



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 28 JANUARY 2026 AT 10.00 AM
THIS WILL BE A HYBRID MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time**

AGENDA

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11	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED		
	Quality & Communities Committee Confirmed Minute from 5 November 2025	Rosemary Liewald	330-346
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	Finance, Performance & Scrutiny Committee Confirmed Minute from 12 November 2025	David Alexander	361-368
	Audit & Assurance Committee Unconfirmed Minute from 14 November 2025	Dave Dempsey	369-372
	Strategic Planning Group Unconfirmed Minute from 14 November 2025	Colin Grieve	373-381
12	AOCB	ALL	Verbal
DATE OF NEXT MEETINGS			
IJB DEVELOPMENT SESSION – Tuesday 25 February 2026 (Town House, Kirkcaldy)			
INTEGRATION JOINT BOARD – Wednesday 25 March 2026			
PRIVATE SESSION AGENDA			
13	13.1 GP WALK IN SERVICE	Lisa Cooper / Martyn Berrie	

Lynne Garvey
Director of Health & Social Care
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Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6th Floor, Fife House – email Vanessa.Salmond@fife.gov.uk



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) – WEDNESDAY 26 NOVEMBER 2025 AT 10:00am

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), Rosemary Liewald (RLie), Sam Steele (SS), NHS Fife Board Members (Non-Executive), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary Kenny McCallum (KMcC), Staff Representative, Fife Council Kenny Murphy (KM), Third Sector Lead Lynne Parsons (LP), Employee Director, NHS Fife Ken Fraser (KF), Public Representative Morna Fleming (MF), Carer Representative Vicki Bennett (VB), Staff Representative, NHS Fife</p>
Professional Advisers:	<p>Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Tracy Hogg (TH), Chief Finance Officer Lynn Barker (LB), Director of Nursing</p>
Attending:	<p>Amanda Wong (AW), Director of Allied Health Professionals Avril Sweeney (AS), Risk Compliance Manager Caroline Cherry (CCh), Principal Social Work Officer Chris Conroy (CC), Head of Community Care Services Clare Buchanan (CB), Local Democracy Reporter Clare Gibb (CG), Communications Adviser Dafydd McIntosh (DM), Organisational Development & Culture Jackie Drummond (JD), Associate Medical Director 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 Vanessa Salmond (VS), Head of Corporate Services, IJB Secretary & Head of Strategic Planning & Performance Gemma Reid (GR), Fife HSCP Coordinator (Minute) Sarah Hourston (SH), Executive Assistant to Lynne Garvey (observing)</p>

No.	AGENDA ITEM	ACTION
1	<p>CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES David Ross, Chair of the Integration Joint Board (IJB), opened the</p>	

	<p>meeting by welcoming all attendees. He extended a special welcome to Alistair Morris and Ken Fraser on joining their first IJB meeting and expressed gratitude to Ian Dall for his valuable service during his tenure as Public Representative.</p> <p>David advised that apologies had been received from Helen Hellewell, Jo Bennett, James Ross, Gillian McAuley, Fiona Forrest and Paul Dundas.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that a recording device was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p>	
2	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>David Ross confirmed that there were no declarations of interest highlighted.</p>	
3	<p>MINUTE OF PREVIOUS MEETING AND ACTION NOTE 29 SEPTEMBER 2025</p> <p>The Minute and Action Note from the meeting held on 29 September 2025 were both approved as an accurate record.</p>	
4	<p>CHIEF OFFICER UPDATE</p> <p>Lynne Garvey began her update by warmly welcoming all attendees of the Integration Joint Board (IJB). She expressed sincere thanks to Ian Dall for his exceptional contribution as public representative, noting that his dedication has been invaluable and that he will be greatly missed.</p> <p>Lynne also welcomed Ken Fraser as the new public representative, extending a warm greeting on his first meeting.</p> <p>Reflecting on her first year as Director, Lynne shared that she feels honoured to lead the Partnership through challenges, emphasising that the energy and commitment of teams continue to drive progress.</p> <p>She highlighted that the refreshed Strategic Plan remains a key priority, with consultation on the next three years' priorities launching this Friday (28th November). This will be supported by a comprehensive communications approach, including website updates, social media, and face-to-face engagement through the Participation and Engagement Team. Lynne stressed that every voice in Fife matters and encouraged members to share details through their networks. Full information will be provided to the Board later this week.</p> <p>Lynne noted that SLT walkarounds and drop-in sessions have been taking place, and thanked SLT for their support in ensuring visibility, approachability, and responsiveness. She also highlighted the important work during Speak Up Week, which reinforces the commitment to listening to all voices.</p>	

	<p>Lynne noted a real sense of momentum across the Partnership with key programmes such as Transforming Care, enhancing stroke care, urgent care reviews, and the new clinic space at St Andrews Community Hospital moving forward at pace.</p> <p>Lynne highlighted some key achievements: -</p> <ul style="list-style-type: none"> • School Nursing Team – winners of the Community Health Champion Award at the NHS Fife Awards • Meals on Wheels service – recognised by Queen Camilla • Community Nurses celebrated an incredible 714 years of combined service • Speak Your Mind group (Shared Lives Fife) – finalists in the Co-Production category at the Great British Care Awards. Lynne noted that making the top three nationally is a phenomenal achievement and a shining example of participation in action. <p>Lynne provided assurance that she would continue highlighting the positive impact of teams through social media, weekly briefings, and awareness days, with a strong focus on celebrating success.</p> <p>Lynne concluded her Chief Officer’s Update by expressing gratitude to everyone involved in driving transformation, emphasising that the workforce’s dedication will be key to achieving the necessary transformational savings.</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.</p> <p>Agreement on the principles of these reports was discussed at the Quality and Communities Committee on 5th November 2025, the Finance, Performance and Scrutiny Committee on 12th November 2025, the Audit and Assurance Committee on 14th November 2025 Strategic Planning Group on 14th November 2025.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Rosemary Liewald, Interim Chair of the Qualities and Communities Committee confirmed there were no areas of concern to escalate. Rosemary noted a successful meeting with all reports scrutinised in detail.</p> <p>David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee, confirmed there were no matters requiring escalation and noted that the meeting had been positive.</p> <p>Dave Dempsey, Chair of the Audit and Assurance Committee, confirmed there were no items for escalation. He drew members’ attention to the</p>	

	<p>executive summary, noting that the Committee continues to explore the deep-dive process to ensure robust scrutiny and maintain focus on transformational business.</p> <p>Colin Grieve, Chair of the Strategic Planning Committee noted nothing to escalate from the group.</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 Prevention & Early Intervention Strategy 2024-2027 Year 1 Report</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 5th November 2025, the Local Partnership Forum on 11th November 2025 and the Strategic Planning Group on 14th November 2025 and invited Lisa Cooper to present the report.</p> <p>Lisa Cooper began her update by advising that the report was presented to the IJB to provide assurance on progress made during the first year of delivering the Prevention and Early Intervention (PEI) Strategy Delivery Plan. She noted that this is one of the enabling strategies underpinning the Strategic Plan and currently provides a moderate level of assurance.</p> <p>Lisa shared that of the 10 actions identified in Appendix 1, one has been completed and nine remain in progress. Communication has been prioritised, with a robust plan agreed. A baseline assessment survey has been completed to understand current delivery and establish a benchmark for measuring progress in Year Two.</p> <p>Lisa advised members that work is underway to develop a Performance Framework, which will be brought back to the Board in May 2026. A staff training plan, led by the Health Promotion Service and aligned with the Prevention and Early Intervention Strategy, has been circulated.</p> <p>Lisa highlighted concerns raised by staff and service managers regarding capacity to deliver PEI, which has been identified as a risk and is being considered in the design and implementation of actions. She also noted the recent launch of Scotland’s Population Health Framework, which will help create positive conditions for delivering the strategy going forward.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of the Quality and Communities Committee, Vicki Bennett, Kenny McCallum and Lynne Garvey, Co-Chairs of the Local Partnership Forum and Colin Grieve, Chair of the Strategic Planning Group to comment on discussions at Committees before opening to questions from Board members.</p> <p>Rosemary Liewald thanked Lisa for the report, noting that it had been discussed in detail at the Quality and Communities Committee. She shared the Committee’s view that progress is being made in this area and expressed confidence in Lisa’s team and the PEI approach.</p>	LC

	<p>Vicki Bennett noted no comments from the Local Partnership Forum.</p> <p>Colin Grieve advised that the Strategic Planning Group had commended the report and the progress made to date whilst understanding that further work is required.</p> <p>Morna Fleming advised that her comments had been shared directly with Lisa and Ruth Bennett prior to the meeting and highlighted the following points:</p> <ul style="list-style-type: none"> • Implications and impacts: While acknowledging that service users and carers are listed at the top of this section, Morna noted they were previously included as a protected characteristic. • Specific reference to carers: She stressed the need for explicit consideration of impacts on carers, as the current focus is primarily on the individual. • Financial constraints: These place increased responsibility on unpaid carers. • Evidence of impact: Morna questioned where the evidence is that ongoing work is having a positive effect on PEI, noting that no actual data or evidence has been provided. <p>Lisa responded by confirming that Ruth had provided an update on the discussions held on 25 November. She noted the strong Oversight Group involving partners and stakeholders and welcomed the inclusion of a carers representative at this group going forward.</p> <p>On impacts and outcomes, Lisa advised that while a formal framework is not yet in place, this will be brought back to the IJB for assurance. She highlighted that PEI is now a priority within locality arrangements, and locality action plans will provide evidence of impacts and outcomes.</p> <p>Vanessa Salmond (Head of Corporate Governance) confirmed that the recent changes to the SBAR were made following in depth consultation with IJB members. She referenced the focused development session and the follow-up email, which extended invitations to drop-in sessions for member feedback. Vanessa acknowledged Morna’s concerns and requested SLT support to ensure that impacts on carers are clearly articulated within any SBARs produced for Committees/IJB.</p> <p>David Ross queried whether any guidance or templates from Government could be utilised in the development of this strategy. Lisa confirmed that Scotland’s Population Health Framework will provide a roadmap for future progression.</p> <p>Recommendation</p> <p>The Board were assured of the progress made during Year One of delivering the Prevention & Early Intervention Strategy Delivery Plan.</p>	
	<p>6.2 Primary Care Strategy Year 2 Annual Report</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 5th November 2025, the Finance, Performance and Scrutiny Committee on 12th November 2025 and the Strategic Planning Group on 14th November 2025 and invited Lisa</p>	

	<p>Cooper to present the report.</p> <p>Lisa Cooper began her update by advising that this report was presented to the IJB 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.</p> <p>Lisa noted that Year Two delivery had achieved significant progress across all service areas, strengthening access, integration, and person-centred care with the Annual Report providing assurance that strategic delivery is on track and highlighting key achievements across the system.</p> <p>Lisa drew members attention to page 58 which outlines areas of success and highlighted that we now only have one 2c managed practice.</p> <p>Lisa advised of work ongoing with Primary Care colleagues to establish a calendar of protected learning time.</p> <p>Lisa highlighted work within dentistry with the opening of a practice within the Dunfermline locality, noting significant registrations.</p> <p>Lisa highlighted that in Year Three there will be increased focus on evaluating the 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.</p> <p>Lisa highlighted the service renewal framework, noting the team will be looking at priorities for the year to come.</p> <p>Lisa advised that the report provides a significant level of assurance and welcomed questions from members.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of the Quality and Communities Committee, David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee and Colin Grieve, Chair of the Strategic Planning Group to comment on discussions at Committees before opening to questions from Board members.</p> <p>Rosemary Liewald thanked Lisa for the paper, noting that ongoing education is proving effective in ensuring the right care is delivered in the right place at the right time. She highlighted the growing use of Pharmacy First services, which are becoming embedded in communities and helping to educate people on where to go and who to see. Rosemary concluded that communication efforts are working well.</p> <p>David Alexander echoed Rosemary's sentiments.</p> <p>Colin Grieve noted SPG were assured with the delivery for year one whilst accepting mapping work is required around new strategies launching nationally.</p> <p>David Ross invited comments from Chris McKenna, who acknowledged the progress made over recent years and emphasised the importance of having a clear strategy supported by a delivery plan as a means of evidencing effectiveness. Chris highlighted key achievements and fundamental shifts, particularly the transition within 2c practices and the</p>	
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	<p>stability this brings. He commended the Primary Care team for ensuring these changes were implemented seamlessly and safely, recognising the significant work behind the scenes.</p> <p>Chris noted that while further work and next steps remain, he expressed confidence in the strategy and thanked Lisa and her team for their efforts. He also remarked on Fife’s distinctive ‘Once for Fife’ approach.</p> <p>Eugene Clarke raised concerns about inconsistencies in the approach to booking appointments, possibly due to the use of different IT systems. He asked whether the strategy would address this issue.</p> <p>Lisa Cooper responded by providing assurance that a national programme is well underway to implement a ‘One System’ approach for general practice, noting that this work is already at an advanced stage. She added that national guidance on the Primary Care route map is awaited.</p> <p>Chris McKenna highlighted that the patient digital hub (or ‘digital front door’) is a Scottish Government priority and that the new sub-national level is one of four key delivery priorities. He noted that this initiative is currently at an early implementation stage across the country. A whole-system approach will be planned and prioritised over the coming months and years, while recognising that not everyone is digitally enabled. Chris also referenced the recent introduction of a new appointment system in NHS England, confirming that there are no plans for a similar system in Scotland at present.</p> <p>Morna Fleming noted that she would resubmit her queries to Lisa and follow up after the meeting. She highlighted that carers support the concept of pharmacies acting as community anchors, providing a point of connection for locality carer support workers. Morna also observed that further work is needed with some GPs to recognise the pressures faced by carers, as current engagement is not as strong as desired although she acknowledged the progress made to date.</p> <p>Lisa confirmed she would link in with Morna around her queries.</p> <p>Recommendation</p> <p>The Board were assured that the delivery of the Primary Care Strategy remains on track, and endorsed the actions proposed for Year Three delivery.</p>	
	<p>6.3 Workforce Strategy 2022-25 Year 3 Annual Report</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 5th November 2025, the Local Partnership Forum on 11th November 2025, the Finance, Performance and Scrutiny Committee on 12th November 2025 and the Strategic Planning Group on 14th November 2025.</p> <p>David invited Roy Lawrence to present the report.</p> <p>Roy Lawrence began his update by explaining that the report was presented to the IJB to provide assurance that the Partnership is making</p>	

