input type="checkbox"/> Resources <input type="checkbox"/> Reputation | Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open | Focus on priorities for strategic plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision |

| *Key Risk Impacts | **Risk Appetite | Comments |
|---|------------------------|---|
| Impact on the Delivery of Strategic Objectives | Open | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored. |
| Impacts on Compliance with legislation | Averse/Minimalist | We will not break the law but may take some small, considered risks in the application of untested legislation. |
| Impacts on Governance arrangements | Cautious/Open | We may take some risks in relation to our internal governance arrangements if this will provide a benefit. |
| Impacts on Quality of Care | Cautious/Open | We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had. |
| Impacts on resources, including financial and workforce resources | Open | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored. |
| Impacts on Reputation | Cautious/Open | We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain. |

Appendix 1

Fife Environmental Impact Assessment

| | | | |
|-----------------------------------|--------------------------|--|--|
| Project name: | Transport Transformation | Committee report title: | Review of provision of transport for young people with additional support needs going to college |
| Committee name & date: | SLT 23/07/25 | Have the proposals been subject to any other formal environmental assessment? | No |
| Completed by: | KS/AS | Completed on: | 45866 |

| A. Wildlife and biodiversity | | Answer | Comments |
|---|---|------------------------------------|--|
| Fife Council is committed to protecting and enhancing Fife's natural heritage. | | | |
| 1 | What impact will the proposals have on wildlife (including protected sites and species)? | No impacts / not applicable | No response |
| B. Impacts on people | | Answer | Comments |
| Fife Council is committed to protecting and enhancing the wellbeing of our people. | | | |
| 2 | What impact will the proposals have on environmental nuisance? (i.e. visual impacts, traffic, noise, vibration, odour, dust, particulates, smoke) | Beneficial impact | There may be limited beneficial impact as the project as a whole is focussed on trying to reduce travel impact and maximise current resources. So for example would consider shared transport and/or public transport |

| | | | |
|--|--|------------------------------------|---|
| 3 | What impact will the proposals have on human health or wellbeing? | No impacts / not applicable | Being able to get to places which matter to people is fundamental to well being and independence. Fife Council provide demand transport. For young people with additional support needs, the geography of Fife is such many cannot use this due to lack of skill, confidence or additional support required and the benefit paid by DWP is insufficient to pay for the support they require. |
| C. Pollution | | Soil and geology | Answer |
| Fife Council is committed to protecting and improving air, water and soil quality. | | | |
| 4 | What impact will the proposals have on pollution (including pollution to air, water or soil)? | Beneficial impact | There may be limited beneficial impact as the project as a whole is focussed on trying to reduce travel impact and maximise current resources. So for example would consider shared transport and/or public transport |
| D. Climate change | | Answer | Comments |
| Fife Council is committed to cutting carbon emissions and making Fife more resilient. | | | |
| 5 | What impact will the proposals have on greenhouse gas emissions? | Beneficial impact | There may be limited beneficial impact as the project as a whole is focussed on trying to reduce travel impact and maximise current resources. So for example would consider shared transport and/or public transport |
| 6 | What impact will the proposals have on resilience to the adverse effects of severe weather events, including flooding and landslips? | No impacts / not applicable | No response |

| | | | |
|--|---|---|---|
| 7 | What impact will the proposals have on flooding and sites designated as being at risk of flooding or sea level rise? | No impacts / not applicable | No response |
| E. Resources and waste | | | |
| Answer | | Comments | |
| Fife Council is committed to using resources efficiently and minim | | Please clarify your response | |
| 8 | What impact will the proposals have on how much waste is generated or how waste is managed? | No impacts / not applicable | No response |
| 9 | What impact will the proposals have on energy use and the consumption of material resources? | Beneficial impact | There may be limited beneficial impact as the project as a whole is focussed on trying to reduce travel impact and maximise current resources. So for example would consider shared transport and/or public transport |
| F. Cultural heritage | | | |
| Answer | | Comments | |
| Fife Council is committed to protectin | | Please select an option: Please clarify your response | |
| 10 | What impact will the proposals have on cultural heritage (including designated heritage / archaeology sites or listed buildings)? | No impacts / not applicable | No response |

| | |
|----------------------------|---|
| Good practice | 4 |
| Data gaps or mixed impacts | 0 |
| Environmental red flags | 0 |
| No impacts identified | 6 |

Review of SBAR's – Environmental/Climate Change 2024/2025

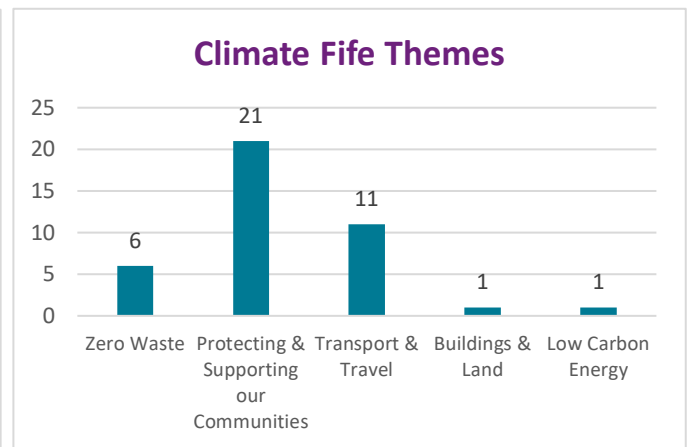
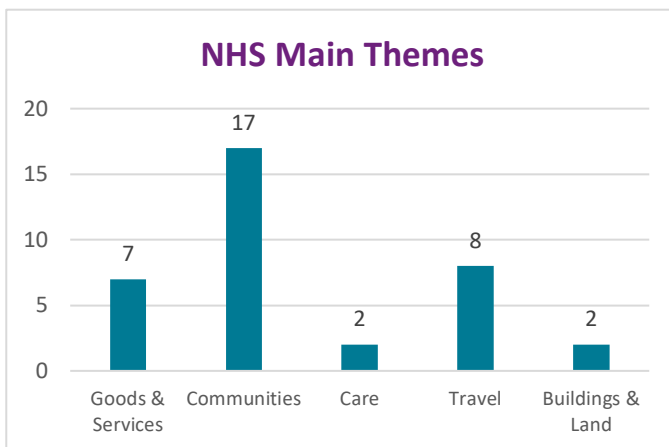
Executive Summary

- A review of the Environmental/Climate Change information submitted to Committees between September 2024 and August 2025 has been carried out.
- The information on the SBAR's was linked to a priority in the Strategic Plan.



The graph shows that 80% of the environmental/climate change information contained in the SBARS are linked to the Sustainable priority of the strategic plan, with 17% linked to Outcomes and the remaining 3% linked to Local.

- Some of the information on the SBAR's has been themed against more than one NHS Main Theme and Climate Fife Theme.



Both NHS themes and Climate Fife Themes show that Communities (47%) and Protecting & Supporting our Communities (53%) are the themes which are impacted in the highest number of SBARS, Travel (22%) and Transport & Travel (28%) second highest and Goods & Services (19%) and Zero Waste (15%) the next highest.

Review of SBAR's – Environmental/Climate Change 2024/2025

A review of SBAR's submitted to Committees between September 2024 and August 2025 has been conducted and the following are extracts from the section regarding Environmental/Climate Change. We have linked these extracts to the Strategic Priorities of the Strategic Plan and they have been themed against the Action Programme Themes in Climate Fife 2024, which are: -



Buildings



Transport and Travel



Low Carbon Energy
















Nature and Land


















Zero Waste






































Protecting and Supporting our Communities








| Strategic Plan Priorities | SBAR | NHS Main Themes | Climate Fife Theme |
|---|---|------------------|--|
|  | <p><u>IJB Records Management Annual Report 2024</u> 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.</p> | Goods & Services |  |
|  | <p><u>Risk Management Update Report 2024</u> There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.</p> | Communities |  |
|  | <p><u>Deep Dive Risk Review Update</u> There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.</p> | Communities |  |
|  | <p><u>Risk Management Annual Report 2025</u> There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.</p> | Communities |  |
|  | <p><u>Prevention and Early Intervention Strategy</u> The exact implications under this category will be identified as part of the delivery plan.</p> | Care |  |
|  | <p><u>Assessment & Rehabilitation Centres (ARCs) Redesign</u> Through the implementation of an enhanced community-based model of care, it is anticipated that this will support the reduction in any unnecessary travel for staff and service</p> | Care Travel |   |

| Strategic Plan Priorities | SBAR | NHS Main Themes | Climate Fife Theme |
|---|--|--|---|
| | users by having a more streamlined, co-ordinated and scheduled service provision. | | |
|  | <p><u>IJB/HSCP Resilience Assurance Annual Report</u> There are no direct environmental/climate change impacts relating to this report.</p> <p>Climate change has been recognised as having an impact on the risk highlighted within the Scottish Risk Assessment carried out by the Scottish Government earlier this year.</p> <p>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.</p> <p>The HSCP has recently convened a Climate Change working group with a focus on supporting the IJB to ensure compliance with statutory duties in line with climate change.</p> | Communities |  |
|  | <p><u>Primary Care Improvement Plan – MoU2 Annual Progress Update</u> Critical to the ethos of the PCIP is to realise improved and visible efficiencies in service delivery. Some of this will occur through the positioning of services centrally or as community hubs reducing the number of places the workforce and people are required to travel to. An increase in virtual working within the pharmacotherapy department has vastly reduced travel amongst the team and as such offsets the carbon footprint of patients travelling for care.</p> <p>Repositioning of services closely considers access via public transport, to further support the reduction of individual private vehicles being required in transport of the patient population.</p> <p>An improving digital environment across all services is also resulting in a decrease in use of paper based records.</p> | Travel Buildings & Land Goods & Services |    |
|  | <p><u>Fife Health and Social Care Partnership (FHSCP) – Winter Planning 2024/25</u> By creating a centre of excellence for scheduling there will be opportunities to join up care more therefore reducing the</p> | Travel |  |

| Strategic Plan Priorities | SBAR | NHS Main Themes | Climate Fife Theme |
|---|--|-----------------------------|--|
| | <p>need for multiple staff travelling to the same place. In effect, this will have impact on carbon footprint.</p> | | |
|  | <p><u>Fife Health Promotion Tobacco Control: Fife Smoking Cessation Services – Deep Dive Paper</u></p> <p>The impact on smoking and vaping on the environment is twofold in that it causes environmental pollution by releasing toxic air pollutants into the atmosphere and the plastic in cigarette butts and disposable vape devices that are causing significant damage to the environment and wildlife.</p> <p>A ban on the sale and supply of single use vapes in Scotland is due to come into effect on 1 April 2025, under proposed legislation published.</p> | <p>Goods & Services</p> |  |
|  | <p><u>Armed Forces Covenant Duty – Update Report</u></p> <p>Environmental impacts are considered during strategic planning, budgeting and commissioning, service planning and service delivery. No additional environmental impact is anticipated.</p> | <p>Communities</p> |  |
|  | <p><u>Fife Dental and Oral Health Improvement Annual Report 2024</u></p> <p>There is a challenge within dentistry and oral improvement where sustainable healthcare and consideration for the environmental impact is secondary to patient safety and delivering optimal care, due to the use of single use plastics. Work is ongoing to look at different ways of working, how to use technology where appropriate for Near Me appointments and focusing on prevention and self-care to reduce the need for dental treatment. Childsmile has launched a scheme “Recycle & Smile” which is being rolled out. Within the Public Dental Service work is going on with procurement and also the use of medical gases.</p> <p>Digital radiographs have now been installed, reducing the need for traditional film-based radiography. A virtual tour video is now available on the NHS Fife website, reducing the need for travel for visit appointments, time off school and work for the patient and parent. Clinic discharge letters are now emailed securely to NHS practices and referrals received into the Public Dental Service are no longer being printed.</p> | <p>Goods & Services</p> |   |