<p>real progress in areas critical to workforce planning - specifically our ability to plan for, attract, employ, train, and nurture both current and future staff. He confirmed that plans are in place to support the refreshed Strategic Plan from 2026 onwards.</p> <p>Roy advised that this is the final annual report on delivery of the Workforce Strategy, dedicated to the staff who provide high-quality services every day. The report reflects innovation across the Partnership and has been co-led by Dafydd McIntosh and his team. It is fully aligned with partner strategies and collaborative work with stakeholders.</p> <p>A summary of all actions is included in Appendix 2, with 81% completed this year. Over the three-year period, all planned actions have been delivered. Key developments include the creation of the Care Academy in partnership with Fife College and the King's Trust programme, supporting inclusive recruitment.</p> <p>Challenges remain around financial constraints and time for learning and development. A strategic shift is underway following the Scottish Government's request for workforce plans through the Annex A template, submitted in March. Looking ahead, an annual Workforce Delivery Plan aligned to the Strategic Plan will be published in April 2026.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of the Quality and Communities Committee, Vicki Bennett, Kenny McCallum and Lynne Garvey, Co-Chairs of the Local Partnership Forum, David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee and Colin Grieve, Chair of the Strategic Planning Group to comment on discussions at Committees before opening to questions from Board members.</p> <p>Rosemary Liewald welcomed the engagement with high schools through outreach sessions, describing it as an important starting point for developing the future workforce. She acknowledged that further work is needed to sustain the workforce but noted the significant efforts underway to make roles more attractive. Rosemary commended Roy and his team for their work.</p> <p>Vicki Bennett noted nothing to report from LPF.</p> <p>David Alexander commended the report, noting a hugely impressive report with lots of detail.</p> <p>Colin Grieve commended the activity and innovation demonstrated in attracting people to employment opportunities in Fife.</p> <p>Morna Fleming expressed her appreciation for the efforts to encourage and attract home care workers into Fife, noting the good degree of success achieved. She referred to the EQIA, highlighting that while pressures on the workforce are acknowledged, there is no mention of carers. Morna stressed that financial and workforce pressures often transfer to unpaid carers, and this impact is not currently recognised.</p> <p>Roy Lawrence confirmed that this will be taken forward in future papers and noted that meetings are ongoing to ensure our workforce is recognised as carers. He referenced the Carers Forum at Lochore</p>	
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	<p>Meadows, which has developed an action plan.</p> <p>Lynne Garvey assured Morna that her point had been noted and that discussions will continue to strengthen the focus on carers within the SBAR.</p> <p>Recommendation</p> <p>The Board 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.</p>	
	<p>6.4 Advocacy Strategy Annual Report</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 5th November 2025, the Finance, Performance and Scrutiny Committee on 12th November 2025 and the Strategic Planning Group on 14th November 2025.</p> <p>David invited Caroline Cherry to present the report.</p> <p>Caroline Cherry began her update by explaining that the report was presented to the IJB to provide assurance that Fife HSCP is meeting its statutory obligations regarding advocacy provision and that the Advocacy Strategy is being delivered effectively.</p> <p>She emphasised that advocacy is essential to promote and protect the rights of people when they are at their most vulnerable, and the strategy sets out how these obligations are fulfilled. Appendix 1 outlines achievements over the past two years.</p> <p>Caroline highlighted the work of the Advocacy Forum, which has been promoting advocacy across Fife since 2011, and noted the role of peer advocacy in offering long-term support. She confirmed that a gap analysis has been committed to, and the Committee has agreed that a delivery plan will be produced to address identified gaps.</p> <p>David Ross invited Rosemary Liewald, Interim Chair of the Quality and Communities Committee, David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee and Colin Grieve, Chair of the Strategic Planning Group to comment on discussions at Committees before opening to questions from Board members.</p> <p>Rosemary Liewald advised that the report had been discussed in detail at Quality and Communities Committee, noting corporate parenting and progress being made. Rosemary highlighted the work of Barnardos in supporting Care Experienced Young People along with Fife Young Carers.</p> <p>David Alexander confirmed nothing to escalate from committee.</p> <p>Colin Grieve confirmed nothing to escalate from committee.</p> <p>Morna Fleming commended the report, highlighting Case Study One as an example of what the Partnership is striving to achieve. She noted that the impact statement specifically mentions carers, describing it as a model approach. However, Morna raised concern that there is no</p>	

	<p>reference to Power of Attorney (POA) or advocacy for this, stressing that next of kin alone is not sufficient.</p> <p>Caroline welcomed the comments regarding POA and confirmed that conversations are ongoing on how best to promote this through a range of organisations.</p> <p>Recommendation</p> <p>The Board were assured that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively.</p>	
	<p>6.5 Care Home Grading Report</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 5th November 2025.</p> <p>David invited Caroline Cherry to present the report.</p> <p>Caroline Cherry began her update by advising that the report was presented to the IJB to provide assurance that care home inspection grades and required improvements are being monitored. She noted that the grading report, attached at Appendix 1, includes assessment grades provided by the Care Inspectorate.</p> <p>Caroline advised that grades were collected as of 9th September; however, inspections have taken place since then, so some grades may have changed. The most up-to-date grades can be accessed online. Caroline highlighted that the current average grade is 4, which the Care Inspectorate describes as 'Good.' For any care home requiring improvement, an action plan is developed. The report confirms that, as of 9th September, no care homes were closed due to grading issues.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of the Quality and Communities Committee, to comment on discussions at the Committee before opening the floor to Board members.</p> <p>Rosemary thanked Caroline for the report, emphasising the importance of monitoring care home grades. She noted the overall grade of 4, with some homes performing well above this, whilst highlighting that one care home in Kirkcaldy requires improvement work.</p> <p>Recommendation</p> <p>The Board were assured that care home inspection grades and required improvements are monitored.</p>	
	<p>6.6 Winter Planning 2025-26</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 5th November 2025, the Local Partnership Forum on 11th November 2025 and the Finance, Performance and Scrutiny Committee on 12th November 2025.</p> <p>David invited Chris Conroy to present the report.</p> <p>Chris Conroy began his update by explaining that the report was</p>	

presented to the IJB to provide assurance that plans are in place to manage predicted winter pressures. He acknowledged the ongoing challenges faced by the system during winter, noting that many of the measures outlined are not unique to winter but reflect pressures experienced throughout the year.

Chris highlighted the robust planning process behind the Winter Plan, developed in close collaboration with partners and informed by a detailed review of previous plans and lessons learned from past winters. He recognised the significant challenges ahead, including increased activity across health and social care, adverse weather, and staff illness, all of which require rapid responses to extreme situations.

Key actions include progress on the national 'Discharge Without Delay' programme, the establishment of a frailty unit at Victoria Hospital, and dedicated work in community hospitals to review discharge assessments, which has already reduced length of stay. The Hospital at Home service has expanded, enabling acute care to be delivered in patients' homes, with ambitions to extend this beyond frailty into other specialist areas. The Primary Care Strategy is being extended into out-of-hours and urgent care services.

Chris also outlined work to support care homes, including enabling direct GP access out-of-hours to bypass NHS 24 and ensuring updated care plans reflect patients' wishes. He stressed the importance of the winter vaccination programme to protect both the population and staff, asking members to promote vaccine uptake, particularly among health and social care staff.

A surge plan is in place, with a staged approach activated only if absolutely necessary. Chris thanked staff for their agility in supporting surge responses and emphasised the robust planning processes and regular system flow meetings that monitor pressures and address emerging challenges swiftly. He noted the success achieved over recent winters and expressed confidence in similar outcomes this year.

Lynne Garvey reinforced the importance of flu vaccination uptake among health and social care staff and requested support from Trade Unions and Staffside colleagues. Lynne Parsons confirmed her commitment to support this.

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

Rosemary Liewald thanked Chris for the comprehensive report and commended the level of preparation for winter, particularly the expansion of the Hospital at Home service, which she noted reflects what communities want. She expressed confidence that appropriate measures are in place and confirmed her willingness to promote vaccine uptake across all platforms.

	<p>Vicki Bennett noted no comments from the Local Partnership Forum.</p> <p>David Alexander confirmed his support to promote winter vaccines.</p> <p>Chris McKenna encouraged flu vaccine uptake, citing Public Health Scotland evidence that it is effective against the current strain. He noted that pressures on teams persist year-round, not just in winter, and acknowledged the constant strain on acute services. Chris thanked Health and Social Care colleagues for their support in maintaining patient flow amid rising demand.</p> <p>Lynn Barker recognised the efforts of staff across Health and Social Care, particularly during winter pressures, and committed to supporting delivery of care. She confirmed that she and Lisa would be meeting after the IJB to ensure processes are in place to promote flu vaccine uptake and ensure accessibility to all.</p> <p>Morna commended the report but raised concerns about discharge planning, noting that some older patients may say or do what is necessary to leave hospital, only for the responsibility to fall on carers once home. She warned this can create a false impression of readiness for discharge.</p> <p>Chris McKenna acknowledged this challenge but highlighted the role of robust assessment teams and criteria, which often will intervene in these instances to delay discharge until safe. He stressed that once hospital care needs end, individuals can be supported at home with appropriate services for as long as required. He emphasised that decisions should be made collaboratively with the individual, family/carer, and clinical teams to ensure discharge is both safe and realistic.</p> <p>Lynne added that every hospital in Fife has Care at Home assessors, with carers represented through the discharge hub. She noted that the ‘What Matters to You’ question is asked during assessments, and ARPs review patients once home and again at regular intervals thereafter. The START enablement programme ensures regular reassessment.</p> <p>Chris Conroy concluded by noting positive feedback from Committees and confirmed that a robust Winter Plan is in place, with flexibility to adapt to emerging challenges.</p> <p>Recommendation</p> <p>The Board were assured of plans in place to address the predicted winter pressures and noted last winter’s performance despite significant pressures.</p>	
7	<p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Lived Experience – Advocacy (video)</p> <p>David Ross invited Lynn Barker to present the Lived Experience video highlighting Advocacy in Fife.</p> <p>Lynn noted that the item was being presented to the Integration Joint Board alongside the Annual Report, which had been shared earlier in the</p>	

	<p>meeting (Item 6.4).</p> <p>Rosemary Liewald queried whether adult advocacy teams, specifically those supporting vulnerable adults, are able to make calls to utility companies on their behalf.</p> <p>Caroline Cherry responded by noting the variations in Power of Attorney (POA) powers and confirmed she would speak with colleagues in the Advocacy Team to clarify and provide an update to Rosemary.</p>	CCh
8	<p>INTEGRATED PERFORMANCE & QUALITY</p> <p>8.1 Finance Update – Month 6</p> <p>David advised this report has been discussed at the Local Partnership Forum on 16th September 2025 and the Finance Performance and Scrutiny Committee on 17th September 2025 and invited Tracy Hogg to present the report.</p> <p>Tracy began her update by advising that as at 30 September 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.8m, which Tracy noted is an adverse movement of £1.3m from the July position.</p> <p>Tracy highlighted that section 5 of the paper provides analysis of the overspend and also provides details on the movement.</p> <p>Currently the key areas of overspend are: –</p> <ul style="list-style-type: none"> • Mental health services • Service level agreements and out of area treatment centres • Social care packages • Non achievement of delivery of savings <p>Tracy advised that the main movement was within mental health and is mainly due to our continued reliance on medical agency and bank staff.</p> <p>Tracy explained that section 6 and Appendix 3 outline the savings delivery plan, with a total savings package of £29.4m incorporating service redesign and transformational change. Current projections indicate delivery of £24m, which Tracy confirmed represents 82% of the overall target.</p> <p>Tracy provided assurance that weekly progress meetings on savings delivery are ongoing. These sessions focus on identifying and addressing barriers to achieving savings and maintaining momentum on delivery.</p> <p>Tracy noted that section 7 and Appendix 4 provide an update on reserve balances, which total £1.7m and are fully committed. Tracy advised members that the largest allocation is for the transition from analogue to digital community alarms.</p> <p>Tracy advised that the paper also provides an update on recovery actions to achieve financial balance. Management actions have been implemented throughout the year to mitigate overspend and confirmed that expenditure will continue to be monitored closely with steps taken to reduce costs where possible (e.g., limiting discretionary spend such as</p>	

	<p>travel, printing, and supplies; holding management posts; and utilising reserves). Tracy advised that in line with our integration scheme, a formal recovery plan is required where an overspend occurs. Members were assured that this plan will be developed and presented at a future meeting, if required.</p> <p>David Ross invited Vicki Bennett, Kenny McCallum and Lynne Garvey, Co-Chairs of the Local Partnership Forum and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committees before opening to questions from Board members.</p> <p>Vicki Bennett noted no comments from Local Partnership Forum.</p> <p>David Alexander expressed concern over additional costs from other Health Boards, which have resulted in an inherent negative balance for the remainder of the year. He indicated a desire to identify ways to address this issue.</p> <p>Tracy confirmed the SLA overspend, which resulted from a change in the charging model introduced by Lothian, later adopted by Tayside and Forth. This adjustment has led to significant, unforeseen costs.</p> <p>Tracy confirmed that management actions have been implemented to help mitigate the overspend, and she and Lynne are engaging with partners to explore further options.</p> <p>Lynne noted that we are currently in recovery mode, progressing actions with minimal impact. Further recovery measures will require decisions through other forums. While challenges remain, Lynne assured members that lower-impact recovery actions are already well underway.</p> <p>Recommendation</p> <p>The Board were: -</p> <ul style="list-style-type: none"> • Assured that there is robust financial monitoring in place • Noted the projected outturn position for delegated services for 2025-26 financial year as at 30th September 2025 as outlined in Appendices 1-4 of the report; and • Approved the Direction to NHS Fife & Fife Council for additional allocations. 	
<p>9</p>	<p>GOVERNANCE & OUTCOMES</p> <p>9.1 IJB Workplan</p> <p>David Ross advised that the IJB Workplan had been made available for member information.</p>	
	<p>9.2 Membership Update</p> <p>David introduced Vanessa Salmond who presented this report advising of the below member transitions.</p> <p>Vanessa formally thanked and recognised the contribution of Ian Dall and welcomed Ken Fraser into the Public Representative role from today's</p>	

	<p>meeting. Vanessa welcomed Alistair Morris to the Board and gave thanks to Alistair for also joining the Finance, Performance and Scrutiny Committee.</p> <p><u>IJB Membership</u></p> <p>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.</p> <p>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.</p> <p>The Integration Joint Board formally recorded its sincere appreciation to Ian for his significant and valued contribution to the Board.</p> <p><u>Committee Membership</u></p> <p>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.</p> <p>A permanent Chair is also sought for the 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.</p> <p><u>Recommendation</u></p> <p>The Board: -</p> <ul style="list-style-type: none"> • Formally agreed member transitions as detailed in the report. • Noted its sincere appreciation to Ian Dall for his significant and valued contribution to the Integration Joint Board. 	
<p>10</p>	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Equality, Diversity & Inclusion Year 1 Annual Report 2024-25</p> <p>David Ross advised this report had been discussed at the Quality and Communities Committee on 5th November 2025 and the Local Partnership Forum on 11th November 2025 and introduced Roy Lawrence who presented the report.</p> <p>Roy Lawrence began his update by explaining that the report was presented to the IJB to provide assurance that efforts to support the workforce in feeling included and valued are making real progress and having a positive impact across staff groups.</p> <p>He noted this is the first annual report on the action plan endorsed by the Board last November. Key achievements include the launch of the Partnership Equality Network, chaired by two neurodiverse colleagues, successful communication campaigns to raise awareness, and the development of a new inclusion toolkit. Roy shared that the Partnership was also awarded Silver Pathfinder status this year, following the Bronze award last year.</p> <p>Roy acknowledged that further work is required, particularly in protecting</p>	

	<p>time for equality, diversity and inclusion (EDI) activities and ensuring more consistent communication. The next phase will focus on embedding inclusion into everyday practice, supported by continued leadership, visibility, and clear messaging.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of the Quality and Communities Committee, along with Vicki Bennett, Kenny McCallum, and Lynne Garvey, Co-Chairs of the Local Partnership Forum, to comment on Committee discussions before opening to questions from Board members.</p> <p>Rosemary thanked Roy for the report and complimented the case studies included within.</p> <p>Vicki Bennett noted nothing to raise from LPF.</p> <p>Recommendation</p> <p>The Board were assured 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.</p>	
	<p>10.2 Public Sector Climate Change Duties Annual Report 2025</p> <p>David Ross advised this report had been discussed at the Finance Performance and Scrutiny Committee on 12th November 2025 and introduced Lisa Cooper who presented the report.</p> <p>Lisa Cooper introduced the report advising that it was presented to the IJB to seek agreement on the five priorities for the year ahead, as outlined in the assessment section.</p> <p>Lisa noted that the report was prepared in line with the Climate Change (Scotland) Order 2015, which places a duty on public bodies to produce an annual report. This is Fife IJB's ninth report, covering the period 2024–25, and includes five strategic priorities detailed on page 287. Lisa, who chairs the Climate Change Group, highlighted ongoing work with partner organisations to raise awareness and ensure compliance with statutory duties.</p> <p>Avril Sweeney added that the priorities build on previous years, with a key focus on supporting partners, raising awareness, and delivering staff training. She noted that a number of staff have already completed carbon literacy training.</p> <p>David Ross then invited David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee, to comment on Committee discussions before opening the floor to questions from Board members.</p> <p>David Alexander confirmed nothing to add from committee.</p> <p>Recommendation</p> <p>The Board discussed the report and agreed the 5 priorities highlighted for the year ahead as outlined in the assessment section of the report.</p>	

11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Strategic Planning Group – 3 September 2025 • Quality & Communities Committee – 5 September 2025 • Local Partnership Forum – 16 September 2025 • Finance, Performance & Scrutiny Committee – 17 September 2025 • Audit and Assurance Committee – 19 September 2025 <p>David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.</p>	
12	<p>AOCB</p> <p>As 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 meeting.</p>	
13	<p>DATE OF NEXT MEETING</p> <p>INTEGRATION JOINT BOARD – WEDNESDAY 28 JANUARY 2026</p>	

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 26 NOVEMBER 2025

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1				

COMPLETED ACTIONS

<p>IJB 261125 7.1 Lived Experience – Advocacy Video Caroline to investigate via Advocacy Team re POA authorities in relation to advocates supporting vulnerable adults with telephone calls to utility companies etc. and revert to Rosemary Liewald to clarify powers.</p>	<p>Caroline Cherry</p>	<p>TBC</p>	<p>29/12: CCh confirmed Advocacy support with these calls – RLie updated via email.</p>
<p>IJB 290925 8.3 Refreshed Performance Approach 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>	<p>Vanessa Salmond</p>	<p>Jan 2026</p>	<p>Report preparation underway and item included on Jan agenda.</p>
<p>IJB 261125 6.1 Prevention & Early Intervention Strategy Performance Framework to be developed and brought back to IJB in May 2026.</p>	<p>Lisa Cooper</p>	<p>May 2026</p>	<p>Governance route mapped out – report to progress through Committees and on to IJB 27th May.</p>
<p>IJB 290925 6.1 Mental Health & Wellbeing Strategy 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 EQIA section to be reviewed 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 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.</p>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	28 January 2026
Report Title:	Chairs Assurance Report – Quality and Communities Committee		
Agenda Item No:	5.1		
Committee Chair:	Rosemary Liewald (Interim)		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer IJB Lynn Barker, Director of Nursing, HSCP		
Report Author:	Vanessa Salmond, Head of Strategic Planning & Performance		

Executive Summary

- 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: -	
Provide Assurance	<input checked="" type="checkbox"/>	Members are assured that the Quality and Communities Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions

No Direction Required	<input checked="" type="checkbox"/>
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 2 items of business due to be presented at this Committee cycle which were delayed: Suicide Prevention Plan and Pharmaceutical Care Services Report which have both been rescheduled.

At the meeting on 7th January the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action Log.
- **Governance & Outcomes:** QMAG Update
- **Strategic Planning & Delivery:** Hospital at Home PID; Digital Strategy Year 1 Report
- **Legislative Requirements & Annual Reports:** Adult Support & Protection (Social Work) Report; Chief Social Work Officer Report; Armed Forces Covenant Duty Annual Report 2025; Fife Dental & Oral Health Improvement Annual Report; Performance Report; CAMHS Performance Yearly Update; Fife Health Literacy; Post Diagnostic Support for Dementia; EDI Reverse Mentoring Pilot Programme.

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **QMAG Update:** Members were assured that effective governance, quality and safety arrangements are in place across HSCP.
- **Hospital at Home PID:** Members were assured that robust governance and control arrangements are in place to support implementation and manage programme risks.
- **Digital Strategy Year 1 Report:** Members were assured of the HSCP Digital Strategy Year 1 Delivery Plan progress and agreed progression to the IJB.
- **Adult Support & Protection (Social Work) Report:** Members were assured of the data, activity and improvement within Social Work Services.
- **Chief Social Work Officer Report:** Members were assured of the activity across Social Work services during 2024-25.
- **Armed Forces Covenant Duty Annual Report 2025:** Members were assured of the progress made over the last year and that Fife HSCP is meeting its statutory requirements under the Armed Forces Covenant Duty.
- **Fife Dental & Oral Health Improvement Annual Report:** Members were assured that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.
- **Performance Report:** Members were assured regarding progress of key HSCP performance metrics.
- **CAMHS Performance Yearly Update:** Members were assured by the CAMHS yearly update report.
- **Fife Health Literacy:** Members were assured on the progress made to develop work around health literacy with the aim of making Fife HSCP a health literate organisation.
- **Post Diagnostic Support for Dementia:** Members were assured that appropriate and robust action is underway to continue with the reduction of the waiting time for Post Diagnostic Support.
- **EDI Reverse Mentoring Pilot Programme:** Members were assured that HSCP is committed to ensuring our workforce feel valued, included and supported within the workplace.

Decision

- **Performance Report:** Members agreed to a Development Session would be useful to fully understand the performance reporting metrics and methodology.

Escalations/Highlights to the IJB

There were no items for escalation 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						
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07.01.2026	<input type="checkbox"/>	<input type="checkbox"/>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	28 January 2026
Report Title:	Chairs Assurance Report – Finance, Performance and Scrutiny Committee		
Agenda Item No:	5.2		
Committee Chair:	John Kemp (Acting Chair)		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Tracy Hogg, Chief Finance Officer		
Report Author:	Vanessa Salmond, Head of Strategic Planning and Performance		

Executive Summary

- This report provides assurance that the Finance, Performance and Scrutiny Committee is operating in line with its Terms of Reference and 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: -
Provide Assurance	<input checked="" type="checkbox"/>	Members as assured that the Finance, Performance and Scrutiny Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions

No Direction Required	<input checked="" type="checkbox"/>
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 and all items scheduled were presented at this Committee.

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

- **Regular Business:** Minutes of previous meeting and Action log.
- **Finance:** Finance Update; FP&S Risk Register Deep Dive Review Report – Risk 3 (Finance)
- **Performance:** Performance Report; Monitoring Progress of Directions
- **Strategies:** Digital Strategy

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **FP&S Risk Register Deep Dive Review Report:** Members were assured on the management of this risk.
- **Performance Report:** Following discussion, it was agreed a Development Session will be scheduled for members to provide more clarity of the progress of key HSCP performance metrics.
- **Monitoring of Directions:** Members were assured that appropriate Governance arrangements are being advanced as per the requirements of the Integration Scheme and support progression to the IJB.
- **Digital Strategy:** Members were assured of the HSCP Digital Strategy Year 1 Delivery Plan progress.

Recommendations

- **Finance Update:** Members were assured that options and opportunities are being continually reviewed and actioned to improve the current financial position for the remainder of 2025-26 and agreed to remit the Directions to IJB for formal agreement to issue.

IJB Escalations

There were no items for escalation to IJB.