| Strategic Plan Priorities | SBAR | NHS Main Themes | Climate Fife Theme |
|---|---|--------------------------------------|--|
|  | <p><u>Strategic Plan 2023-2026. Year Two Delivery Plan – Annual Report (2024) and Year Three Delivery Plan (2025)</u></p> <p>Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.</p> | Communities |  |
|  | <p><u>Developing a Systems-Based Approach to Physical Activity in Fife</u></p> <p>A sub-system identified in the PHS systems framework is Active Travel.</p> | Travel |   |
|  | <p><u>Mental Health and Wellbeing Strategy</u></p> <p>Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.</p> | Communities |  |
|  | <p><u>Reconfiguration of Adamson and St Andrews Minor Injury Units (MIU)s</u></p> <p>By considering variable factors, and optimisation of scheduling and transport links, Fife Health and Social Care Partnership can work towards minimising the environmental impact while ensuring equitable access to care for all Fife residents.</p> | Travel Communities |   |
|  | <p><u>United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024 – Update Report</u></p> <p>Children and young people will be impacted to a greater extent by climate change and this will impact on various rights in future, including Article 24 the right to health.</p> | Communities |  |
|  | <p><u>Safe Delivery of Care Mental Health Inspection – Queen Margaret Hospital</u></p> <p>Refurbishment and maintenance work will closely consider sustainability principles, including energy efficiency and waste reduction.</p> | Goods & Services Buildings & Land |   |
|  | <p><u>Home First Strategy – Community Hospitals Transformation</u></p> <p>Not relevant for this report. The implications of climate change will be monitored throughout the implementation of this project.</p> | Communities |  |
|  | <p><u>Fife Alcohol and Drug Partnership Annual Report and Scottish Government Survey 2024/25</u></p> <p>The ADP Annual Report does not have a direct impact on environmental and climate change positions in Fife. Recovery</p> | Communities |  |

| Strategic Plan Priorities | SBAR | NHS Main Themes | Climate Fife Theme |
|---|--|------------------|--|
| | based projects within the report do encourage and support people in recovery to be part of environmental based work. | | |
|  | <p><u>Annual Performance Report 2024 to 2025</u> Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.</p> | Communities |  |
|  | <p><u>Progress on Transformation</u> Each transformation initiative is required to develop an EQIA which supports the aims of the Fife 'Action on Climate' Action Plan 2020-2030.</p> | Communities |  |
|  | <p><u>Service Level Agreements</u> There are no direct environmental or climate change impacts, however the risk management process seeks to support and provide greater transparency of environmental issues.</p> | Communities |  |
|  | <p><u>Public Sector Climate Change Duties 2024</u> The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives.</p> | Communities |  |
|  | <p><u>Grants to Voluntary Sector Funding 2025/26</u> Within the Service Level Agreements for all organisations there is a requirement to have a current environmental policy and they are also encouraged as part of the monitoring process to complete a sustainability checklist. The inclusion of this as a requirement supports the aims of the Fife Community Planning Partners Climate Change (Sustainable Energy and Climate Change Action Plan 2020-2030).</p> | Communities |  |
|  | <p><u>Workforce Strategy Action Plan Year 3: Mid-Year Update</u> Within the work delivered throughout the Workforce Action Plan consideration is always undertaken around the ability to deliver inputs through methods that negate the need for any unnecessary travel, the need for printing and any other climate impacts.</p> <p>Sessions will be delivered to the Senior Leadership Team and through open registration for Carbon Literacy training during 2025.</p> | Communities |   |
|  | <p><u>Commissioning Strategy Annual Report</u> The Commissioning Strategy details one of its priority aims as maximising opportunities for collaborative commissioning</p> | Goods & Services |   |

| Strategic Plan Priorities | SBAR | NHS Main Themes | Climate Fife Theme |
|---|---|---|---|
| | <p>with our partners with the aim of improving services, outcomes, processes and efficiency.</p> <p>Development of more collaborative commissioning approaches with our partners can lead to an added benefit of minimising unnecessary travel for providers and reduction in environmental impacts in line with Fife Council’s Climate Change Agenda.</p> | | |
|  | <p><u>Fife Immunisation Strategic Framework 2024 – 2027</u></p> <p>There is significant planning involved in how vaccines are delivered, which includes locations and the transfer of vaccines to and between centres. This is constantly reviewed to consider more sustainable models, which includes locations which are easier to access via public transport to reduce impact on environment.</p> | <p>Travel</p> |  |
|  | <p><u>Revenue Budget 2025 – 2026 and Medium-Term Financial Strategy 2025 – 2028</u></p> <p>Some of the PIDS will have positive environmental impacts. In particular, the Transport review PID is seeking to promote sustainable and equitable travel arrangements, reduce journey numbers, where feasible, and aims to provide more locally focussed services. The Transforming Administration Programme seeks to increase the use of digital solutions thereby reducing paper use and printing. Many of the PIDs are seeking to deliver care in local communities, reduce waste and promote social and health benefits.</p> | <p>Travel</p> <p>Goods & Services</p> |   |
|  | <p><u>Winter Covid 19 & Flur Vaccine Delivery Campaign 2024/25</u></p> <p>No direct impact on Board climate targets. Improvement work continues to ensure vaccine waste is minimised and to adjust patterns of working to maximise efficiencies in staff travel. Access to public transport is always factored into assessments for identifying.</p> | <p>Travel</p> |  |

Fife Health & Social Care Integration Joint Board



Supporting the people of Fife together

CONFIRMED MINUTE OF THE STRATEGIC PLANNING GROUP

WEDNESDAY 3 SEPTEMBER 2025, 14.00 – 16.00 (via Teams)

Present: Colin Grieve (CG - Chair), Roy Lawrence (RLaw), Vanessa Salmond (VS), Caroline Cherry (CC), Chris Conroy (CC), Karen Marwick (KM), Dave Dempsey (DD), William Penrice (WP), Morna Fleming (MF), Lesley Gauld (LG), Sam Steele (SS), Susan Fraser (SF), Nicola Broad (NB), Val Millar (VM), Lisa Cooper (LC), Tracy Harley (TH), Paul Short (PS), Ben Hannan (BH), Claire Dobson (CD)

In Attendance: Gemma Reid (minutes)

| NO | AGENDA NUMBER | ACTION |
|----|---|--------|
| 1 | <p>SLT CHECK IN, WELCOME AND APOLOGIES</p> <p>Colin Grieve welcomed all to the meeting and noted that the meeting would be recorded for minute taking purposes.</p> <p>Apologies were noted from Lynne Garvey, Audrey Valente, Paul Dundas, Rachel Heagney, Vicki Birrell, Fiona Forrest, Rosemary Liewald, Jacque Stringer</p> | |
| 2 | <p>MINUTES & ACTION NOTE OF LAST MEETING – 18 JULY 2025</p> <p>The minutes and action log of the previous meeting on 18 July 2025 were approved as an accurate record.</p> <p>Chair noted that the PMO agenda item would be presented as a full report to the November meeting.</p> | |
| 3 | <p>ANNUAL REPORTS</p> <p>3.1 Carers Strategy Annual Report 2025</p> <p>Roy Lawrence presented the Carers Strategy Annual Report for 2025 noting that the 2025 Carers Strategy Annual Report provides assurance that statutory duties are being met and outlines progress against five agreed outcomes.</p> <p>Key developments include:</p> <ul style="list-style-type: none"> Commissioned support from Third Sector including Fife Young Carers. | |

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| | <ul style="list-style-type: none"> • Establishment of a specialist team for adult carer support plans. • Creation of a multi-agency training group. • Strong partnership working and commitment to continuous improvement. <p>Financial Update</p> <p>The Joint Carers Strategy Group noted the absence of financial figures. The report will be updated to reflect the £6.1m received from the Scottish Government for carer support in Fife before being presented to IJB.</p> <p>Chair opened to questions/comments from members.</p> <ul style="list-style-type: none"> • MF emphasised the need for transparency in funding from Scottish Government and better public awareness of available support noting that communication is key, as many carers are unaware of existing services. • RLaw acknowledged Morna’s input, support and collaboration to the report and shared that a communications subgroup had been developed following the recent strategy workshop. • BH praised the report and suggested a future focus on the health impacts of caring roles. • DD questioned the report’s target audience and suggested clearer framing. RLaw confirmed the report is intended for multiple audiences and will be published online. • SS gave thanks for the report and highlighted the importance of information dissemination to carers. • RLaw shared ongoing work with trade unions to support staff who are carers and efforts to streamline adult carer support plans. A one-page delivery plan and outcomes map are in development with work to be done around linking more clearly to national outcomes. • DD raised concerns about unmet need—only 792 carers offered plans out of an estimated 44,000 in Fife. TH confirmed that the 44,000 figure had been obtained via a census with numbers continuing to grow. • MF noted many carers don’t self-identify with support requirements varying dependent upon the stage of caring. Encouraging carers to seek help is essential, supported by staff trained in “good conversations.” <p>RECOMMENDATION:</p> <ul style="list-style-type: none"> • The SPG were assured that the work set out to be delivered in support of the Carers Strategy has had a significant positive impact for carers in Fife and that the HSCP continues to evaluate, improve and innovate with partners to deliver high quality support for carers. | RLaw |
| 4 | <p>STRATEGY UPDATES</p> <p>4.1 Mental Health & Wellbeing Strategy</p> <p>Karen Marwick presented the report for discussion. CG requested context for its presentation, questioning the rationale behind bringing it forward. KM</p> | |

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| | <p>confirmed that the report has been presented on a number of occasions with amendments carried out following feedback. She advised that it was now being presented for assurance and feedback from SPG before progressing to QCC and IJB.</p> <p>Chair invited questions from members.</p> <ul style="list-style-type: none"> • MF expressed appreciation for the various iterations of the report, noting that her previous feedback had been incorporated. She found the report highly informative and thanked KM for her collaborative approach. • BH commended the report, highlighting that mental health can be understood differently by different people. From a planning perspective, he noted that Fife has a higher proportion of diagnosed mental health conditions compared to the rest of Scotland. • DD raised a question regarding <i>Priority 4 on page 78</i>, asking whether the outlined outcomes are not already being addressed. He also referred to the <i>risk register on page 95</i>, suggesting the addition of another column to indicate risk status. Karen confirmed she would follow up on this point offline. <p>Karen concluded by stating that the papers are intended to provide assurance regarding the depth of work undertaken in developing the strategy, including a comprehensive Equality and Human Rights Impact Assessment (eQIA).</p> <p>RECOMMENDATION:</p> <ul style="list-style-type: none"> • Members noted the report for onward submission to QCC and IJB. | |
| | <p>4.2 Strategic Plan 2026-2029 – early draft</p> <p>Chair advised that an early iteration of the draft Strategic Plan was being presented to SPG members.</p> <p>WP provided an update on the draft, accompanied by a slide presentation shared with SPG members.</p> <p>Key developments include:</p> <ul style="list-style-type: none"> • Ongoing discussions with Heads of Service regarding priority areas • Delivery planning being led by Nicola Broad • Continued stakeholder consultations • A dedicated webpage has been launched <p>A proposal was raised to merge locality planning and strategic commissioning into a single priority area focused on local delivery. Members were invited to share their views on this suggestion.</p> <p>The first full draft is expected by the end of September. The strategy will be refreshed on a three-year cycle.</p> <p>WP welcomed feedback from members on the proposals, and the Chair opened to questions from members.</p> <p>Timeframe</p> | |

BH acknowledged that whilst some ambitions may require longer to realise, he advised caution around extending the Strategic Plan beyond the proposed three-year cycle. He emphasised the importance of focusing on what can realistically be achieved within available resources over the next three years.