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 <i>previously</i> considered by the following Groups/Committees <i>on route</i> to this meeting and <i>will be considered</i> by the following Groups/Committees <i>following</i> this meeting.						
	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.01.2026	<input type="checkbox"/>	<input type="checkbox"/>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Fife Integration Joint Board	Date:	28th January 2026
Report Title:	Fife Alcohol and Drug Partnership Drug Related Death 2024 Report		
Agenda Item No:	7.1		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board		
Report Author:	Elizabeth Butters, Fife ADP Service Manager		

Executive Summary

- Four fewer drug related deaths (DRDs) from 2023 to 2024
- Reduction in women’s deaths by nearly half
- 74% decrease in deaths within the 15-24 age range and start of a downward trend
- Fife are below the Scottish average and have been since 2014 based on a 100k population rating over 5-year periods
- However, numbers of deaths have increased over time and are significantly higher in Fife and in Scotland than other European countries
- Locality rates are provided per 100k population showing that Levenmouth and Cowdenbeath have the highest rates. Further analysis has concluded that these areas have the highest numbers of cocaine indicated in the deaths.
- Higher percentage of deaths with benzodiazepines present than the Scottish average
- Fife employ two approaches, the first is to respond to trends and changes in the drug landscape for prevention and early intervention and the second to increase access and retention in treatment and recovery services and improve the quality of the system of care.
- This report provides a moderate level of assurance regarding the actions that teams are taking to address drug deaths in Fife.

Recommendations

This paper is presented to: -	Clearly outline below what the Board/Committee are being asked to do: -	
Seek a Decision	<input type="checkbox"/>	
Risk Appetite Section MUST be completed	<input type="checkbox"/>	

Provide Assurance	<input checked="" type="checkbox"/>	The report intends to provide a moderate level of assurance on the current and redevelopment of the ADP strategic and operation delivery plan to address drivers and prevent drug related deaths in Fife.
For Discussion	<input checked="" type="checkbox"/>	It is recommended that the IJB discuss the analysis of the Fife's Drug Related Deaths for 2024 as outlined in Appendix 1 and the current ADP response and actions.
For Noting	<input type="checkbox"/>	

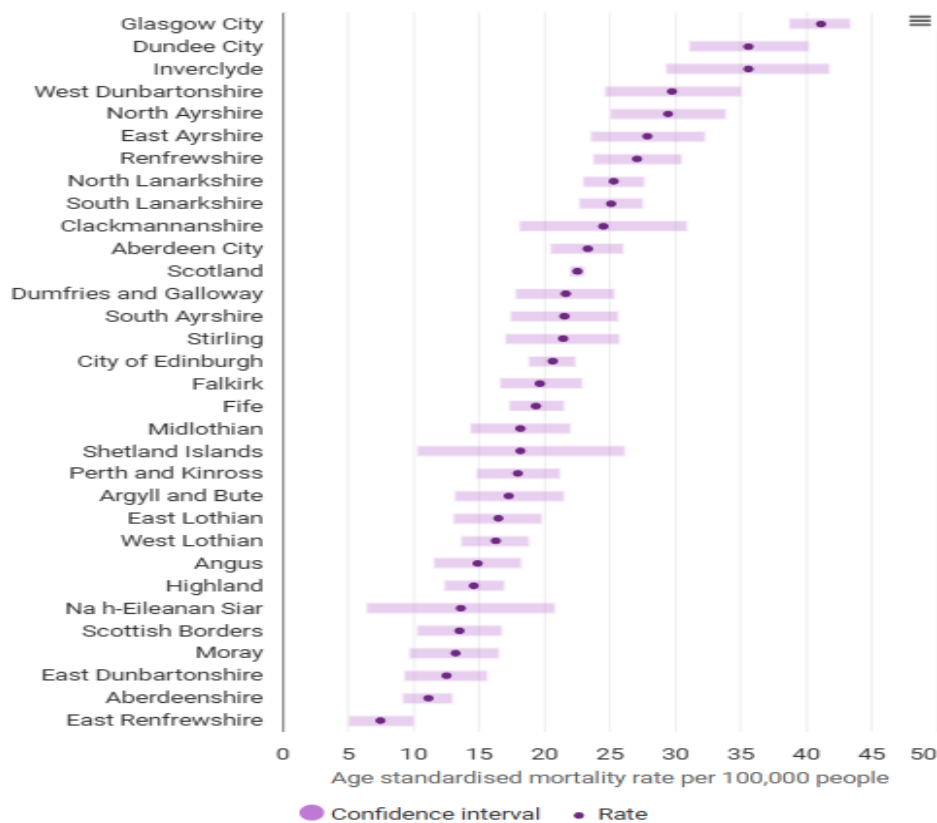
Directions	
No Direction Required	<input checked="" type="checkbox"/>
Fife Council	<input type="checkbox"/>
NHS Fife	<input type="checkbox"/>

Situation/Background (Purpose of Report)

Drug-related deaths in Scotland remains a public health priority. In 2024, Scotland reported 1,017 drug related deaths – 19.1 deaths per 100,000 population. Although the registered number in 2024, was 13% less when compared with drug-related deaths in 2023, the number of deaths remains a concern, and continues to be the highest rate in the UK and Europe. The majority of deaths fall within a young age range (35-54 years); with males contributing to the large majority of deaths. Those from most deprived areas of Scotland are around 13 times more likely to die than those from least deprived areas. Opioids continue to be the substances most commonly implicated in the deaths (around 80%); however, consistently statistics have reported multiple substance use (6-8 substances) as generally contributing to the deaths. Recent years have seen benzodiazepines, cocaine and gabapentinoids, increasingly implicated in the deaths; as well as, synthetic substances, such as nitazenes and xylazine.

Fife is one of the local authority areas that has a lower mortality rate than the average rate in Scotland. Fife-specific statistics have reflected a similar pattern as the Scotland-wide statistics, with a reduction in the number of deaths from 2023 to 2024 (from 73 deaths in 2023 to 69 deaths in 2024). Over the past few years, Fife’s drug-related deaths have ranged from 17-21 per 100,000 population.

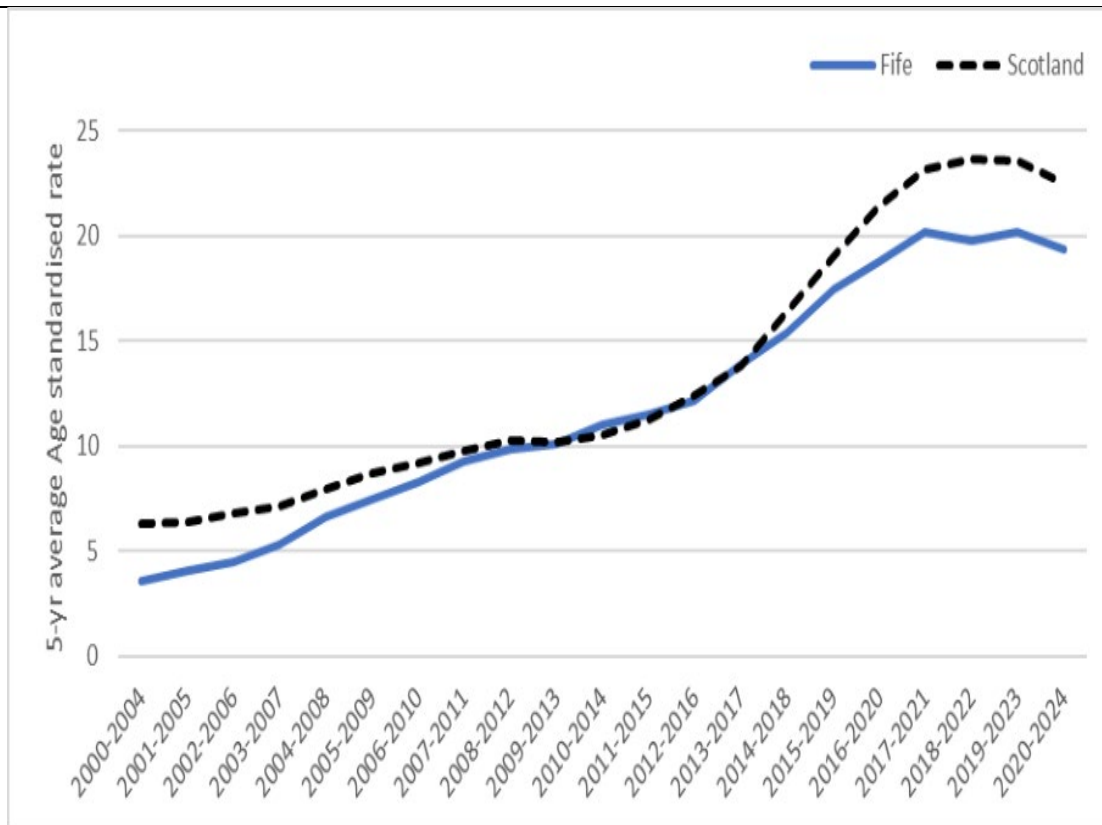
Age standardised mortality rate of drug misuse deaths by council area, 2020-2024^{2, 3}



² : Error bars represent 95% confidence intervals

³ : Orkney Islands had fewer than 10 deaths, so no rates were calculated and it is not shown in the above chart.

The graph below demonstrates the drug related death trend in the area from 2010 to 2024 as five year rolling averages (dotted line) and annual fluctuations.



National Records Scotland is the accountable body for collecting and publishing the Drug Related Death Report each year. This is presented as a calendar year total and records are from 2002 onwards based on health board and locality area. The definition of drug deaths used in Scotland is categorised as drug misuse. This includes **all deaths where the underlying cause was “drug misuse” OR where the underlying cause was poisoning AND there was a controlled substance in the body. This definition excludes cases where drug use indirectly led to the death or where chronic health conditions caused by drug use caused the death.** This definition will include deaths of people who were not known and would not have a presenting substance use disorder and, therefore, unlikely to be in alcohol and drug treatment services.

For a number of years, Fife ADP actively engaged in reviewing all drug-related deaths in Fife; identified learnings and facilitated initiatives for improvement and delivery. These learnings underpin the Fife ADP Strategy for 2024/27. The strategic themes of the Strategy include: Prevention and early intervention; Protecting people from harm; Improving the quality and accessibility of the treatment and support system of care; Quality of life improvements for people with multiple disadvantages and Support for families, including adults, children and young people affected by substance use.

ADP commissioning, service improvements internally within the ADP and strategic alliances formed across the HSCP, local authority and NHS are outlined in the Delivery Plan 2025/26. These are derived from the Needs Assessment, participation and engagement with communities and lived and living experience and analysis of best practise in other ADP areas.

Assessment (Key Points/Issues and Risks)

The ADP Strategy and action plan, promote two main approaches to implementation – delivering to core strategic initiatives, such as the nation MAT Standards, and responding to the changes in drug use landscape that are driving the numbers of deaths across Fife and Scotland.

The Drug Related Death Summary Report 2024 prepared by NHS Fife Public Health Intelligence Team (Appendix 1) provides a brief analysis of the circumstances of people who sadly lost their lives in Fife from a drug related death based on the published National Records of Scotland report. Fife ADP Support Team and NHS Fife Addiction Services gather data from suspected drug related deaths and near fatal overdoses, to produce drug warning alerts, raise awareness across workforces and to respond agilely and mobilise immediately to heightened risks in the community. Additional analysis conducted by the ADP provides a more in depth understanding of how people interact with the services and where there are gaps in the ADP system and other systems providing care and support to people affected by alcohol and drug use. Much of this data informs strategic and systemic action plans. The previous Annual Plan is being reviewed against this analysis and additional focus on the most impactful work will be developed to apply learning from this year.

The Drug Harm Assessment Group meets monthly and gathers information from suspected drug related deaths, non-fatal overdoses, national RADAR reports, self-testing from WEDINOS and information from the Living Experience Group. This approach enables an earlier and targeted response to harm caused by drug use and polydrug use. Task and finish groups are stood up when there is an emergent issue with particular substances and are developed to prevent and contain harm to the population from an unstable and unpredictable drugs market.

The main findings of both summaries are detailed below and the current improvement actions under review are provided to demonstrate the current response:

- Cocaine deaths:

Polydrug use contributes to the majority of drug related deaths. The past few years have witnessed and increase in cocaine and crack cocaine being implicated in registered drug deaths. In Fife, cocaine and crack cocaine have been implicated in 55% of deaths (38 of the 69 deaths). Stimulants in general were present in 45 deaths. For comparison, in 2023, cocaine was implicated in 34 of the 73 deaths.

ADP Response: A short life working group was established in June 2025 to conduct a deep dive analysis and address crack cocaine and cocaine use. A specialised residential rehabilitation pathway focused on One Stop Shops in Cowdenbeath and Dunfermline and a Public Health campaign are all in development in response to the increasing prevalence of cocaine and crack cocaine and associated harm. This plan has been approved by both the ADP Committee and the NHS Fife Public Health and Wellbeing Committee.