DD noted that the impact of the plan depends on how meaningful the outcomes can be within the timeframe. WP confirmed that the *Plan for Fife* is scheduled for refresh within the next three years.

Val Miller (Policy & Communications, Fife Council) highlighted that the *Plan for Fife* runs to 2027, with a 10-year strategic horizon and a three-year refresh cycle. She suggested it may be worth considering a longer-term perspective, although no formal decision has been made. She also referenced the evolving local development planning process and the opportunity to align local outcome improvement planning with development planning. Val expressed interest in contributing to ongoing discussions within this group.

BH noted that the *Plan for Fife* extends beyond NHS and local authority boundaries, and that it may be unrealistic to develop a single overarching plan. Instead, the focus should be on how partners collaborate effectively.

VS raised the importance of aligning the Strategic Plan with the medium-term financial strategy, including timing considerations. BH agreed, stating that maintaining a three-year cycle supports this alignment.

Morna emphasised that the draft plan clearly prioritises the needs of localities, acknowledging that different areas may have distinct priorities.

CG supported the three-year cycle, suggesting it provides a suitable timeframe to identify and address both intended and unintended consequences.

Claire Dobson (Director of Acute Services, NHS Fife) offered support to meet with TH and colleagues before the end of the month to help shape the Strategic Plan further. She also questioned whether the current priorities are ambitious enough.

CC reiterated the importance of focusing on locality delivery. WP confirmed this is a key theme of the plan. CG added that while the intent is to support locality delivery, the strategy also reflects the current position and context.

Vision Statement – Retain or Revise?

The group discussed whether to retain the existing vision or adopt a revised version.

- MF sought clarification on whether the proposed change referred to the vision on page 4 of the document. WP confirmed it was a suggestion for discussion. MF expressed a preference for retaining the original vision.
- DD commented that the specific wording of the vision is less important than the priorities that emerge from it.

- VS asked about the rationale behind proposing a change. William explained that the intent was to provoke discussion, noting that the context has evolved since the original vision was created.
- SS felt the original vision was comprehensive and sufficiently focused, with no need for significant changes. She found the proposed revision overly wordy.
- CG agreed, intimating that the proposed version was too verbose and noted that there was limited appetite for changing the vision at this time.

Strategic Priorities – Structuring and Framing

BH raised questions about how integration will continue and expressed interest in the Strategic Needs Assessment. He noted that while some challenges are inherent and must be built into service design, others can be mitigated. He emphasised the importance of a bottom-up locality approach, supported by robust data to guide targeted resource allocation. He suggested the document should coordinate a series of actions that can be sequenced over time.

MF agreed with the shift from reactive care to proactive approaches, highlighting prevention and early intervention as key. She raised concerns about digital integration issues between NHS and Fife Council systems. CG noted that some digital systems are nationally controlled and beyond local influence.

BH stressed the need to focus on what is within local control. He referenced the HSCP's progress on the Prevention & Early Intervention (P&EI) Strategy and called for clearer articulation of how this will be refocused within the new strategy.

SS noted that digital development includes communication across NHS regions, but there is currently no interoperability between NHS Fife and NHS Forth Valley. She questioned whether this falls within the remit of the IJB.

BH acknowledged confusion around what aspects of digital fall within the IJB's remit and committed to discussing this further with VS in her new role.

DD commented that digital and integration are means to an end, not priorities themselves. He suggested the vision should be reflected in the priorities.

LC introduced the distinction between enablers and priorities, stating that digital and localities are enablers for delivering the strategic vision.

CG emphasised the need to clarify how priorities were identified and to distinguish between priorities and enablers.

LC added that new and innovative approaches are needed to manage emerging challenges and asked what has changed in the Strategic Needs Analysis since the last cycle.

WP confirmed that the Prevention and Early Intervention Strategy will be integrated into the new Strategic Plan as part of an innovative approach.

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| | <p>CG reiterated that local needs should drive local outcome improvement plans and that understanding these needs is essential.</p> <p>Next Steps and Engagement</p> <p>BH asked about next steps, particularly around engagement and co-design. He noted the strategy is still in the design phase but that timelines are tight. He suggested bringing the right people together to shape the draft.</p> <p>WP confirmed that discussions with Heads of Service are ongoing and that a draft strategy is expected by the end of September. He welcomed collaboration and further conversations to support formal consultation and engagement.</p> <p>DD raised concerns about consultation reaching only those already involved, potentially excluding the wider public. He cautioned against trying to satisfy all interests and suggested the Strategic Plan should remain focused.</p> <p>CG reiterated the group’s role in providing assurance around development of the Strategic Plan before progression to the IJB and noted that it would be repurposed to ensure public accessibility.</p> <p>WP acknowledged that consultation often involves vested interests. TH confirmed that consultation with protected characteristic groups is planned in line with the Equalities Act and that a third phase of consultation will follow the draft. She welcomed further discussion with BH and CD to ensure an integrated approach.</p> <p>CG noted that while the next steps may not directly involve the full SPG, some members will continue work on engagement and strategy content. The draft will return to the SPG for agreement before progressing to the IJB.</p> <p>BH expressed sensitivity around terminology used in consultation and agreed to discuss this further with TH offline.</p> <p>RECOMMENDATION:</p> <ul style="list-style-type: none"> • The Strategic Planning Group noted the current progress with the development of the new Strategic Plan and provided input on the proposed approach. • Proposed draft for discussion to be brought to SPG in September – date TBC, | WP |
| 5 | <p>AOCB</p> <p>No notification of other business received and therefore the meeting was closed by advising members of the date of the next meeting.</p> | |
| 6 | <p>DATE OF NEXT SPG MEETING</p> <p>Friday 14 November 2025, 14:00 – 16:00</p> | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

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

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

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

In Attendance: Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

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

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

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

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

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

8.1 Director of Public Health Annual Report

This report comes from **Joy Tomlinson** and was presented by **Lucy Denvir, Consultant in Public Health**. The report was brought for **Discussion**.

LD introduced the report which is an independent report by the Director of Public Health and was approved by NHS Fife in March 2025. The report is currently making its way through Committees on its journey to IJB Board, she apologised for the length of time this takes due to meeting timescales, holidays, etc. LD shared slides onscreen outlining the background to the report and the context behind the decision to look at healthy weight and physical activity.

The recommendations focus on adopting a whole systems approach to food and physical activity, recognising the role of key settings such as workplaces; applying a life course perspective, especially in relation to an ageing population and promoting independence and acknowledging the link between healthy behaviours and the environments we live, work, and play in. With spatial planning—particularly Fife’s Place Plan—offering a valuable opportunity for partners to help shape healthier communities.

LD invited questions and comments on the report.

Cllr Liewald was very supportive of the report and advised she had attended the Cowdenbeath Anti-Poverty Workshop earlier in the week where the Healthy Eating Strategy was discussed and received some very positive comments. She advised Councillors are invited to sample school meals, which she is very interested to attend. She also spoke of work with Rebecca Longsten, Coast & Countryside who is involved in Community Orchards.

MF thanked LD for the report, which she found both interesting and informative. She mentioned that she had several questions and would follow up with LD via email. MF expressed concern that the “What We Know” section did not include updated figures on the number of people living with obesity, noting that the previous figure was 32% but, due to pandemic restrictions, she suspected the current figure may be significantly higher and was keen to receive updated information.

MF also highlighted the challenge of increasing the uptake of school dinners, citing various contributing factors. She felt this issue should be addressed and suggested promoting healthy food options under the Food for Fife Initiative, potentially through advertising in bus shelters. She acknowledged that this may incur costs, particularly for shelters not owned by Fife Council.

Additionally, MF inquired about the number and locations of community fridges in Fife. Cllr Liewald agreed to provide her with a list. There was also discussion around the importance of making such information visible and accessible to the public.

LD took on board comments regarding obesity and regretted the gaps in data. She advised she is involved in the Local Development Plan work and there may be a possibility to make a shift in public thinking.

Cllr Clarke raised a question about how effectively different partners are working together to address obesity. He acknowledged that there are many positive initiatives underway in relation to health, but expressed interest in understanding how it is assessed—what is working and what isn't. He spoke about the need for political courage, greater honesty, and more effective action. In response, Cllr Liewald suggested that these points be discussed further with LD outside the meeting.

LD responded by noting that a new plan is being developed for 2027, and highlighted that there is a great deal of collaboration taking place. She emphasised the importance of social connection, which she said is proving effective for those involved.

Cllr Steele thanked LD for the report. She raised the point, to eat healthier can be costly and she referred to large areas of deprivation in Fife, acknowledging this will reduce people's choice. She spoke of the large number of community gardens and community café's which are a positive. LD agreed community initiatives are hugely helpful.

Cllr Liewald spoke of the good work of community initiatives and the volunteers who run them.

8.2 Primary Care Improvement Plan – MoU2 Annual Progress Report

This report is brought to Committee by **Lisa Cooper** and comes for **Assurance**.

LC introduced the report which is part of the annual reporting of how we are delivering the PCIP. It underpins delivery of the General Medical Services Contract for General Practice.

LC reminded members that the Primary Care Improvement Plan (PCIP) is being delivered in accordance with Scottish Government policy and the Memorandum of Understanding 2 (MoU2). She outlined the current priority areas, which include the Vaccination Transformation Programme (now complete), the Pharmacotherapy Service, and Community Treatment and Care (CTAC). Other areas, such as the Musculoskeletal Service, urgent care, mental health, and community link workers, are considered non-priority under the current framework.

She noted that progress to date is clearly articulated in the report, which she described as positive. However, she acknowledged that available resources—both financial and workforce—are limited and do not fully support delivery of the PCIP as originally projected for Fife across all priority areas. As a result, work must continue within the constraints of existing resources.

LC drew attention to several points from the report, highlighting the ongoing work and the substantial detail included. She also noted that there is not equity across all services throughout Fife currently.

Cllr Liewald was very supportive of the report and delighted to see the work is coming together despite difficult circumstances.

Cllr Clarke asked whether there has been any improvement in digital access. LC responded that a national procurement exercise is currently underway to review GPIT systems, and it is nearing completion. The aim is to identify systems that support better access and appointment scheduling. She noted that NearMe technology is already in place, allowing for remote consultations, which can be more accessible and better suited to people's lives by reducing the need to travel to a practice. Additionally, some sites offer NearMe facilities, enabling individuals without personal technology to still access the system. LC emphasised that efforts are ongoing to improve digital access and services.

JB commended the report and asked whether there was a timeframe for receiving further data, particularly in terms of how Fife compares to other areas. LC responded that this information is currently being compiled and will be available at a locality level. She added that some national-level data is already accessible, and from what she has seen so far, it places Fife in a positive position. LC assured that every effort will be made to provide comparative data.

MF thanked LC for the report and made an observation regarding the ongoing challenge of recording childhood immunisations. She expressed doubt that a national solution would be found in the near future and raised concerns about vaccination uptake. MF emphasised the importance of

knowing which children are missing vaccinations to ensure appropriate follow-up and support. She also queried Appendix 1, asking what happens if a Key Performance Indicator (KPI) is not proving effective.

LC referred to the ongoing challenge around childhood vaccinations and the search for a national solution, noting that efforts to establish a position on this have been ongoing since before the pandemic. Regarding vaccination uptake, LC explained that a report is available from the Vaccination Transformation Programme, which outlines a strategic framework for vaccinations. An improvement group has now been convened to focus on uptake, with targeted improvement plans being developed.

In terms of KPIs, LC stated that improvement trajectories are led by strategic leads within the Primary Care Improvement team. Where KPIs are not being met, improvement plans will be put in place to address the gaps.

Cllr Liewald confirmed that the committee were content to take Assurance from the report.

8.3**MAPPA Annual Report**

This report is brought to Committee by **Karen Marwick** and comes for **Assurance**.

KMAR introduced the report which is provided to give continued assurance that the HSCP are meeting its obligations through MAPPA, in line with National Guidance. She added, the paper has also been presented to the QMAG, prior to coming to Q&C.

The report outlines the National Guidance from 2022 and the statutory responsibility under the Management of Offenders Act. The report details how the Partnership continues to contribute to the MAPPA process. MAPPA is the Statutory framework for managing individuals who pose risk of serious harm, such as registered sex offenders, restricted parents and other individuals who are assessed as being high risk. KMAR outlined those responsible for MAPPA - Police Scotland, Local Authority, NHS Board and Scottish Prison Service.

When the Annual Report was completed, there were 672 individuals managed under MAPPA within Fife, 427 at level 1, 7 at level 2 and 0 people at level 3. She stated there is very active Strategic Oversight Group as well as Operational Groups. Further details were provided to give assurance around processes and monitoring.

JB felt the report was helpful, she asked if there was external assurance regarding systems and processes around MAPPA. She noted a low re-offending rate and asked how this compares to other regions. KMAR who has only been in post several weeks, has only attended one Oversight Group meeting and will take away questions and come back to JB with answers.

KMAR

MF thanked KMAR for the report and referred to page 139, where it states that one of the responsibilities of the Strategic Operations Group is to raise public awareness of the management of individuals subject to MAPPA processes. She asked how the public is made aware of what is happening and suggested that increased awareness might help prevent some of the 'outing' that Cllr Liewald had previously mentioned. In response, Cllr Liewald expressed the view that this type of information should not be in the public domain. MF agreed. KMAR was concerned this was explicitly mentioned in the paper, she will take this point away to investigate further and report back.

KMAR

There was discussion around members of the public assuming Councilor's are aware of details relating to individuals on the register, which they are not.

Cllr Liewald confirmed that the committee were content to take Assurance from the report.

8.4 IJB / Resilience Assurance Annual Report 2024/25

This report is brought to Committee by **Chris Conroy** for **Assurance**.

CC introduced the Annual Report covering September 2024 – August 2025. He advised in March 2021, IJB's were added as Category 1 responders under the Civil Contingencies Act 2004, alongside NHS Boards and Local Authorities, with statutory duties in emergency planning and response.

To support compliance, the HSCP Resilience Assurance Group was established to ensure the Partnership is prepared for, responds to, and recovers from emergencies and disruptions affecting health and social care services in Fife. The Group is led by the Head of Community Care Services, the SLT Lead for Resilience.

CC advised the HSCP Resilience Assurance Group has met regularly since its establishment in March 2022, with additional short-life working groups formed as needed. Key activities since September 2024 include progressing the Group's workplan, reviewing the HSCP Resilience Framework, and monitoring training compliance. Mandatory training rates for ACT, Emergency Resilience, and PREVENT have remained stable as of March 2025.

JB queried - HSCP involvement has decreased, predominantly led by Public Health. She asked if this was ok, also representation on the appropriate groups to ensure HSCP representation, is this acceptable? CC responded, HSCP work closely with Public Health and the Head of Resilience Assurance around the whole process of Business Continuity Plans, giving details.

Cllr Liewald confirmed that the committee were content to take Assurance from the report.

8.5 Community Led Support Progress Report

This report is brought to Committee by **Roy Lawrence** and **Rebecca Simpson**. The report comes for **Assurance**.

RL introduced the report which outlines the work of the Community Led Support Service (CLSS) during 2024/25, focusing on its role in supporting non-clinical health and wellbeing needs across Fife. RL advised, through services like The Well, Link Life Fife, and Macmillan ICJ, CLSS helps reduce demand on statutory services by addressing social and emotional concerns. RL gave details of the work taking place and spoke of Community Link Workers delivering personalised support using a strengths-based approach. The work aligns with strategic frameworks such as Plan4Fife and NHS Fife's Population Health Strategy, contributing to improved community health and reduced inequalities.

JB asked how equity of access is ensured and what data is used at a locality level. Also breast cancer pathway, how do we work with other partners, such as Maggie's, in comparison to other partners.

RL explained that referrals come from other parts of the statutory system, with engagement being voluntary. The current focus is on improving engagement. RS added that equity of access is supported by link workers who are locality-based and familiar with the organisations feeding into the system. Data is reviewed regularly, and if engagement is low—particularly with initiatives like Wells or physical Wells—partner organisations are consulted to determine the most effective placement. Data is checked weekly and is embedded into locality planning, with examples provided of how it is analysed to ensure services are reaching all members of the community.

Regarding breast cancer, RS noted that significant work is already being done in collaboration with Maggie's, including prehabilitation support. For other types of cancer, opt-out meetings have recently been introduced, allowing individuals to decide whether to engage with support services immediately or defer until later, if at all. JB welcomed this approach and felt it was reassuring that individuals affected have the autonomy to choose whether or not to engage.

Cllr Liewald was delighted to hear of the good work being carried out in Localities.

Cllr Liewald confirmed that the committee were content to take Assurance from the report.

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| 9. | LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS | |
| 9.1 | <p data-bbox="220 174 762 210">Mental Health & Wellbeing Strategy</p> <p data-bbox="220 259 1222 327">This report is brought to Committee by Karen Marwick and comes for Discussion.</p> <p data-bbox="220 383 1286 524">KMAR apologised for the length of the report but emphasised that it was important to reflect the extensive work that has gone into developing the Strategy. She noted that the Strategy was first presented to the Committee six months ago, and feedback received since then has been incorporated.</p> <p data-bbox="220 577 1289 757">The report has also been reviewed by several other Committees, with their feedback similarly taken into account. The updated Mental Health Strategy and accompanying One Year Delivery Plan are now being presented to the Committee, with a request for agreement to progress the documents to the Integration Joint Board (IJB) later this month.</p> <p data-bbox="220 808 1278 1021">KMAR explained that the current Fife Mental Health Strategy (2020–2024) was approved just prior to the pandemic and set out an ambitious programme to improve mental health and wellbeing across Fife. Following a comprehensive review and engagement process, a refreshed Strategy and Year One Delivery Plan have been developed to support continued transformation.</p> <p data-bbox="220 1075 1257 1254">She stated that the Draft Strategy outlines a vision for a Fife where every child, adult, and community is supported to achieve their best possible mental health. The SBAR document accompanies the draft for review by the Q&C Committee, with a request to consider any amendments and agree progression to the IJB for final approval.</p> <p data-bbox="220 1308 1254 1375">There were no immediate questions raised during the meeting, however, Members were invited to email KMAR with any comments or queries.</p> | |

9.2 Carer's Strategy Annual Report 2025

This report is brought to Committee by **Roy Lawrence** and comes for **Assurance**.

RL introduced Scott Fissenden, Change and Improvement Manager, who joined RL to help answer any queries.

RL advised the report was brought to give assurance to the Committee that the Partnership continues to meet its statutory duties under the Carer's Act and is making meaningful progress against the 5 agreed outcomes within the Carer's Strategy for Fife, 2023-26. RL outlined the areas which have been focused on and the work which has taken place to improve these areas. He stated the report was designed with collaboration from Morna Fleming, the Carer's Representative for Fife. He gave thanks to MF for her valuable input.

RL advised, despite financial pressures, the strategy has progressed well. Significant improvements have been made in supporting carers across Fife, with increased direct support, expanded short break opportunities, and enhanced advocacy services. Partnerships with organisations such as Crossroads, Fife Voluntary Action, Fife Carers Centre, Circles Network, and Fife Young Carers has delivered measurable outcomes. He acknowledged, while further improvement is needed, the past year reflects strong collaborative success in carer support.

Cllr Liewald was very happy to see everything which is included within the report and felt it has made a huge difference to Carers within Fife. RL highlighted that additional study support has been commissioned to assist Young Carers within the school system. This initiative connects to the Workforce Strategy and aims to encourage careers within the Fife Health and Social Care Partnership (FHSCP). Cllr Liewald expressed strong support for this approach.

MF thanked RL and SF for the opportunity to contribute and expressed concern that support available to carers is not well publicised. She suggested that carers would benefit from having a single point of contact to make services more accessible and ensure support reaches as many carers as possible. RL agreed and referenced the joint Carers Strategy Group, which focuses on achieving outcomes through communication, participation, and engagement. He acknowledged the need to be more innovative in how carers are connected with support. There is still considerable work to be done to embed this across the system and find effective ways to reach and engage with as many carers as possible.

JB expressed her delight at seeing enhanced locality working and increased respite provision, noting it was very encouraging. However, she raised a concern about the low percentage—only 33%—of carers who reported feeling supported. She asked whether there was an understanding of what might be prompting this response. RL suggested that the issue may stem from communication challenges, particularly around whether individuals recognise themselves as carers and choose to come forward and identify as such. He emphasised the importance of getting to the heart of the issue by improving how support and services are communicated.

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 16 SEPTEMBER 2025 AT 14.00 PM VIA TEAMS

PRESENT: Vicki Bennett, British Dietetic Association Representative (**Chair**)
 Lynne Garvey, Director of Health & Social Care (**Co-Chair**)
 Audrey Valente, Chief Finance Officer, H&SC
 Ben Morrison, TU Rep, Royal College of Podiatry
 Caroline Cherry, Principal Social Work Officer, HSCP
 Chris Conroy, Head of Community Care Services
 Colleen Allen, UNISON
 Dafydd McIntosh, Organisational Development & Culture Specialist
 Elizabeth Crighton
 Fiona Berry, Health & Safety Adviser, Fife Council
 Gemma Reid, H&SC Coordinator (**Minutes**)
 Gillian Bell, UNISON
 Hazel Williamson, Communications Adviser, H&SC
 Helen Caithness
 Karen Marwick, Head of Complex & Critical Care Services
 Lee-Anne French, HR Business Partner, Fife Council
 Louise Noble, UNISON
 Lynn Barker, Director of Nursing, H&SC
 Melanie Jorgensen, HR Team Leader, NHS Fife
 Olivia Robertson, Senior Manager, Community Children’s Services
 Roy Lawrence, Principal Lead Organisation Development & Culture
 Steven Portsmouth
 Tanya Lonergan, Associate Director of Nursing, H&SC
 Tracy Hogg, Finance Manager, Fife HSCP
 Vanessa Salmond, Head of Corporate Governance & IJB Secretary
 William Nixon, H&S, NHS Fife
 Yvonne Batehup, UNISON

APOLOGIES Debbie Fyfe, Joint Trade Union Secretary
 Kenny McCallum, UNISON
 Helen Hellewell, Deputy Medical Director
 Lisa Cooper, Head of Primary & Preventative Care Service
 Sharon Adamson
 Michaela Lessels, UNISON

| NO | HEADING | ACTION |
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| 1 | APOLOGIES | |

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| | Chair welcomed everyone to the meeting, confirming that the meeting would be recorded to assist with the minute. Apologies were noted as above. | |
| 2 | PREVIOUS MINUTES / ACTION LOG FROM 14 MAY 2025 Chair took members through the action log and updates were provided. Following these updates, the minute and action log of the meeting held on 14 th May 2025 were approved as an accurate record. | |
| 3 | JOINT CHAIRS UPDATE | |
| | Lynne Garvey reaffirmed the commitment made at the last LPF meeting to enhance support for managing absences, which has since been actioned through the introduction of absence management flash reports. She also shared the positive news of having now appointed her full senior leadership team. | |
| 4 | HEALTH AND WELLBEING | |
| | <p>4.1 Attendance Update</p> <p><u>NHS Update</u></p> <p>Melanie Jorgensen provided a summary of key findings from the NHS Fife Attendance Report. She highlighted that the sickness absence rate increased to 7.50% in July 2025, which remains below the rate recorded in July 2024 (7.72%).</p> <p>Community Care Services reported the highest sickness absence rate at 10.03%, followed by Complex and Critical Services at 6.77%, Professional/Business Enabling at 6.44%, and Primary Care & Prevention Services at 5.98%.</p> <p>The greatest number of hours lost was attributed to anxiety, stress, depression, and other psychiatric illnesses, with musculoskeletal issues being the second most common cause. In terms of absence episodes, psychiatric illnesses again topped the list, followed by gastrointestinal problems.</p> <p>The nursing and midwifery Band 5+ job family accounted for the highest number of hours lost, while the highest absence percentage was observed in the Medical Support job family, followed by nursing and midwifery Bands 1–4.</p> <p>July 2025 saw a decrease in short-term absences and an increase in long-term absences. The highest overall absence rate was recorded in the 60–64 age group, followed by those aged 55–59 and 65+.</p> <p>Melanie concluded by noting that 25 areas within the Fife Health and Social Care Partnership had sickness absence rates exceeding 10% in July 2025.</p> <p><u>Fife Council Update</u></p> <p>Lee-Anne French presented key highlights from the Fife Council Attendance Report, noting that Fife HSCP recorded 26.61 working days lost in July 2025.</p> | |

While absence levels across the directorate have remained steady, she emphasised that July marked the lowest number of working days lost in the past 18 months.