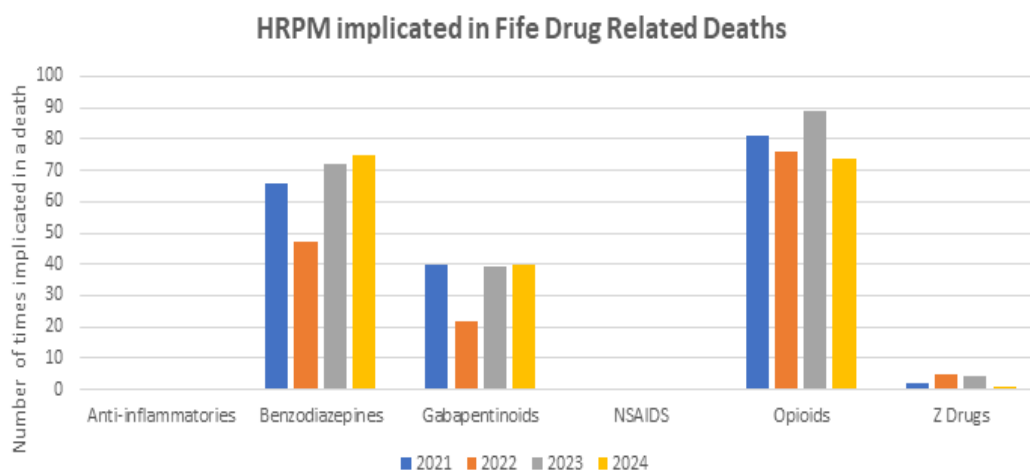
- Benzodiazepine deaths:

Deaths featuring benzodiazepines have increased over the years and a focused approach on this substance was required. NHS Fife's unique and innovative approach within their Benzodiazepine Clinic has made a significant difference to people using these substances and provides intensive psychological based support, nursing and medical input, including third sector support, to support reduction and detox. This has been recognised nationally as a best practice model.

- **Gabapentinoid deaths:**

High risk pain medicines, such as gabapentinoids, are increasingly implicated in drug deaths.

ADP Response: The ADP are continuing to work in partnership with the Fife Lead Clinical Pain Pharmacist through the Fife High Risk Pain Medicine Safety Programme (HRPMSP) and a joint presentation was delivered to General Practitioners during protected learning time in November. The presentation focused on high risk pain medicine and drug related deaths in Fife and highlight areas of improvement. As well as this, the Advisory Council on the Misuse of Drugs (ACMD) is currently reviewing the evidence on the misuse and harms of pregabalin and gabapentin (gabapentinoids) in the United Kingdom. The ADP has provided asked a response to this and on impact for people affected by other substance use. Finally, the HRPMSP will develop a public awareness campaign this year, highlighting the risks of gabapentinoid use, and will work with the ADP Support Team to deliver this. Delivering training to Primary Care via the protected learning time was the first step in this approach.



- **Nitazene deaths:**

Nitazenes (potent synthetic opioids) are increasingly implicated in drug deaths. Fife has had less of a problem with nitazenes, than the rest of Scotland. In Fife, nitazenes were not implicated in any deaths in 2023 and has featured in eight deaths in 2024.

ADP Response: Drug alerts on this substance, with up to date harm reduction advice, have been produced in year to enable the ADP and the broader workforce to tailor their delivery and approach to people and their families at risk. KY Clubs, WithYou outreach and harm reduction service, including their community training service, and the harm reduction Community Pharmacy Service have all been integral in raising awareness of the issue, encouraging Take Home Naloxone (THN) usage, injecting equipment provision, overdose awareness training and general advice about synthetic opioids and their rapid onset and potency. As with polydrug use, people using these substances (which can often be without their knowledge, given the high levels of adulteration) will be known to services making appropriate enquiries, positioning harm reduction at the start of service delivery and at the start of appointments, which can be very effective.

- **Gender focus:**

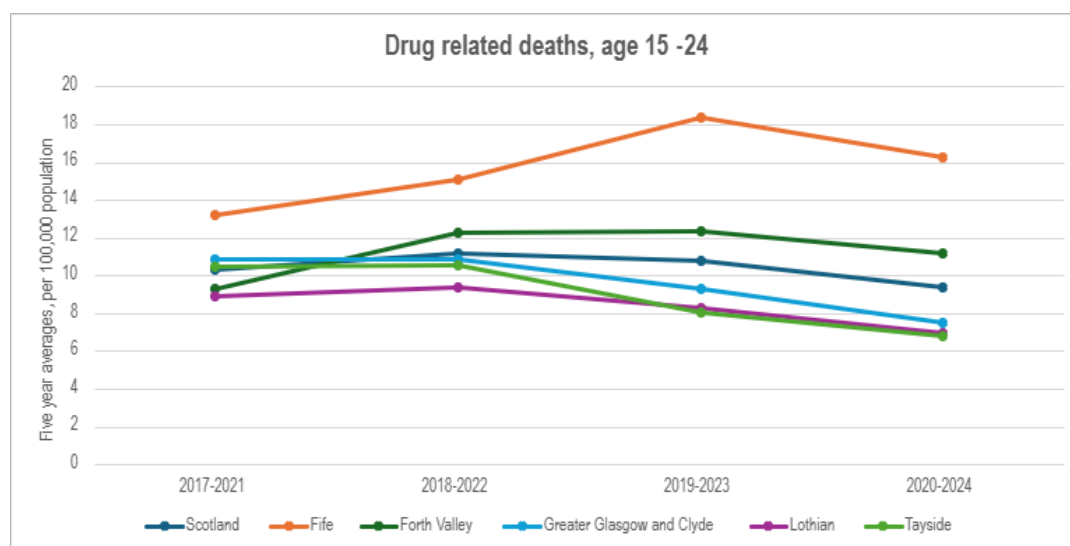
Women's deaths have nearly halved from 2023 (n29) to 2024 (n16).

ADP Response: The ADP monitors services on a six month and yearly basis and this ensures that there is a proportionate level of delivery supporting women affected by substance use. Gender based approaches are integrated through the MAT Standards delivery and, as such, are considered in the workforce delivery plan for MAT 6 and 10.

There are bespoke approaches for women within the recovery cafés and network provided by third sector, in particular Restoration and a dedicated KY Women's Club developed in the Levenmouth locality. The latter supported 14 women into treatment during 2024/25 and has continued to support women experiencing addiction and trauma in this community. The Safer and Together training has just been completed by staff teams to improve the support offered to women across the full service.

- Younger age (15-24 years) group deaths:

Compared to the rest of Scotland, Fife registered a high number of deaths in this age group. The 5-year average for Fife is around 15 per 100,000 population within this age group. Latest figures suggest a downward trend (3 deaths in 2024).



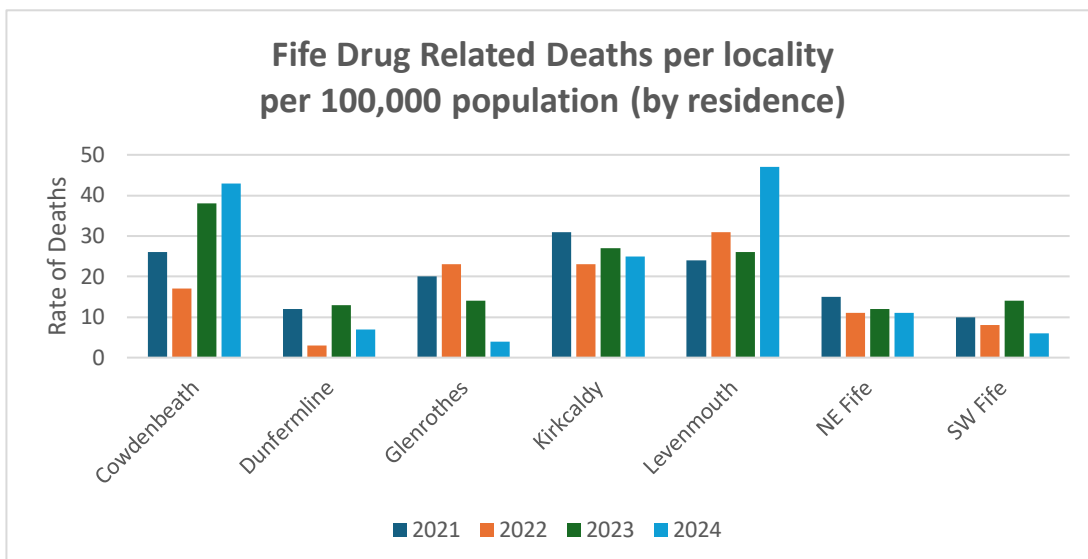
ADP Response:

The ADP has developed a Fife-wide action plan to address this issue. Ongoing evaluation reflects effectiveness of the action plan, with recent statistics showing a significant reduction in deaths in this age group – from 11 deaths in 2023 to 3 deaths in 2024.

- The ADP established and led on a multiagency rapid action group across the HSCP, NHS, FC and voluntary sector. The THINK Again campaign, developed with young people, has raised awareness of risks of poly use and adulterated substances and challenged assumptions that drugs considered recreational are not safe for use. There are new education and support sessions available for parents and carers, both online and in person. Scottish Ambulance Service has attended schools to encourage young people to call for help should it be required in any circumstances. Bespoke sessions with foster carers have been delivered and this is also to be extended to kinship carers and residential Social Work staff. Training and awareness sessions are planned with all staff working with children and young people (CYP), promoted through Health Promotions training. A specialised hospital pathway for CYP, with 24–48 hour

community follow up, has received 25 referrals within its first seven months and whole family support is offered to the young person and their families. More than 80% of the young people have engaged in this service.

- NHS Fife Public Health intelligence team did reanalyse alcohol and drug hospital stays and ED attendances for children and young people in under 16s, 16 to 17 and 18 to 25 age ranges. Whilst numbers are small there are some reductions in presentations for under 16s but fluctuations in other age ranges. The plan has been refreshed and work has commenced with higher education and university establishments to reach young people at risk who are not currently known to services.
- Data from 3rd sector young people’s service show an increase in presentation of ketamine use over the last year. Other data sources in particular Drug and Alcohol Information System do not provide single substance data so there is a challenge to establish an understanding of prevalence in Fife. However a multidisciplinary and multi-agency approach is in development with ED, urology, NHS Addictions, 3rd sector young people services, NHS Pharmacy Services and SW Specialist Addiction Team and Young People Social work team with links to a young people Ketamine support group to prevent long term and irreversible harm from this substance. This develops on the primary care protected learning time session delivered by 3rd sector and the diagnostic guidance produced by NHS Addictions to spot early warning signs of Ketamine use in young people. This is in early development but a plan will be formed over the next quarter.
- Locality focus:
Locality variation in drug related deaths across Fife, is aligned with variations in deprivation index levels. Drug death data for Cowdenbeath and Levenmouth areas, have increased per 100,000 population, whereas other areas reflect a significant to moderate decrease. In-depth analysis of locality drug deaths, highlight Cowdenbeath and Levenmouth areas as the areas with the highest rates of death with cocaine/crack cocaine implicated.



ADP Response: The KY Clubs (one stop shops) are all in place and have been established for over two years and act as a low threshold café style access point to holistic support for substance use and associated health and social problems. Output and outcome data tracks attendance, visits and people accessing Rapid Access Clinics for treatment from NHS Fife

Addiction Services. Other initiatives, particularly within the crack cocaine and cocaine plan, are all to be developed within the remainder of the year and most will have an impact on protection for health and wellbeing, reduction of harm, access and retention in treatment, inclusion of those affected by cocaine and crack cocaine and improvement in the psychosocial and trauma informed response.

Benchmarking:

- MAT Standards have been fully implemented in Fife for 2024/25 and validated by an independent assessment from Public Health Scotland.
The FAIR (FACT, ANALYSIS, IMPLEMENTATION and REVIEW) model for sharing and empowering people with lived and living experience was used for establishment of the sustained improvement plan for 2025/26. There is a deep dive focus on the shared care model with Primary Care and integration with Mental Health. These models focus on improvement in communication and case management approaches between teams.
- Part of the benchmarking is weekly monitoring of suspected drug related deaths from Police Scotland notifications. The variance from actual deaths between 3 to 6% and thus acts as useful indicator of progress and impact. Fife currently demonstrating significant percentage reduction on all quarters compared to the previous year.
- Deaths in service are also rapidly reviewed and fully analysed by NHS Addictions service with involvement from ADP support team and wider statutory and third sector partners. This review process and its outcomes are reported via QMAG and also clinical governance
- People experiencing non-fatal overdoses are reported by Scottish Ambulance Service to the ADP and NHS. A third sector service responds to this high risk event within a 48 hour period providing harm reduction advice, equipment and immediate access into treatment and support. NHS Addictions review care plans are reviewed and additional support provided to prevent further occurrence and fatal overdose. This data also permits analysis of current trends in drug use, age, gender and locality and this is reviewed at the Drug Harm Assessment Groups for population health responses if required.

MAT 7 involves development of shared and integrated models of care focused on patient choice for addictions care. During 2024/25, qualitative data gathered from patients, their families and ADP operational staff indicate a preference to remain within the specialist service with better communication and integration of care needed with primary care. A recent communication standing operating procedure has been developed and approved with intention to survey all primary care practices both those participating in the LES and those that are not to ascertain options for further development in shared care approaches. Drug and alcohol outreach and third sector wraparound support can be integrated into primary care delivery and the MAT 7 subgroup intends to commence this over the next quarter. Specialised training input from NHS Addictions clinical lead recently started in Glenrothes locality has been completed with wraparound support provided onsite from a 3rd sector outreach services.