Long-term absence continues to account for the majority of overall days lost, with 21.33 working days lost in July — again, the lowest figure for long-term absence in the last 18 months.

Short-term absence has consistently remained above 5 working days lost per month, with minor fluctuations. It dipped to 5.14 days in March 2025 but rose slightly to 5.28 days in July.

The leading causes of absence by average working days lost per FTE were identified as Mental Health (other), Stress (non-work related), and Other Musculoskeletal issues. By number of occasions, the top reasons were Diarrhoea and Vomiting, Colds, Coughs and Flu, and Stress (non-work related).

Community Care reported the highest level of sickness absence at 30.65 working days lost, exceeding the directorate average. This was followed by Localities, Complex and Critical Care, with Resources recording the lowest level at 5.24 days.

Lee-Anne noted a slight reduction in absence within Community Care in recent months, with July's figure being the lowest in the past 15 months.

In Complex and Critical Care, working days lost had previously declined to 22.50 in March 2025 but has gradually increased over the last four months, reaching 23.63 in July.

Within Localities, absence levels have risen significantly over the past year — from 8.96 working days lost in July 2024 to 24.71 in July 2025. HR is currently undertaking a detailed review to understand the drivers behind this increase.

Lee-Anne concluded her report by highlighting some key activities which are ongoing to support with attendance management.

- In April, the Care at Home Service joined a pilot run by the Attendance Support Unit which focused on short term absence and procedural compliance as well as upskilling managers through scripted advice, support and wellbeing signposting. When absences reached 12 weeks in duration, an absence case was opened and was handed back to the HR Operational team to progress to conclusion.
- In July, all pilot areas were reviewed and the decision was taken to end all pilot areas in their existing form.
- The model has been refocused to manage long term absences, starting earlier in the process.
- Within Community Care Services and Integrated Complex & Critical Care, when an employee is absent for 29 days, a case officer will automatically be allocated. Dedicated case officers within the

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| | <p>Attendance Support Team will manage these cases from day 29 to conclusion.</p> <ul style="list-style-type: none"> • The HR Business Partner operational team will continue to have some attendance cases i.e. the localities and resources teams. • This model commenced on Monday 25th August 2025 and will be reviewed on an ongoing basis. <p>LPF members were assured by the current position.</p> | |
| | <p>4.2 Attendance Management Flash Reports</p> <p>Heads of Service presented the newly introduced attendance management flash reports to support the data presented by HR.</p> <p>Primary & Preventative Care</p> <p>Olivia Robertson provided an update on the Primary & Preventative Care portfolio position, noting a 5.98% absence rate. Olivia highlighted an increase in long-term absence, while short-term absence has decreased.</p> <p>Actions Taken:</p> <ul style="list-style-type: none"> • Attendance management meetings have been reviewed and refreshed. • Stakeholder engagement has been strengthened, both within the group and with wider partners. • There is a growing interest in developing a network to share key challenges, learn from good practice, and support each other. • Significant work has been undertaken around the Multi-factorial Review. All portfolios have initiated action plans, and although data has been gathered, it is too early to assess the impact. <p>Key Challenges:</p> <ul style="list-style-type: none"> • Rising long-term absence. • The impact of absence on workforce capacity. • Difficulties in recruiting administrative staff, which is affecting critical services such as urgent care and child protection. <p>Measures are in place to support services and manage the impact of these challenges.</p> <p>Positive Developments:</p> <ul style="list-style-type: none"> • The attendance management meeting has been revamped and is now well-attended by both partners and HR. • Multi-factorial Review checklists and action plans have been completed. • The focus has shifted from targets to triggers, leading to a better understanding of absence management. <p>Planned Actions for the Next Period:</p> <ul style="list-style-type: none"> • A programme of guest speakers will be introduced to the attendance management group. | |

- Case reviews will be conducted to offer support and guidance.
- There will be a focus on health and wellbeing, with practical advice for line managers on how to support their teams.

Chair opened to questions from members.

Yvonne Batehup raised a query regarding key lessons learned and future actions. Olivia responded by highlighting the importance of Multi-factorial Review (MFR), particularly in relation to partner and stakeholder engagement across all portfolios. She outlined a checklist and a series of actions implemented via the Attendance Management Group, emphasising practical solutions to support teams. These included flexible working arrangements, tailored support for individual staff needs, and a strengths-based approach to enabling staff to remain in work in any capacity. Recruitment processes have been expedited where possible, acknowledging ongoing workforce and skills challenges. A Training Needs Analysis has been completed, and an Action Plan developed to ensure the workforce has the appropriate skillset.

Yvonne also referenced training around absence management within NHS Fife, noting concerns around the previous policy format, particularly the lack of a right to appeal for staff.

Melanie Jorgensen reported that training has been ongoing since May, with 15–20 attendees each month. Bespoke activities are being delivered across various services. She emphasised the shift in approach, viewing triggers as indicators rather than targets, and the importance of managers understanding this distinction. The right to appeal has been clarified, with template letters and a detailed workflow chart now in place. Melanie offered to discuss further in a separate conversation. Melanie advised that work is underway to develop bitesize learning modules, with the first focusing on triggers. Communications support is being provided to ensure messaging is engaging and interactive and the Attendance Management Oversight Group continues to meet regularly.

Ben Morrison noted that these changes are viewed positively from a Staffside perspective.

Complex & Critical Care Services

Karen Marwick provided an overview of the current position within the Complex & Critical Care portfolio, noting that figures remain relatively static with minor fluctuations. NHS absence rates are holding at approximately 6%, which she highlighted was slightly lower than the same period in 2024–25. Within Fife Council, absence levels fluctuate around 23 working days lost, indicating that further work is required.

Key challenges persist, particularly around workload pressures caused by vacancies and the limited time available to manage absence effectively. On a positive note, Karen noted that the introduction of the flash reports has enhanced the ability to analyse staff absence trends more effectively, with these reports also supporting broader investigative work into the top three causes of absence.

Community Care Services

Chris Conroy provided an overview of the current position within the Community Care portfolio and invited members to suggest any additional data they would find helpful in future flash reports.

He reported a reduction in NHS staff absence from June, although levels remain higher than the same period last year. For Fife Council staff, absence days have decreased to the lowest level in 15 months, marking the fourth consecutive month of improvement. This positive trend reflects the impact of HR attendance support initiatives.

Absence Trends:

- Mental health-related absences remain consistent.
- There has been a noticeable increase in non-work-related stress, with financial stress and personal challenges identified as contributing factors.

Key Challenges:

- Ongoing transformational change is creating anxiety among staff.
- High service demand and pressure, particularly in surge areas supporting the wider system, continue to be significant stressors.

Support Measures:

- Improvement panels are being reviewed to better support managers in retaining staff at work.
- Absence triggers are being reviewed on a case-by-case basis to ensure clarity for staff, reinforcing the shift from target-based to trigger-based approaches.
- HR support for long-term absence in Fife Council has been brought forward to 29 days, which has been positively received.

Communications & Engagement:

- A monthly drop-in session for all staff will be introduced, providing updates on service changes and transformation work, along with Q&A opportunities.
- Attendance Management Improvement Groups continue to meet regularly, and Chris expressed confidence in the current approach to managing attendance.

LPF members were assured by the current position.

4.3 Recruitment Update

NHS Update

Melanie Jorgensen provided a summary of key points from the NHS Fife Recruitment Report.

She noted that there was no data available on time-to-hire metrics or Health

and Social Care-specific recruitment due to lack of access to relevant systems.

A brief overview of July 2025 recruitment activity was shared:

- Band 5–7 roles accounted for 51% of recruitment, with 83 vacancies.
- Band 1–4 roles were primarily in Medical & Dental (M&D).
- The highest recruitment activity was seen in Nursing & Midwifery (N&M), followed by Support Services and Administrative Services.

Melanie highlighted delays in the pre-employment checks process, primarily due to capacity issues within Occupational Health. Contributing factors included:

- Staffing shortages
- Onboarding of newly qualified practitioners (NQPs)
- Changeover of resident doctors

August and September were identified as particularly challenging months. A risk-based approach continues to be used for onboarding, especially for low-risk candidates or those transferring from other boards (e.g., no manual handling requirements).

Efforts are ongoing with Heads of Nursing across the partnership to accelerate NQP recruitment. These challenges are further compounded by changes to the PVG process, including a new 14-day turnaround and the need for permission to receive reports.

Chair invited questions from members.

Ben queried whether the reported vacancies were those currently advertised.

Melanie confirmed that the figures reflect vacancies approved by recruitment panels and currently live, but do not represent the total number of service vacancies. Only posts actively being recruited to are included.

Fife Council Update

Lee-Anne French provided a verbal update on recruitment activity within Fife Council.

The five most frequently advertised roles during the reporting period from 1st April 2025 to 30th June 2025 were:

- Care Assistant – 7 adverts
- Home Carer – 7 adverts
- Social Care Worker – 7 adverts
- Social Work Assistant – 6 adverts
- Scheduler – 4 adverts

1574 applications were received over this period, with 74.65% of applicants being external and 25.35% of applicants being existing employees.

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| | <p>The demographic of applicants was largely female, with 1042 applications, by comparison to 370 applications from males. 162 applicants did not disclose their gender.</p> <p>It is typical for high numbers of applicants not to disclose their age. During this period 1156 of 1574 applicants did not disclose their age.</p> <p>Of those where age was disclosed, the highest application numbers were received from candidates aged 35-39. Closely followed by candidates in the 30-34 and 45-49 age group.</p> <p>95 candidates were hired during this period. 62.11% (59) were external applicants and 37.89% (36) were internal applicants. 70 appointments were within Community Care Services and 18 within Complex and Critical Care.</p> <p>Of the 95 candidates hired, 77 are female, 16 are male and 2 did not disclose.</p> <p>Of the 95 candidates hired 50 did not disclose their age. Where age was disclosed, the 25 – 29 and 35 - 39 age groups had the highest number of appointments with 9 each, followed by:</p> <p>30 – 34 with 7 candidates hired 40 – 44 with 5 45 – 49 with 5 18 – 24 with 4 50 – 54 with 2 55 – 59 with 2 60 – 64 with 2</p> <p>LPF members were assured by the current position.</p> | |
| <p>5</p> | <p>HEALTH AND SAFETY</p> | |
| | <p>5.1 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)</p> <p><u>NHS Update</u></p> <p>William Nixon presented key highlights from the NHS Fife Health and Safety report.</p> <p>Between July and August, a total of 311 incidents were reported with 762 in total since April. These included:</p> <ul style="list-style-type: none"> • 3 sharps-related incidents • 2 slips, trips, and falls • 184 incidents of violence and aggression • 1 musculoskeletal incident • 23 self-harm incidents, showing a decrease from previous periods • No RIDDOR-reportable incidents were recorded during this timeframe <p>Within the Violence & Aggression category:</p> | |

- 25 incidents were formally reported to the police, comprising 8 physical and 14 verbal assaults, 2 unwanted behaviours and 20 were considered as a hate crime.
- 33 incidents of sexual harassment were also reported, comprising 10 physical and 4 verbal assaults and 19 unwanted behaviours.

Fife Council Update

Fiona Berry presented key highlights from the Fife Council Health and Safety report.

A total of 273 incidents were reported, including:

- 137 incidents involving injury or harm
- 103 incidents related to violence, aggression, or threats
- 32 near misses, which is notably low in comparison to the number of actual incidents

Fiona noted that the current reporting system is cumbersome and advised that a project is underway to improve the process. The aim is to support staff in completing reports more accurately, with enhancements such as clearer dropdown options and more concise questions. Additional training is also being provided on risk controls and how to report incidents effectively.

She highlighted that, typically, the number of near misses would exceed the number of actual incidents, which further confirms the issue with reporting mechanisms.

Fiona noted that similar patterns emerging across portfolios, with a high number of slips, trips, and falls, around half of which involved staff members.

Efforts are ongoing to support managers and staff in identifying risks and implementing appropriate control measures. Work is also being done to improve the quality of information available, enabling portfolios to better address key issues.

LPF members were assured by the current position.

5.2 Mandatory Training Dashboard

Karen Marwick presented an overview of current compliance rates, noting that while overall compliance is not yet at the desired level, there has been an upward trend across most portfolios.

Key Highlights:

- Fife Council has seen an increase in compliance despite ongoing system issues.
- Organisational Development and Culture has achieved a strong 90% compliance rate.
- Within NHS Fife, both Nursing and Corporate portfolios are now exceeding 80% compliance.

System Changes and Impact:

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| | <ul style="list-style-type: none"> • A new training provider for several Fife Council courses has resulted in compliance being reset to 0% as of 1 July. Staff have been given six months to complete the required training, so a drop in compliance is expected in the next report. • A deep dive within Psychology Services revealed discrepancies between TURAS and manual records. <p>Improvement Actions:</p> <ul style="list-style-type: none"> • Senior Leadership Team and management are considering further strategies to improve compliance. • The “Policy of the Month” is being widely promoted through the Directors’ Briefing. • In NHS operational teams, a decline in compliance was noted between February 2024 and June 2025, influenced by factors such as absences, vacancies, and the reduction in the working week. A consistent approach to protected learning time is being reinforced. <p>Chair opened to questions from members.</p> <ul style="list-style-type: none"> • Vicki Bennett queried how Nursing and Corporate teams achieved their compliance increases and whether learning could be shared. • Lynn Barker attributed the Nursing compliance improvement to persistent follow-up emails and reminders, possibly aided by timing. • Ben observed that higher compliance rates are often linked to courses that are available online. He raised concerns about limited capacity for face-to-face training due to absences, annual leave, and vacancies. He suggested that Adult Resuscitation training could be delivered in wards as group sessions to improve access. <p>LPF members were assured by the current position.</p> | |
| | <p>5.3 Health, Safety & Wellbeing Assurance Group Update</p> <p>Karen Marwick presented to provide continued assurance around Health, Safety and Wellbeing.</p> <p>Key Topics discussed at HS&W Group include:</p> <ul style="list-style-type: none"> • Lone working • Mandatory training • Fife Council Health & Safety Action Plan • Peer randomisation audits • Ligature management • Stress Indicator Tool survey <p>Karen noted that services are actively contributing by bringing reports to the meetings for discussion.</p> <p>Safe Staffing and Support Measures:</p> <ul style="list-style-type: none"> • Work continues to improve compliance with safe staffing working among Fife Council staff. | |

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| | <ul style="list-style-type: none"> Engagement has taken place with NHS teams to explore opportunities for system alignment, aiming to ensure council staff can be issued with SOS fobs. Additional efforts are being made to support Fife Council staff working in community settings without access to alarm systems. <p>LPF members were assured by the current position and progress to date, noting that the recommendation to pilot the introduction of Health and Safety Champions within Children’s Services was supported by SLT.</p> | |
| 6 | FINANCE | |
| | <p>6.1 Finance Update</p> <p>Before the finance report was presented, Louise Noble raised a concern that the paper had been received too late for Staffside to review and discuss. She requested that it be deferred to the next LPF meeting for a decision.</p> <p>Vanessa Salmond clarified that the Local Partnership Forum (LPF) does not hold decision-making powers and advised that the paper was shared for awareness and to provide early visibility of the financial position.</p> <p>Audrey Valente advised that Tracy would present the key points of the paper, which was being shared for information. The detail within the report is intended to provide assurance regarding the work underway, associated risks, and next steps. Further discussion could then follow after the presentation of the paper.</p> <p>Yvonne Batehup noted that Staffside typically collaborates and discusses such papers in advance, which had not been possible in this instance.</p> <p>Lynne Garvey acknowledged the concerns and apologised for the late distribution of the finance paper. She highlighted the significant effort involved in producing the paper and the reliance on teams to provide input. She reiterated that no decision was required from LPF, and the paper was shared only in the spirit of transparency. She supported Staffside reviewing the paper in relation to any workforce implications only.</p> <p>It was confirmed that the paper must follow the committee cycle and proceed to the IJB. Lynne suggested that any further discussion could take place offline, with comments submitted via email if not addressed during the meeting.</p> <p>Louise agreed to circulate the paper to Staffside colleagues following the meeting to gather feedback with Vicki Bennett requesting that future papers be shared in a more timely manner to enable Staffside discussions prior to LPF.</p> <p>Audrey explained that the finance team is dependent on both partners to provide financial data, which is then consolidated. She emphasised the value of Staffside input, particularly in relation to any workforce actions, and</p> | |

welcomed their views which would be reflected in the paper prior to progression to IJB.

Chair then invited Tracy to provide an update on the financial position, with an opportunity for questions to follow.

Tracy Hogg provided an update on the financial position based on information to 31 July 2025, noting the forecast for Fife Health & Social Care Partnership is currently a projected overspend of £5.477m, which is an adverse movement of £257,000 since month 2.

This overspend is accountable to key areas:-

- Service Level Agreements
- Mental Health & Psychology
- Care at Home

Tracy highlighted a £500,000 inflationary impact related to nurses working in care homes in Month 4, which had been accounted for in the budget. However, a higher pay award was agreed without corresponding funding being provided, resulting in an annual budget pressure of £500,000.

Tracy also noted a slight movement in non-achievement of savings delivery in-year accountable to £3m.

These overspends are partially offset by around £5m by underspends in:-

- Supported Living, Community Support & Social Care Fieldwork £2.7m
- Learning Disabilities £1m
- Primary & Preventative Care £1.5m

Much of the above is attributable to vacant posts.

Tracy advised that achieving the £500,000 expenditure reduction noted within the paper will depend on securing savings in areas such as travel, printing, and procurement. She noted that a similar £500,000 reduction was achieved last year by Council colleagues following a formal request to be mindful of spending and is hopeful that this outcome can be replicated again this year.

Tracy reported a small reserve balance of £782,000 as at Month 2 and is proposing that the IJB consider using these reserves to help offset some of the current areas of overspend.

Tracy advised that the main variances are due to the non-delivery of planned savings (£3 million) and increased costs associated with nursing staff (£500,000). Tracy further explained that the remaining overspends offset each other resulting in an overall movement of £257,000.

Delivery currently stands at 82%. There are areas that may not achieve full delivery within the year, so PRU meetings are continuing to address key risk areas, with support from SLT.

Tracy explained that we will not achieve the £2.9 million Transforming Care savings target this year. However, there is assurance that the full £5.9

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| | <p>million will be delivered next year. As a result, substitute recovery actions are required for the current year.</p> <p>Early indications from the August figures suggest a slight deterioration in the financial position, primarily due to SLAs and drug tariffs, as the Scottish Government is unable to provide clawback. Tracy advised that this could result in a projected overspend of £1.5 million to £2 million, which will need to be factored into recovery actions.</p> <p>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, further work will be progressed, and this will be reported to the next meeting of the Finance, Performance and Scrutiny Committee.</p> <p>Chair opened to questions from members. No questions noted.</p> <p>LPF</p> <ul style="list-style-type: none"> • Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at 31st July 2025 as outlined in Appendices 1-4 of the report; and • 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. • Staffside requested time for discussion prior to supporting progression to IJB. • Tracy to send slides to Vicki and Staffside will discuss via email and report back prior to IJB. Views required by 19th September. • Commitment to do all possible to ensure papers provided in time in future. | TH / VB |
| 7 | SERVICE PRESSURES & WORKFORCE UPDATES | |
| | <p>7.1 Multi-factorial Review Report on Attendance Management</p> <p>Olivia Robertson presented the report for information and assurance. She outlined the extensive work underway following the Multifactorial review of attendance management, led by Sam Clark. This work has been embedded into Primary Care action plans across all services and was discussed at the Attendance Management Group on 28th August. The review, conducted between April and June 2023, was well received by the NHS Fife Attendance Management Group.</p> <p>A proactive and more individualised approach is being taken to reflect the differing workforce needs across the partnership. Each service lead is engaging through the Multifactorial Review process to implement tailored action plans, developed in collaboration with staff, HR, and other stakeholders. All primary care services now have action plans in place, and progress will be reported bi-annually via flash reports to the Attendance</p> | |

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| | <p>Management Group to provide ongoing assurance. Olivia offered to share these plans with portfolio leads.</p> <p>NHS Fife’s Attendance Management Group is also piloting this approach in two areas: maternity and estates. Olivia confirmed her willingness to support these efforts, while emphasising that service leads are responsible for implementing actions within their own areas.</p> <p>Discussion and Questions:</p> <ul style="list-style-type: none"> • Vicki Bennett asked whether actions could be included in the flash reports. Olivia agreed, noting that a one-size-fits-all approach is not appropriate and that actions will be tailored and reported back through portfolio attendance groups. She confirmed that actions can be included in the flash reports. • Yvonne expressed confusion about the current status and asked who represents Staffside on the groups. She also queried whether impact assessments are being carried out and what outcomes are being achieved. Olivia clarified that the aim is to understand patterns of absence rather than introduce new policy. The work is intended to inform local action plans and avoid duplication, building on existing initiatives such as iMatter and wellbeing programmes. She confirmed that Ben represents Staffside on the group and that the approach is designed to empower service leads to reduce variation and promote consistency across services. • Yvonne also raised concerns about the lack of visible outcomes, despite frequent references to action plans. Olivia responded that it is still early days, with implementation only beginning on 28th August. Once flash reports are received, learning and outcomes will be consolidated and shared. • Lynne Garvey added that MFR deep dives are being conducted across all portfolios. As part of the commitment to continuous improvement, shared learning will be captured and brought back to the group for further assurance. <p>LPF members were assured by the current position and acknowledged the next steps towards positive progress.</p> | |
| | <p>7.2 Workforce Plan Flash Report</p> <p>Roy Lawrence presented the Workforce Plan flash report for assurance, providing a brief overview of progress to date. This marks the final update before the publication of the full annual Workforce Report, which will include sections on Equality, Diversity & Inclusion (EDI) and Staff Wellbeing. Roy expressed thanks to members for their support in compiling the report alongside Dafydd.</p> | |