Drug Death Reviews

Since December 2024, NHS Fife Addiction Services, in collaboration with all partners including ADP, Public Health and third sector involved in the review process, have reviewed 91 cases. This demonstrates a strong commitment to learning respectfully from each death and ensuring continuous improvement in service delivery and support for those affected. The service has successfully transitioned to a rapid review process, allowing for an immediate improvement response. This approach enables timely staff support, ensures dedicated time to honour the individual as a multidisciplinary team, and facilitates immediate learning and reflection across wider staff groups.

Real-time implementation of learning has already led to significant service improvements, including:

- Introduction of MDT formulation for individuals who were previously difficult to engage, enabling alternative engagement strategies.
- Enhanced collaboration through attendance at non-fatal overdose meetings and strengthened shared learning with justice services.
- Family support pathway established to connect bereaved families with Scottish Families Affected by Drugs and Alcohol.

The process also highlights instances of exemplary care, allowing positive feedback to be shared with teams. Following rapid reviews, cases progress to in depth review meetings for assurance that no further learning is required. To strengthen accountability, the review processes uses an action log, reviewed at the start of each session. All actions and learning are captured in a shared themed action plan which is regularly monitored through leadership addiction meetings and integrated into the service delivery action plan. This approach ensures improvements are embedded and sustained across the service.

Appendix 2 provides an update on actions and progress from review meetings, evidencing service improvements in patient engagement, physical and mental health outcomes, and risk reduction within addiction services. These improvements reflect a series of collaborative measures implemented across third-sector agencies, Social Work, Addiction Services, and community pharmacies. Drawing on learning from both rapid and further review processes, these actions aim to strengthen communication, enhance risk management, and ensure timely interventions. The service continues to work in close partnership with the ADP to ensure improvements are aligned with emerging trends and prevalence data. For example, the Cocaine Action Plan was introduced in response to increasing cocaine-related harms. A short-life working group is currently exploring the delivery of more intensive, tailored interventions in Cowdenbeath, in collaboration with third-sector partners and primary care. In addition, engagement with the Lived Experience Group is central to co-producing service models that enhance accessibility, responsiveness, and overall effectiveness.

Refreshed Plan 2026/27

ADP service managers and ADP stakeholders have met to consider strategic gaps, alliances and collaborations to improve the care, support, reduce harm and consider drug related deaths from a whole system approach. Key focus is on:

- A tiered prevention approach for drug use better embedded into the system aligned to recommendations in Population Health Framework 2026 - 2036 and new Scottish Government ADP strategy.
- Digital deprivation and poverty impact on the care group for support, treatment and recovery but access to universal service provision and support from lack of equipment but lack of data and training to use.

- Better understanding of poverty and prevention crisis approaches, housing first models and initiating the synergy opportunities within these models at a full strategic Fife wide level
- Better alignment with suicide prevention Creating Hope Together and the local programme to raise awareness of co-occurrence and increased risk for those using opioids
- Consideration of a gender based approach to focus women affected by substance use. The Safe and Together Training is available to all ADP services and teams will be supported to attend.
- A focus on male trauma with trauma informed approaches and trauma treatment
- Focus on stimulant use and redevelopment of services models and new innovations to respond more affectively that current models learning from the workforce and those with lived/living experience.
- To foster and release the potential of families as equal partners in care by adopting the family inclusive 6 stage model in partnership with nationally commissioned Scottish Families Affected by Alcohol and Drugs

Related Documents/Appendices

Appendix 1 – Public Health Intelligence Team Analysis on NRS Drug Related Death 2024

Appendix 2 – NHS Addictions Drug Related Death Review & Applied Learning

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"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Integration Joint Board (IJB)		<input type="checkbox"/>	28.01.26			
NHS Fife						
Executive Leadership Team (ELT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	More detail on variation of significant external factors impacting on control and management of the risk.
Public Health & Wellbeing Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NHS Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27.01.26	<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>There is a severe and enduring impact on people at risk, their families and their communities of premature drug related mortality and harm. Responding with multi agency and whole system action plan based on prevention, early intervention and escalation of use and deterioration within care groups provides protective factors when it is collaborative and inclusive of all relevant partners and stakeholders including the community and their family.</p> <p>There are well documented life course health inequalities for those using drugs and alcohol in Scotland.</p> <p>Adults in most deprived areas are 15 times more likely to die as a result of drug use. Rights to health and to life are at increased risk due to use of illicit substances and there are severe impacts on economic, social and family life including the rights of the child.</p>
Localities/Communities	<input checked="" type="checkbox"/>	<p>Delivery of support in the centre of communities with the Localities Boards has developed over the last four years. One stop shops exist in three localities where the prevalence of harm is high. Harm reduction training, overdose awareness and provision of equipment occurs at the grassroot level, within community teams and has expanded within the Community Pharmacy network via a harm reduction service model commissioned by the ADP.</p> <p>People with lived and living experience continually providing feedback through management groups and MAT Standards experiential data has also improved quality of care and moves the ADP closer to directly responding to the voice of the person with lived experience of substance use and recovery. Without</p>

		<p>consistently measured prevalence data available at the local level in Fife it is difficult to assess in the programme is meeting all population need.</p> <p>A concentrated refreshed focused action and delivery plan with committed 3rd sector and grassroot partners will increase coverage and drive opportunity for recovery and standards for those not yet involved in treatment particularly with a focus on areas of deprivation and an all substance-based approach.</p>
Quality of Care	<input checked="" type="checkbox"/>	<p>The quality of care has improved for the people in the current system with implementation of the MAT Standards, a value and human rights based approach to care. Assertive outreach approaches employed by the third sector has increase access to support whilst also preventing unplanned early discharge including the hospital liaison service, and Specialist Social Work Team. Support offered to families both as part of a whole family support in partnership with Children’s Services, and delivery of adult carers’ support has improved outcomes for people affected by a loved ones’ use. Availability of harm reduction support across the community pharmacy network and within outreach teams including one stop shops has increased access points for those not yet in the treatment, a means of protecting health whilst not requiring formal engagement with services and thus its own support service.</p>
Workforce	<input checked="" type="checkbox"/>	<p>A 5-year increase in budget for the ADP through the Drug Mission funds has significantly increased the ADP workforce. The MAT Standards plan for NHS Addiction Services has caused significant increases in workforce to manage implementation and increase caseloads. Psychologist input has also been required for both MAT Standards and for the new Specialist Social Work Team. This is part of a planned increase in demand for services and to also provide a more intensive and frequent level of support to those with comorbidity, complex and multiple needs.</p> <p>Increases have also occurred in the third sector to manage capacity demands and respond to local needs mainly for residential rehabilitation access, assertive outreach, young people’s service and hospital liaison</p> <p>The continuous improvement approach needed will require the workforce to delivery services differently and this could constitute changes in partnership and integrative working. Service managers in the system will need to carefully monitor pressure and capacity on staff if volume of people accessing and in the treatment system increases significantly.</p>
Legal	<input checked="" type="checkbox"/>	<p>Current legal frameworks prohibit exploration and application of some harm reduction approaches.</p>
Financial	<input checked="" type="checkbox"/>	<p>Scottish Government allocation is maintained at 2025/26 levels for the next financial year and increases to the core provision are not expected. Availability of external funding for 3rd sector and partners has created focused capacity particularly in trauma informed approaches and in delivery of services to young people.</p>

		In tandem, creative and innovative delivery styles and releasing capacity in integration (NHS Addictions with the SW Specialist Substance Use Team) strengthening partnerships particularly with housing and homelessness teams has increased outreach and opportunity for care in different settings. Consolidation of Tier 2 delivery will also release capacity in assertive outreach and harm reduction approaches during 2026/27.
Performance	<input checked="" type="checkbox"/>	High level of performance is outlined within this report.
Climate Climate Fife 2024 Strategy and Action Plan	<input type="checkbox"/>	
Communication and Engagement	<input checked="" type="checkbox"/>	<p>The Lived Experience Panel Chair is a member of the ADP and has attended all meetings and consulted with the Panel on ADP strategy, policy and service reviews. Over the year the Lived Experience Panel has contributed to the review of their own Panel and recruitment of an independent service to support their individual and collective development. People with lived and living experience have been involved with the co-production and planning of the locality-based approaches and continued to be regularly consulted on their needs as the project evolves. The ADP works closely with Scottish Drugs Forum’s living experience group based in Dunfermline and a management group meets quarterly to consider feedback and improvement recommendations from this group. This group also contributes to monthly drug alerts and harm reduction providing valuable non stigmatising advice on the reception of these in communities. A lived experience panel member is part of the residential rehabilitation improvement group.</p> <p>The ADP has commissioned Scottish Drugs Forum to employ people with lived experience to gather experiential data from people using services and their family members in Fife. This is part of the assessment of the impact of the MAT Standards implementation and contributes to the Public Health Scotland RAG assessment for 2024/25 and this has continued into 2025/26.</p> <p>The ADP Communication plan has involved the THINK again campaign to address harm impacting young people from their own drug use. To produce this document the ADP and partners met with different groups of children and young people.</p>
Risk & Mitigation	<input checked="" type="checkbox"/>	<p>The timely and appropriate response to substance related deaths is featured on both the ADP risk register was included in the NHS Board Corporate risk register for the last year and a risk is planned for the HSCP risk register. The risk focuses on the potential failure to adequately monitor, assess and respond appropriately and expediently to all factors that maintain and escalate premature mortality and harm caused by substance use. Both have subsequent and tailored actions and are monitored on a quarterly basis by the appropriate governance structures. The current risk appetite for the Board on this risk is hungry and it is aligned to “Improve health and wellbeing”. In the context of drug</p>

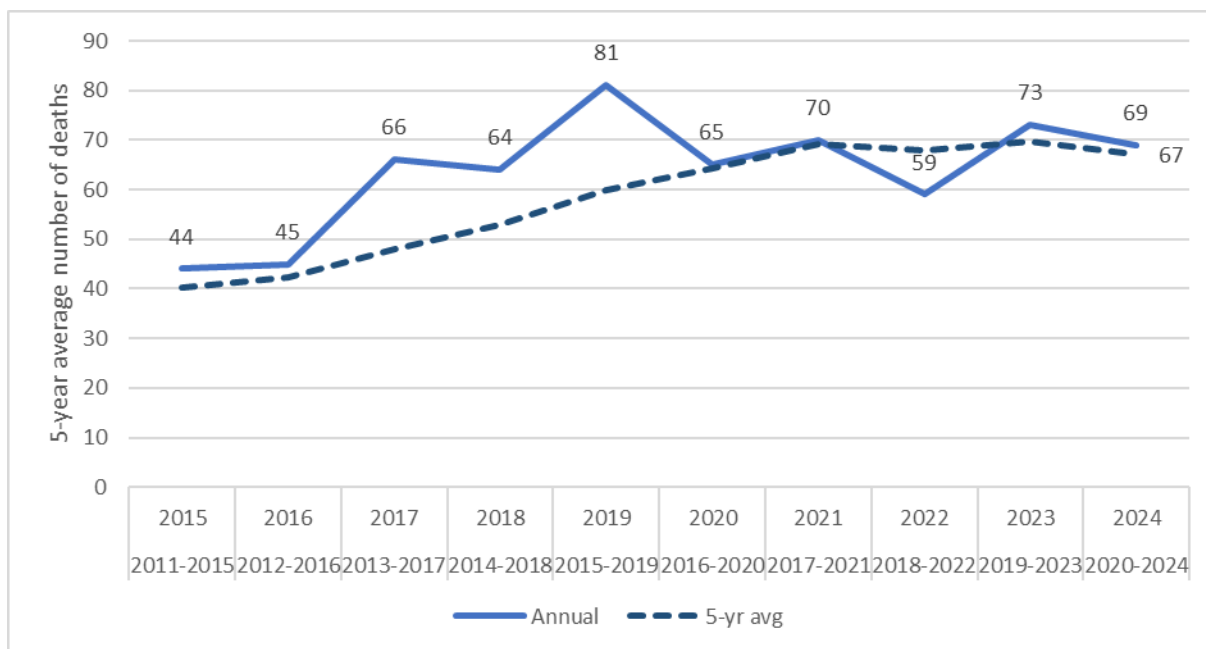
		<p>related deaths, it is imperative to consider the significant drivers of non-random variation that are outwith the full influence or control of the ADP, presenting limitations in contingency and mitigation of their impact on the drug related death rate. However, the ADP and partners continue to act with agility on opportunities to widen their sphere of influence and reduce risk of harm and premature mortality.</p> <p>There is significant commitment across all partners to deliver on a refreshed action plan and for reference the specific risks for this are outlined below.</p> <ul style="list-style-type: none"> • Impact of the current economic and cost-of-living crisis on the existing inequalities gap. • Ability to identify all the actions and capability to deliver the plan at pace from existing resources. • Ability to identify, train and support the wider workforce and integrating early aspects of care via a no wrong door approach • Recognising - and communication to wider stakeholders - poly drug use as the norm for those in and out of the ADP system of care and shifting service mindset to complexity of needs not substance • The ability of partners to work with agility, collaboratively and flexibly due to breadth and depth of need in the Scottish and Fife population. 	
<p>Equalities and Human Rights, including children's rights and health inequalities</p>	<input checked="" type="checkbox"/>	<p>No Impact/Not Required</p>	<p><i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i></p>
	<input type="checkbox"/>	<p>Age</p>	
	<input type="checkbox"/>	<p>Disability</p>	
	<input type="checkbox"/>	<p>Gender Reassignment</p>	
	<input type="checkbox"/>	<p>Marriage/Civil Partnership</p>	
	<input type="checkbox"/>	<p>Pregnancy/Maternity</p>	
	<input type="checkbox"/>	<p>Race</p>	
	<input type="checkbox"/>	<p>Religion</p>	
	<input type="checkbox"/>	<p>Sex</p>	
	<input type="checkbox"/>	<p>Sexual Orientation</p>	
	<p>Full EQIA has been completed and is available on request</p>		

Appendix 1

Drug-related deaths in Fife 2024: Summary of NRS published data

Data for all of the numbers and charts in the report is taken from the publicly available NRS drug-related deaths data¹. Drug-related deaths² in Fife decreased to 69 in 2024 compared to 73 in 2023 and a high of 81 in 2019 (Figure 1). Five-year averages show that these deaths have been increasing overall since 2012-2016 (Figure 1) but may have stabilised in more recent years.

Figure 1: Drug-related deaths in Fife 2024, annual and five-year rolling average (Source: NRS)

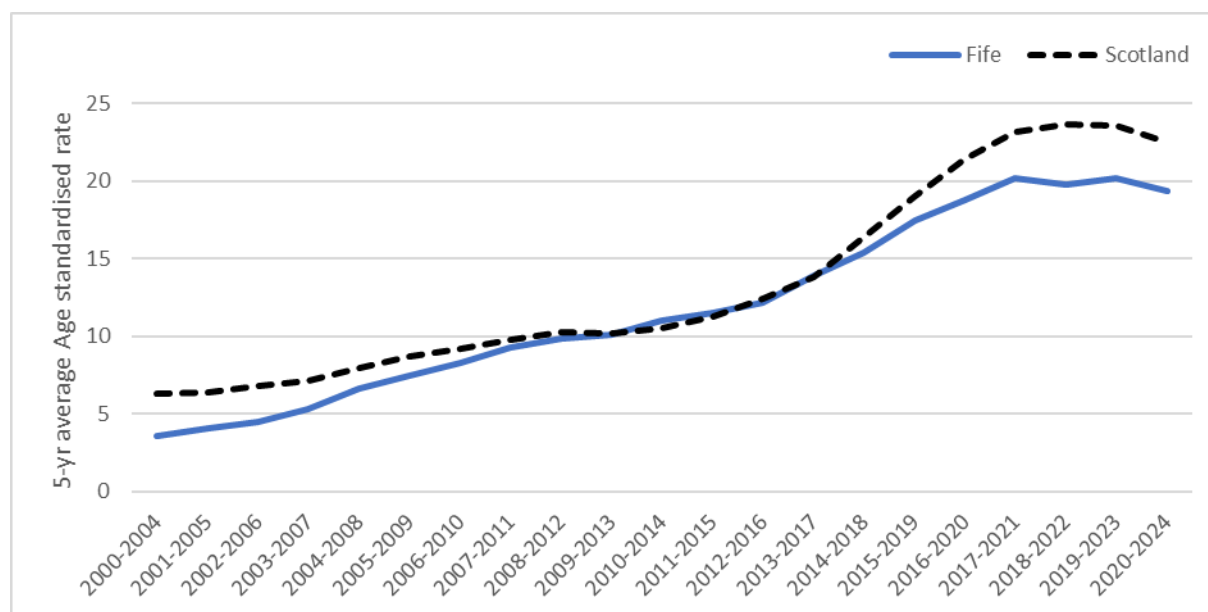


Comparing Fife to Scotland as a whole, Fife has had a lower rate than Scotland since 2014-2018 and the gap has increased and then stabilised in more recent years (Figure 2).

¹ [Drug-related deaths 2024 data tables](#) (Tables HB1-5 and trends from previous years)

² [Drug-related deaths in Scotland, Methodology annexes](#) Annex A

Figure 2: Drug-related deaths, 5-year rolling average age-standardised rates per 100,000 population, Fife and Scotland (Source: NRS)



Gender

A higher proportion of drug-related deaths are seen in males compared to females in both Fife and Scotland. In 2024, 22% of Fife drug-related deaths were in females compared to 78% in males with a ten-year average of 30% female and 70% male. Female drug-related deaths in Fife have ranged from 18% in 2020 to 40% in 2023, 39% in 2017. Scotland has a similar ten-year average (31%F/69%M) but less variation is seen between years, most probably due to larger numbers.

Age groups

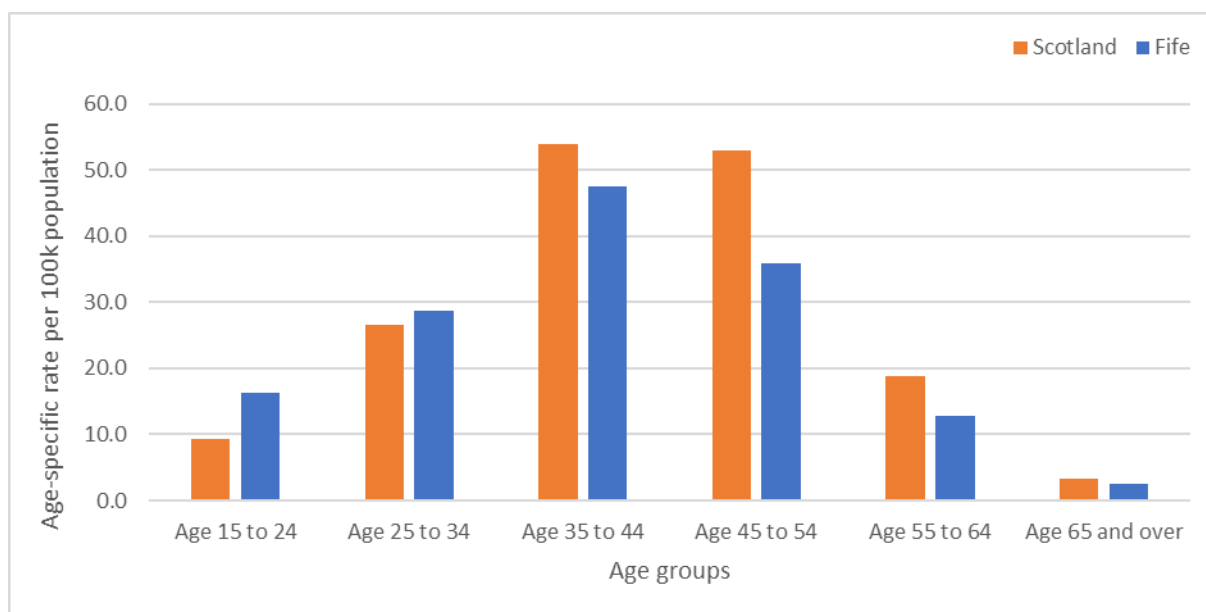
Looking at age groups in more detail, 5-year average age-specific rates for 2020-2024 show that Fife has a higher rate per 100,000 population for the two youngest (15-24 and 25-34) age groups than Scotland (Table 1). Lower rates are seen in Fife for the 35-44, 45-54, 55-64 and 65+ age groups, compared to Scotland. The highest rates are seen in the 35-44 age groups for both Fife (47.6) and Scotland (54.0). This pattern has been similar from the 2016-2020 five-year average onwards. The current year also marks the first time that a 65 and over age group has been included in the published data reflecting the increasing average age of drug-related deaths, in Scotland this was 32.2 years in 2000 and 45.2 years in 2024³.

Table 1: Five year average age-specific rates of drug-related deaths

Age group	Fife	Scotland	Difference
Age 15 to 24	16.3	9.4	-6.9
Age 25 to 34	28.8	26.5	-2.3
Age 35 to 44	47.6	54.0	6.4
Age 45 to 54	35.9	53.0	17.1
Age 55 to 64	12.8	18.8	6.0
Age 65 and over	2.5	3.3	0.8

³ [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\)](#) Figure 3

Figure 3: Drug-related deaths 5-year average 2020-2024, age-specific rates per 100,000 population, Fife and Scotland (Source: NRS)



Deprivation

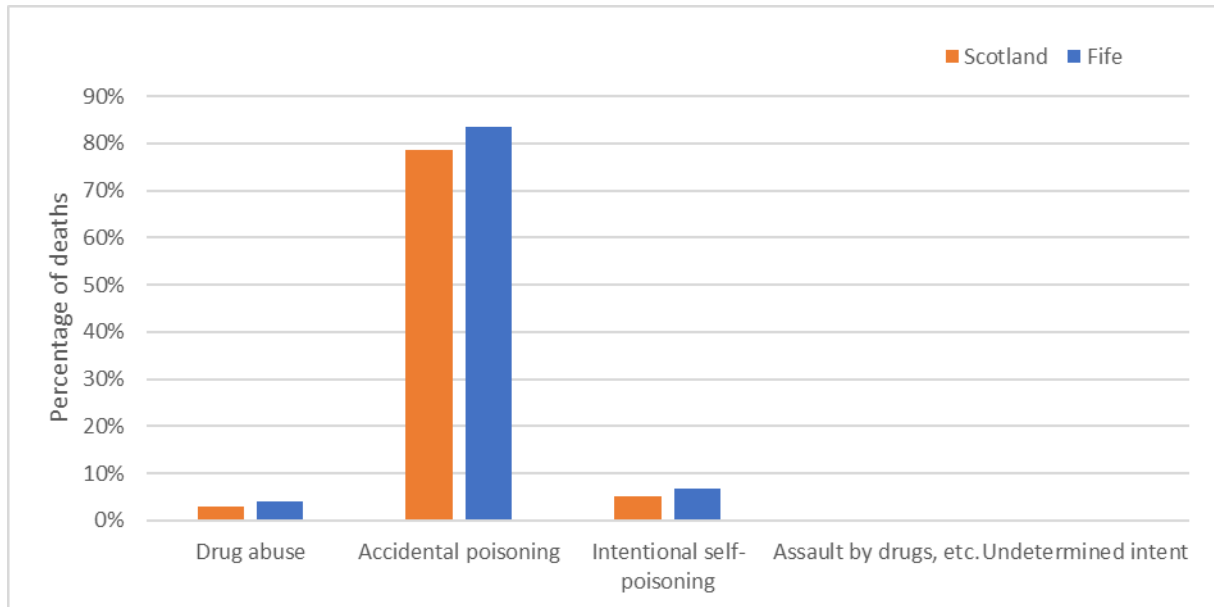
Data on inequalities was not available at Fife level and is covered in the national report which reports that death rates in the most deprived SIMD quintile are 12 times higher than the least deprived SIMD quintile, 47.3 per 100,000 population in SIMD Q1 compared to just 4.1 in SIMD Q5 and 19.1 for the whole population⁴.

Cause of death

Accidental poisoning was the most common cause of death in 2024 for both Fife and Scotland (Figure 4), 84% of deaths in Fife and 79% in Scotland, similar to the previous year (2023) of 85% for Fife and 88% for Scotland. Intentional self-poisonings in Fife dropped to 7.2% in 2024 from 9.6% in 2023 and 11.9% in 2022. Fife has had a higher percentage of intentional self-poisonings than Scotland as a whole for the last three years (Scotland 5.8% in 2024, 7.4% in 2023, 6.9% in 2022).

⁴ [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\) Figure 5](#)

Figure 4: Drug-related deaths 2024, cause of death Fife and Scotland (Source: NRS)



Drug types mentioned on death certificates

Opiates and opioids were the most commonly reported drugs, found in 84% (58) of drug-related deaths in Fife in 2024. Methadone was mentioned in around half of deaths (31) with heroin/morphine mentioned in 32. Benzodiazepines were mentioned in 47 deaths and street benzodiazepines in 35. Cocaine was mentioned in 40 deaths and Gabapentin/ Pregabalin (prescription antiepileptic and nerve pain drugs) in 35. Other drugs such as Ecstasy and Amphetamines were less commonly reported with just 1 and 5 mentions respectively and alcohol was mentioned 3 times. There were 9 mentions of Nitazenes in Fife deaths, the first year these have been noted in Fife. Deaths in 2024 also mentioned Xylazine (4 mentions in Fife) and Ketamine (2 mentions in Fife) for the first time.