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| <p>The Strategic Plan remains a key document in setting workforce priorities. Work will continue on the development of the Workforce Plan thereafter, pending further guidance from the Scottish Government for 2026.</p> <p>Roy highlighted that a significant amount of positive work is ongoing and advised that a comprehensive report will be brought to the next LPF meeting for further assurance.</p> <p>LPF members were assured by the current position.</p> <p>Action: Report to be brought to LPF on 11th November 2025.</p> | RLaw |
| <p>7.3 VMF Process</p> <p>Vicki Bennett requested a discussion around VMF process noting frustrations around process and people perhaps not understanding the sign-off process.</p> <p>Lynne Garvey acknowledged that the VMF process is complex. She explained that within the Health and Social Care Partnership, vacancies are reviewed by Heads of Service who either approve to progress to panel, providing a rationale for the post or explore capacity elsewhere. Once approved, the HSCP submits the VMF to the NHS panel, which meets fortnightly. A tracker is in place to monitor all VMFs submitted to NHS.</p> <p>The NHS panel provides feedback and a decision to the recruiting manager. While efforts are made to prioritise critical posts, Lynne advised that she is currently unable to provide an update on the VMF process at the NHS panel.</p> <p>She also noted that the process differs significantly for Fife Council posts, which do not require panel approval. However, within HSCP, the same process is applied to both NHS and Council posts.</p> <p>Vicki expressed frustration that, despite the robust scrutiny applied at HSCP level regarding funding and post justification, the NHS process can still result in a rejection. She highlighted a lack of clarity around why NHS can overturn decisions made following a thorough HSCP review.</p> <p>Vicki suggested that this issue be raised at the Area Partnership Forum with NHS colleagues to better understand the rationale behind such decisions, as this is a key source of ongoing frustration.</p> <p>Lynne acknowledged that although the service is delegated to the HSCP IJB, NHS Fife remains the employing body. This creates complexities around financial decision-making. She noted that the NHS Fife team is approaching recruitment through a lens of transformation, which can influence outcomes.</p> <p>Lynne welcomed Vicki's intention to ensure this is raised at the Area Partnership Forum, recognising the value in seeking greater clarity and understanding.</p> | |

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| | <p>Vicki cited the example of a Stratheden Activities Coordinator post, which has been ongoing for two years and appears to have been lost within the VMF process. Lynne confirmed that this would be investigated further.</p> <p>Yvonne Batehup shared that during a recent visit to Fife House, staff raised concerns with her about a meeting they had attended regarding administration reviews. Staff reported struggling with workload, and Yvonne noted that this was having a significant impact on their wellbeing, contributing to high levels of stress.</p> <p>She highlighted the absence of Staffside involvement or awareness of the meeting and suggested that the issue be escalated to the Health & Safety Committee. Yvonne also requested clarity on whether an administration review is currently underway within the Health & Social Care Partnership.</p> <p>Elizabeth Crighton advised that work is underway on the Stress Indicator Survey, and she had been asked by Lisa Cooper to facilitate focus sessions aimed at improving the workplace environment. Three focus groups have been held so far, which were not formal reviews but rather opportunities to gather feedback to be reported back to Lisa Cooper.</p> <p>Yvonne noted that some staff believed these sessions were part of an administration review and expressed interest in seeing the resulting report.</p> <p>Audrey Valente confirmed that an Admin Review is happening across NHS Fife and the Partnership, in collaboration with Alistair Graham.</p> <p>Yvonne noted that staff are extremely stressed, with Datix evidence and noted a need to report this through the Health and Safety group.</p> <p>Audrey advised that a Transforming Admin meeting is scheduled for Thursday, noting that Ben is a member of the group and Audrey herself is Chair. She highlighted an action to engage in further discussions with Alistair, focusing on ways to alleviate workload pressures. Audrey confirmed that addressing this issue will be treated as a priority.</p> <p>Lynne noted that the term "admin review" can imply a reduction in workforce and clarified that the current transformation work is not about downsizing. Instead, the focus is on improving processes and identifying ways to better support staff. She also mentioned that Fife Council's administration review is at a more advanced stage with more mature systems and processes.</p> <p>An update on the outcomes of these discussions will be provided at the next LPF.</p> | <p>LG</p> <p>EC</p> <p>AV/TH</p> |
| <p>8</p> | <p>REPORTS</p> | |
| | <p>8.1 HSCP Resilience Assurance Group Annual Report</p> <p>Chris Conroy presented the Resilience Assurance Group Annual Report to members for assurance. He noted that the report covers the period from September 2024 to August 2025 and provides assurance of the ongoing work</p> | |

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| | <p>by the Health & Social Care Partnership to ensure the Integration Joint Board (IJB) continues to meet its responsibilities as a Category 1 responder.</p> <p>Chris emphasised HSCP’s active involvement in various local and multi-agency groups to ensure plans are robust and tested through scenario-based exercises. He also mentioned an upcoming national exercise in which HSCP will participate.</p> <p>Chris stressed that there remains a strong focus on business continuity planning, with plans reviewed annually and reported to the Resilience Group. Chris shared that lessons learned from incident, most recently the fire at Raith Manor Care Home, have provided powerful feedback and valuable learning.</p> <p>He confirmed that an internal audit on resilience was completed in May 2025, with all actions now closed. As a result, a high level of assurance has been achieved, leading to the removal of a strategic IJB risk at the most recent Quality & Communities Committee meeting.</p> <p>LPF 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.</p> | |
| | <p>8.2 Winter Covid/Flu Vaccine Delivery Campaign 2025/26</p> <p>Due to timescales, any questions on this report should be directed to Olivia via email.</p> | |
| 9 | GOVERNANCE | |
| | <p>9.1 LPF Workplan</p> <p>Vanessa Salmond presented the LPF workplan for assurance and noting.</p> <p>LPF members were assured by the current position.</p> | |
| 10 | <p>ITEMS FOR BRIEFING STAFF / AOCB</p> <p>No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.</p> | |
| 11 | <p>DATE OF NEXT MEETING – Tuesday 11 November 2025 – 14:00-16:00 hours</p> | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 17TH SEPTEMBER 2025 AT 10.00 AM VIA MICROSOFT TEAMS

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

Attending: Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Vanessa Salmond, Head of Corporate Services
Chris Conroy, Head of Community Care
Karen Marwick, Head of Complex & Critical Care

In attendance:

Tracy Hogg, Finance Manager HSCP
Roy Lawrence, Head of Culture, Engagement & Communities
William Penrice, Service Manager
Gillian Muir, Management Support Officer (Minutes)

**Apologies for
Absence:** Lisa Cooper, Head of Primary & Preventative Care

| No. | Item | ACTION |
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| 1. | <p>WELCOME AND APOLOGIES</p> <p>David Alexander welcomed everyone to the meeting.</p> <p>Apologies were noted as above, and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p> <p>Chair noted that there were now only three members of the Finance, Performance and Scrutiny Committee with only one NHS Fife Non-Executive Board member. Officers advised they were in dialogue with NHS Fife following the recent recruitment of two NHS Fife Non-Executive Board Members to the NHS Board and an up-date would be provided as soon as possible.</p> | |

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| 2. | <p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p> | |
| 3. | <p>MINUTE OF PREVIOUS MEETING – 16TH JULY 2025</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> | |
| 4. | <p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p> | |
| 5. | <p>FINANCE</p> | |
| 5.1 | <p>Finance Update</p> <p>The Committee considered a report presented by Tracy Hogg, Finance Manager detailing the projected outturn position as at 31st July 2025 of the delegated and managed services noting the forecast was currently projecting an overspend of £5.477m, a movement of £257k from the previously reported month two position.</p> <p>Tracy Hogg drew Committee’s attention to the key areas of overspend these being Primary Medical Services, Service Level Agreements, Mental Health, Care at Home internal, Older People Residential, Inflation for Adults Nursing and projected non achievement of full delivery of savings in current year which are offset by underspends in Supported Living and Community Support, Learning Disabilities, Primary and Preventive Care, Reduction in expenditure and use of reserves available. It was noted that although the overall movement from the May position was not significant (£0.257m) there had been various favourable and adverse movements over this time as detailed on page 24 of the papers.</p> <p>Committee noted the savings approved by the IJB for 2025-26 total £29m, £24m are currently on track to be delivered which equates to 82% 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.</p> <p>Committee also noted reserves brought forward to April 2025 were £1.712m, as part of the updated budget direction presented at month two, £0.782m was transferred to reserves available for use increasing the balance held to £2.494m.</p> <p>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 Integration Joint Board. Delivery of savings is a key priority, and these will also continue to be monitored and scrutinised.</p> | |

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| | <p>Tracy Hogg also highlighted 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 and an update of tariff claw back within prescribing. These early indications suggest a worsening of the position by some £2m.</p> <p>The discussion was opened to Committee members and considerable discussion was had around the budget and financial position.</p> <p>Questions raised included a query with regards to the portfolio tables within the report and how these relate to the more detailed tables within the report; what is driving the more significant percentage increases within the smaller budgets; in relation to the £5m projected overspend what is the level of confidence that can be addressed within the year and will those savings be visible to this Committee and Integration Joint Board?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at 31st July 2025 as outlined in appendices 1-4 of the report. 2. Noted 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 Integration Joint Board of the financial monitoring position as at July 2025 and the onward submission of the direction to NHS Fife for approval by the Integration Joint Board. | |
| 6. | PERFORMANCE | |
| 6.1 | <p>Performance Report</p> <p>The Committee considered a report presented by William Penrice for discussion and assurance.</p> <p>Committee noted the new format and approach to performance reporting, which aligns with the refreshed structure of SLT and is specifically designed to focus more closely on improvement and identifying areas which require support.</p> <p>Committee also noted the scope of the indicators had been increased and services were now being asked to give assurance to SLT on how the indicator performance will be improved or maintained as appropriate.</p> <p>William Penrice highlighted that on this occasion, detailed information for each indicator had not been incorporated into the report which would normally provide the narratives from services and the SMART Objectives for improvement, therefore only a partial view of what is intended has been reported. Work is currently on-going to improve the quality of the narrative, and the intent would be to bring a fuller version of the Performance Report to a future Committee.</p> | |

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| | <p>Committee were asked to note that the RAG status does not automatically reflect a declining trend as a red rating. Instead, it is determined by multiple factors including performance targets, benchmarking data and the level of assurance provided. Further detail will be included in the full report.</p> <p>The discussion was opened to Committee members who welcomed the introduction of the revised format and approach and provided additional comments and feedback on the report which Officers will incorporate into the final version of the report submission to the Integration Joint Board for approval. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted progress being made. 2. Discussed potential improvements to the reporting format. 3. Discussed for assurance and onward submission to the Integrated Joint Board. | |
| <p>6.2</p> | <p>Monitoring Progress of Directions</p> <p>The Committee considered a report presented by Vanessa Salmond, Head of Corporate Services for assurance and decision, providing an overview of the current status of both NHS Fife and Fife Council Integration Joint Board Directions pertaining to both 2024-25 and 2025-26 fiscal years.</p> <p>Committee noted that as at September 2025, the remaining open Directions for the 2024-25 fiscal year were due to be closed following agreement of the annual accounts at the Integration Joint Board meeting on 29th September 2025.</p> <p>For the 2025-26 fiscal year, a total of eight Directions have been issued thus far, two are closed as they have been superseded, a further two have been closed as fully delivered and four remain open.</p> <p>Committee noted that 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.</p> <p>The discussion was opened to Committee members who provided their comments and feedback. Questions raised included a query with regards to Direction 2025.007 and whether this should be noted as closed. Officers provided an explanation and confirmed the direction was closed as all transactions in relation to this had taken place.</p> <p><u>Decision</u></p> <p>The Committee:</p> <ol style="list-style-type: none"> 1. Noted the current status of the open Directions as per Appendix 1. 2. Took assurance that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme. | |

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| | <p>3. Supported the onward submission of the progress report to the Integration Joint Board.</p> | |
| <p>7.</p> | <p>STRATEGIES</p> | |
| <p>7.1</p> | <p>Carers Strategy</p> <p>The Committee considered a report presented by Roy Lawrence, Head of Culture, Engagement & Communities for assurance that the Partnership continues to meet its statutory duties under the Carers Scotland Act 2016 and is making meaningful progress against the five agreed outcomes of the Carers Strategy for Fife 2023-26 which was endorsed by the IJB 2023.</p> <p>Committee noted that the five agreed outcomes remain central to the Partnerships approach and will be key to the strategy going forward which is due to be refreshed next year.</p> <p>Committee also noted that support for carers is delivered through a tiered model of self-help guided universal support and targeted assistance for unmet eligible needs and were provided with a sample of the outcomes achieved within the last year for carers.</p> <p>Roy Lawrence also and drew Committee’s attention to a range of changes and improvements which the Partnership had taken to improve the workforce experience and support their skill and knowledge development during 2024-25.</p> <p>Roy Lawrence also highlighted that commissioning with Voluntary Organisations had been in place since 2017, however during October - December 2025 contract reviews with all 18 organisations would be taking place to ensure each organisation still aligns with carer priorities, provides best value and are delivering on what they agreed. This process will create an evidence base as to how the Partnership contracts for carers in 2026 onwards.</p> <p>Committee noted that the report confirms compliance with legal duties, highlights strong partnership working and outlines clear commitment to continuous improvement and were asked to take assurance that the Partnership is delivering an impactful person centred support to carers and is well positioned to respond to future legislative changes especially the forthcoming Carer Reform Scotland Act 2025 which will have significant impact on the world of carers and partnerships requirements.</p> <p>The discussion was opened to Committee members who thanked Officers for the very useful and detailed report. Comments and feedback were provided and Officers were asked to be mindful with regards to savings for respite which has an impact on carers and is an area of good value for the Partnership but presents costs elsewhere which need to be borne in mind.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> | |

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| | <p>The Committee:</p> <ol style="list-style-type: none"> 1. Took assurance that the work set out to be delivered in support of the Carers Strategy has had a significant positive impact for carers in Fife and that the HSCP continues to evaluate, improve and innovate with partners to deliver high quality support for carers. | |
| 8. | <p>ITEMS FOR HIGHLIGHTING</p> <p>David Alexander confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 29th September 2025.</p> | |
| 9. | <p>AOCB</p> <p>David Alexander, on behalf of the Committee, extended a sincere thank you to Audrey Valente for her outstanding service and dedication in guiding the Committee through the financial complexities and ensuring robust financial leadership across the Partnership and wished her well in her retirement.</p> | |
| 10. | <p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> • Wednesday 12th November 2025 at 2.00 pm via MS Teams | |



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 19 SEPTEMBER 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)

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)
Amy Hughes, External Auditor (AH)
Tracy Hogg, Finance Business Partners (H&SCP) (TH)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: Sinead Braiden, NHS Non-Executive Board Member (SB)

| | | ACTION |
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| 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. | |
| 4/5. | FIFE IJB ANNUL ACCOUNTS & FINANCIAL STATEMENT (agenda Item 4) & EXTERNAL AUDIT REPORT (agenda item 5) Tracy Hogg presented the audited annual accounts for the financial year to March 2025. Previously, Tracy had given a presentation on the draft accounts to the Audit and Assurance Committee in June 2025. External Audit have now completed their audit of these accounts and have provided a very positive report. Amy Hughes provided an overview of the main areas of the External Audit Report. Amy highlighted to Committee that as part of the audit work, the external auditors are required to report on the wider scope of public audit which covers the areas such as financial sustainability, financial management, vision, leadership and governance and use of resources to improve outcomes. External Audit concluded that they were satisfied that the IJB had appropriate arrangements in all 4 areas of all wider scope. | |

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| | <p>Amy thanked Audrey Valente, Tracy Hogg, Maria Ayling and the team for preparing a good set of accounts, in a timely manner and for their assistance during the audit.</p> <p>A full discussion of the reports was held and members requested that it was formally noted that they wished to highlight their concerns around the following text within the audit report <i>“during 2024-25 funding was made available by Scottish Government in relation to Agenda for Change cost pressures associated with the reduction in the working week. It is essential that all costs are recognised and recompensed in 2025-26 to ensure the financial sustainability of the IJB”</i>.</p> <p>Recommendation: For members of the IJB Audit and Assurance Committee’s information and to note the IJB’s audited Annual Accounts and External Annual Audit Report. The Committee has also been asked to make the decision to agree to pass the audited Annual Accounts to the IJB Committee for signing. The reports were noted and agreed to be remitted for signing.</p> | |
| <p>6.</p> | <p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Jocelyn Lyall presented this report to provide progress for the 2024/25 & 2025/26 Internal Audit Plans and Appendices 1 & 2. The relevant partner organisation audits are summarised at appendix 3. The progress report also provides a brief on FTF internal audits improvement action plan.</p> <p>2024/25 progress plan is complete with exception of the audit of performance reporting which is being delivered jointly by the Fife Council and NHS Fife Internal Audit teams. It is anticipated this report will be finalised and presented to the Audit and Assurance Committee in November.</p> <p>For the 2025/26 plan, the annual report work within the plan is complete and the next audits will be Internal Control Evaluation (ICE).</p> <p>The Internal Improvement Action Plan and update on progress was presented to the NHS Fife Audit and Risk Committee and won’t be reported here to avoid duplication. The report summarised the status of 50 agreed actions, described completed actions, the actions in progress and what is going to be the key focus for the next quarter and provided an explanation for revised action dates for 2 that have been delayed against the original timescales. No significant risks to the delivery of the improved action plan have been identified at this stage.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were asked to consider and note the attached Progress Report at Appendices 1 and 2 and note the summary of Relevant Reports at Appendix 3. Members considered and noted these reports.</p> | |
| <p>7.</p> | <p>INTERNAL AUDIT - FOLLOW UP REPORT ON AUDIT</p> <p>Joceyn Lyall presented this report which provides an update progress with IJB audit actions from the internal audit reports.</p> <p>3 reports have been removed from the follow up system as all of the actions are now complete and have been validated by internal audit. There are 4 actions in the system for reports published</p> | <p>351 of 354</p> |

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| | <p>more than one year ago and 9 from reports published less than one year ago. In total of 13 actions, 8 of those are not yet due, 1 has been completed and validated, 2 have been extended and 1 is still in progress and an extension will be requested. This position will be reported in the next audit follow up paper to this Committee.</p> <p>There was discussion around the status of these actions and Committee were assured by updates provided.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were asked to note this report for assurance. Members. Noted and assured.</p> | |
| 8. | <p>NHS FIFE ANNUAL GOVERNANCE STATEMENT (for noting)</p> <p>Audrey Valente presented this report for noting. This is the first time this report has been presented to the Audit and Assurance Committee.</p> <p>The report was presented on a recommendation from Jocelyn Lyall and her team to have a reciprocal reporting process between both partners in the IJB and to provide assurance to one another through this process.</p> <p>This report provided significant assurance by NHS Fife that there were no material governance, risk or internal control weakness and was presented to this Committee just for information.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were invited to take significant assurance from the summary on the internal control environment within NHS Fife over the course of the past year and note there are no disclosures detailed within the Governance Statement that impact upon the expected standards of good governance, risk management or control. Members were assured and noted the report.</p> | |
| 9. | <p>IJB RISK REGISTER</p> <p>Aril Sweeney presented this report to the Committee for assurance and discussion.</p> <p>Avril advised this report was last presented in May 2025 to this Committee. Risks that have most recently been reviewed in August with specific consideration given to the risk descriptions following comments that were made at the IJB in May.</p> <p>The risk score for the resilience risk has reduced to the target level and that risk was recommended for closure to the Quality and Communities Committee on the 5 September 2025 and was approved.</p> <p>All other risk scores remain the same. 5 of the 6 high scoring risks have been reviewed to reflect a more realistic score to March 2026.</p> <p>Appendix 1 provides a condensed format and Appendix 2 gives the full information and also to let members see movement for the SMART actions. 6 high scoring risks are shown on the SBAR. Appendix 4 provides a Trajectory of the Risk Scores</p> <p>Discussion took place around risk targets and scores constantly</p> | |

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| | <p>being under review.</p> <p>Recommendation: It is recommended this report is presented to the IJB Audit and Assurance Committee for assurance that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive review process are helping to support the management of risks.</p> <p>Members are asked to discuss the IJB risk register and whether any further information is required.</p> <p>Members are also asked to consider whether current target risk scores are achievable</p> <p>Following discussion, it was agreed a further deep dive will be undertaken to review target dates. Members agreed to continue to keep risk scores and target dates under review.</p> | |
| <p>10.</p> | <p>IJB RECORDS MANAGEMENT ANNUAL REPORT 2025</p> <p>Avril Sweeney presented this report to the Committee for assurance and decision about the frequency of record management reports coming to Committee and the IJB.</p> <p>The report highlighted that the IJB under the Public Records (Scotland) Act 2011 to prepare and implement a Records Management Plan setting out the proper arrangements for the Management of its Records and the Plan which has to be agreed with the Keeper of the National Records of Scotland and regularly reviewed .The IJB originally had their Records Management Plan agreed in 2019 and an Action Plan put in place at that time covering up to 2021 and that was extended to 2024 following COVID. There was a further progress update report in December 2024.</p> <p>The Keeper has advised that they are only going to invite authorities to submit a progress update review every 2 years instead of every year and in light of this they are suggesting that we recommend to the IJB that we do a records management report every 2 years and the next one will then come in 2027.</p> <p>Recommendation: To assure members of the IJB Audit and Assurance Committee of the current position and to recommend to the IJB (i) that the current action plan be extended to 2027, (ii) that the next Records Management Report be submitted in 2027 following submission of PUR to National Records of Scotland in 2026. Members commended yet another positive report and were significantly assured and agreed recommendations.</p> | |
| <p>11.</p> | <p>LESSONS LEARNED FINANCIAL MOVEMENT REVIEW REPORT – ACTION PLAN</p> <p>Tracy Hogg presented this report to the Committee for assurance and discussion.</p> <p>The report was based on the Lessons Learned report that was brought in July 2024 when there was a movement at the last quarter of the financial year that year. In September 2024 they developed an action plan and it was agreed that updates for that action plan would come back to this Committee.</p> <p>This is a final updated action plan report and all actions are now complete. At the last update on the action plan there were 2</p> | |

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| | <p>actions that remained outstanding they were on year-end ensuring that the timetables were adhered to where partner organisations were aligned . This action is now complete.</p> <p>The other action that remained outstanding was Use and Monitoring of Directions. A Tracker has been developed to receive updates on all the directions and directions for new allocations. This action is now complete.</p> <p>Recommendation: To note the content of this report. Members noted all actions are complete.</p> | |
| 12 | <p>HORIZON SCANNING</p> <p>Over the past year, this Committee undertook a deep dive of financial governance, with all members and officers agreeing on the benefits of this exercise.</p> <p>As this has now concluded, members discussed further topics for consideration by this Committee.</p> <p>It was agreed that Audrey Valente and Vanessa Salmond would scope the possibility of Risk and Transformation as potential topics.</p> | AV/VS |
| 13 | <p>AUDIT & ASSURANCE WORKPLAN</p> <p>The purpose of the workplan is for discussion and noting.</p> | |
| 14 | <p>ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB</p> <p>Reduction in working week</p> <p>Target Risk and Transformation</p> | |
| 15 | <p>AOCB</p> <p>The chair extended a massive thankyou Audrey Valente, Chief Finance Officer who will be retiring in October.</p> | |
| 16 | <p>DATE OF NEXT MEETING</p> <p>14TH November 2025 at 10:00 a.m.</p> | |