Note that multiple drugs can be mentioned on the death certificate so any numbers quoted will not add up to the total. Table 2 shows a comparison of drug types recorded in drug-related deaths between Fife and Scotland in 2024.

Table 2: Drug-related deaths 2024, drug type recorded on death certificates, Fife and Scotland (Source: NRS)

2024	Scotland	Fife		Scotland	Fife
All drug-related deaths	1,017	69			
Any opiate or opioid	810	58		80%	84%
Heroin/morphine ⁵	317	32		31%	46%
Methadone	412	31		41%	45%
Buprenorphine	87	2		9%	3%
Codeine or a codeine-containing compound	53	4		5%	6%
Dihydrocodeine or a d.h.c-containing compound	93	1		9%	1%
Nitazenes ⁶	76	9		7%	13%
Fentanyl ⁷	12	2		1%	3%
Any benzodiazepine	574	47		56%	68%
Any Prescribable benzodiazepine ⁸	200	28		20%	41%
Diazepam	158	24		16%	35%
Any Street benzodiazepine ⁹	474	35		47%	51%
Etizolam ¹⁰	111	8		11%	12%
Bromazolam ¹¹	346	22		34%	32%
Gabapentin and/or Pregabalin	374	35		37%	51%
Cocaine	479	40		47%	58%
Ecstasy type	19	1		2%	1%
Amphetamines	42	5		4%	7%
Xylazine¹²	20	4		2%	6%
Ketamine	21	2		2%	3%
Alcohol	97	3		10%	4%

Fife Public Health Intelligence Team

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September 2025

⁵ Note 6: “There is a combined figure for 'heroin/morphine' because it is believed that, in the overwhelming majority of cases where morphine has been identified in post-mortem toxicological tests, its presence is the result of heroin use”.

⁶ Note 5: There was limited testing of both bromazolam and nitazenes in post mortems carried out prior to 2023. Caution is advised when making comparisons with the number of deaths involving these drugs prior to 2023 [PHS RADAR report: Post-mortem toxicology testing for controlled substances - Table 2](#)

⁷ Note 15: The fentanyl category includes fentanyl and fentanyl analogues. Fentanyl may be prescribed to treat severe pain. Deaths to other conditions which involved fentanyl prescriptions will not be counted in these figures if the underlying cause of death does not meet the drug-related death definition.

⁸ Note 7: The distinction between prescribable and street benzodiazepines is as specified by Public Health Scotland. More information can be found in methodology Annex H. [Drug-related deaths in Scotland, Methodology annexes](#)

⁹ See Note 7

¹⁰ Note 8: Diazepam is nested within the prescribable benzodiazepine category. Etizolam and Bromazolam are nested within the street benzodiazepine. More information can be found in methodology Annex H. [Drug-related deaths in Scotland, Methodology annexes](#)

¹¹ See Note 5 and Note 8

¹² See Note 5

Appendix 2

NHS Fife Addiction Service

Update Paper: Improvements to DRD Review Process and Applied Learning

Purpose³ To improve patient engagement, physical and mental health outcomes, and reduce risk in addiction services, a series of collaborative actions have been taken across third-sector agencies, Social Work, Addiction Services, and community pharmacies. Drawing on learning from the rapid review and cluster review processes, these measures aim to strengthen communication, enhance risk management, and ensure timely interventions.

Communication and Engagement

- Improved communication channels between third-sector agencies, Social Work, and Addiction Services for cases where patients do not engage
- Strengthened links between community pharmacies and Addiction Services to ensure continuity of care
- NHS Addiction Services now attend Non-Fatal Overdose meetings to identify individuals most at risk
- Development of a communication SOP to advise referrers on where the person has been assigned and whether they attended; referral section goes live on 8 December 2025
- Daily allocation meetings implemented with all partners to ensure timely response to referrals
- Weekly complex case discussions with locality Social Work and third-sector partners starting January 2026. A Short-Life Working Group (SLWG) is being developed with the Adult Support and Protection (ASP) lead for Fife to ensure a collaborative approach to risk management and best outcomes for those at risk of harm. Review of substance use support pathways on ASP referrals to avoid delays or barriers
- Pathway now in place with SFAD for rapid review and support to relatives, including children, when someone dies in service

Risk Management and Pathways

- Initiated development of a Standard Operating Procedure (SOP) with Social Work and Addiction Services to manage non-engagement and risk
- Compass team operationally managed by Clinical Services Manager for Addiction since July 2025
- Review of processes, recording, and referrals underway, with integrated SOP now in place for the allocation meeting
- Short-Life Working Group established to address prescribing continuity as part of service redesign and matched care model
- As part of the integration of Compass, work is underway with locality teams to ensure relevant drug and alcohol services are invited to ASP meetings
- Feedback process from IRD to Addiction Services now being implemented

- Pharmacy governance meeting in place to undertake local guidance; position statement now in place for gabapentin prescribing going through QMAG.
- MORSE work stream progressing to improve care plan follow-up

Physical Health

- SBAR submission to QMAG detailing improvement work for medical reviews; session supported by Associate Medical Director planned for early 2026 for all medics
- Development of SOP for screening for liver disease using blood tests and fibro scanning
- New SLWG to progress physical health lead nurse engagement with long-term condition team; a test of change is planned for 2026 with smoking cessation in Randolph Wemyss Memorial Hospital
- Bite-size training delivered for addiction staff on tissue viability and infection; now offered monthly with different focus areas
- Progressing work around health literacy for service users, including sepsis awareness, with plans to increase awareness
- Test of change underway in Lynebank Hospital to provide opt-in blood-borne virus testing; rollout planned across other sites to support Scottish Government hepatitis C elimination and treatment targets, in partnership with the BBV team

Mental Health and Trauma-Informed Practice

- Improvements under MAT Standard 10 compliance, including trauma-informed practice and MIST reporting
- Test of change planned for 2026 for the community mental health team to trial the Assist Lite tool
- New SLWG established to address sleep issues, led by a consultant; exploring sleep hygiene information
- 75% of addiction staff now trained in Tier 1 psychological interventions, with increased uptake for coaching sessions

Safety and Overdose Prevention

- Naloxone distribution extended to family members and close contacts of individuals at risk
- Training and awareness sessions delivered to ensure safe administration
- Collaboration with pharmacies and third-sector partners to improve access and uptake
- Monitoring systems being developed to track provision and identify gaps

Digital and System Enhancements

- Neo module live, providing electronic alerts when medication is missed and enabling prompt response
- Assist Lite tool test of change scheduled for January 2026 with CMHT
- Morse pathway work developing in to align with daisy

Workforce Development

- Blood-Borne Virus (BBV) training for all clinical staff underway
- Development of job planning in progress
- Bite-size training delivered across October and November focusing on wound care and sepsis; further sessions planned monthly with themes including IEP, family-inclusive practice, and smoking harms/respiratory issues
- Guidance development underway for drug testing across the service



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board (IJB)	Date:	28 January 2026
Report Title:	HSCP Digital Strategy – Year 1 Report		
Agenda Item No:	7.2		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Tracy Hogg, Chief Finance Officer		
Report Author:	Rachel Heagney, Head of Improvement, Transformation and PMO		

Executive Summary

- The HSCP Digital Strategy Delivery Plan Year 1 (**Appendix 1, pg5**) is on track and has delivered good digital transformation progress across Fife Health and Social Care Partnership.
- Key achievements include:
 - Full Wi-Fi rollout in all Fife Council operated care homes.
 - Expansion of virtual consultations (Near Me).
 - Launch of a redesigned HSCP website for improved information access.
 - Digital first approach adopted for adult care package reviews.
 - Enhanced staff digital skills, and improved access to partner systems.
 - Establishment of the HSCP Digital Oversight Board to drive progress.
- Ongoing work includes leveraging video consulting (NearMe), sensor technology/technology enabled care, AI (Copilot), Robotic Process Automation (RPA), and improving system access. A HSCP digital opportunities survey identified further innovation ideas within service portfolios, and will inform the 2026 digital action plan going forward.

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 approve the HSCP Digital Strategy Year 1 Report.
Provide Assurance	<input checked="" type="checkbox"/>	Members are assured of the HSCP Digital Strategy Year 1 Delivery Plan progress.
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>The HSCP Digital Strategy Year 1 report (Appendix 1) is brought to SLT’s attention to provide assurance that delivery plan is making sufficient progress and approval of the year 1 report.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Assurance: Members are assured of the delivery plan progress. • Decision: Members are asked to approve the Digital Strategy Year 1 Report.

Assessment (Key Points/Issues and Risks)
<p><u>Achievements</u></p> <p>The Digital Strategy 2024–2027 delivery plan is on track. Significant digital transformation progress has been made across Fife Health and Social Care Partnership (HSCP) in collaboration with NHS Fife, Fife Council, and third and independent sector partners. Key achievements include:</p> <ul style="list-style-type: none"> • full rollout of Wi-Fi in all Fife Council operated care homes • expansion of virtual consultations (Near me) • launch of a redesigned HSCP website to improve access to information • the Transforming Care project adopted a digital-first approach to care package reviews enhancing support flexibility and empowering service users • staff digital enablement advanced through initiatives like the M365 Collaborative Working Group, and access to partner systems has improved • the HSCP Digital Oversight Board was established to monitor and drive progress, with ongoing work to leverage AI (Copilot). Robotic Process Automation (RPA), and further system integration <p><u>Challenges</u></p> <p>The centralised scheduling of appointments for care services delivery plan priority was closed due to cost implications versus benefits realisation. However, the project findings will inform future digital transformation initiatives. Some delays to progress have been encountered with the following delivery plan priorities:</p> <ul style="list-style-type: none"> • Understanding Wi-Fi provision in independent care homes. A survey has been issued, and the results are awaited. • GP bookable appointment online, due to a national procurement issue. An alternative supplier has been confirmed, and work will progress in 2026.

- Alarm Receiving Centre (ARC) analogue to digital initiative. The deadline is January 2027.

Next Steps

A digital opportunities survey was conducted in July 2025 to identify areas for further innovation, including increasing the use of Near Me video consultations, sensor technology, technology-enabled care, artificial intelligence (AI, e.g. CoPilot), and improved access to systems. The survey results informed a development session with SLT, Fife Council, and NHS Fife digital partners in November 2025. SLT colleagues will discuss the results with their service portfolio management and operations teams and identify improvements which will inform the HSCP digital action plan for 2026.

Related Documents/Appendices

Appendix 1 – Digital Strategy – Year 1 Report v0.4 021225

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"/>	15/12/25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Local Partnership Forum (LPF)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/01/26	<input type="checkbox"/>	<input type="checkbox"/>	
Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14/01/26	<input type="checkbox"/>	<input type="checkbox"/>	
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	28/01/26			

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	<input checked="" type="checkbox"/>	+ improved access to digital services and information	
Localities/Communities	<input checked="" type="checkbox"/>	+ improved digital first approach to adult care packages in Kirkcaldy and Dunfermline localities test of change will be rolled out across Fife, enabling our clients to lead independent lives at home for as long as possible supported by sensors and technology enabled care	
Quality of Care	<input checked="" type="checkbox"/>	+ more flexible, person-centred support enabled by technology	
Workforce	<input checked="" type="checkbox"/>	+ enhanced digital skills and access to systems	
Legal	<input type="checkbox"/>	None	
Financial	<input type="checkbox"/>	None	
Performance	<input checked="" type="checkbox"/>	+ ongoing workforce productivity gains via digital solutions	
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	+ the climate impact of increasing the use of digital solutions is not known locally, however it is anticipated the increased use of video consultations (Near Me) will reduce client and workforce travel, reducing CO2 emissions	
Communication and Engagement	<input checked="" type="checkbox"/>	+ the implementation of the new HSCP website has improved information online, communication and engagement with the public and workforce	
Risk & Mitigation	<input checked="" type="checkbox"/>	-there is no dedicated digital investment to support the HSCP digital strategy delivery plan, however digital initiatives requiring investment will be considered on a case by case basis	
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	
	Full EQIA has been completed and is available on request		

Digital Strategy 2024 – 2027

Year One Report (2025)

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Section 1

Foreword

Over the last year we have worked collaboratively with partners and individuals across Fife to progress the implementation of our Digital Strategy 2024 to 2027. Our Year One Delivery Plan includes increasing access to Wi-Fi in care homes, bookable appointments, the use of sensor technology, access to information online, access to systems across NHS Fife and Fife Council, and enhanced use of data. This report provides an update on these actions as of October 2025. We have increased the value of the resources we do have by collaborating with our partners. We have achieved a lot, and there is still more that we can do. I look forward to working with you over the next year to deliver the actions planned for 2026 and achieving our ambition to become a digitally innovative Health & Social Care Partnership.

Year One of our Digital Strategy marks a transformative journey for Fife Health and Social Care Partnership. Through collaboration with NHS Fife, Fife Council, and our partners, we have delivered impactful digital solutions that empower both staff and service users.

From enabling Wi-Fi in care homes to expanding virtual consultations and launching a redesigned website, these achievements reflect our commitment to innovation and inclusivity.

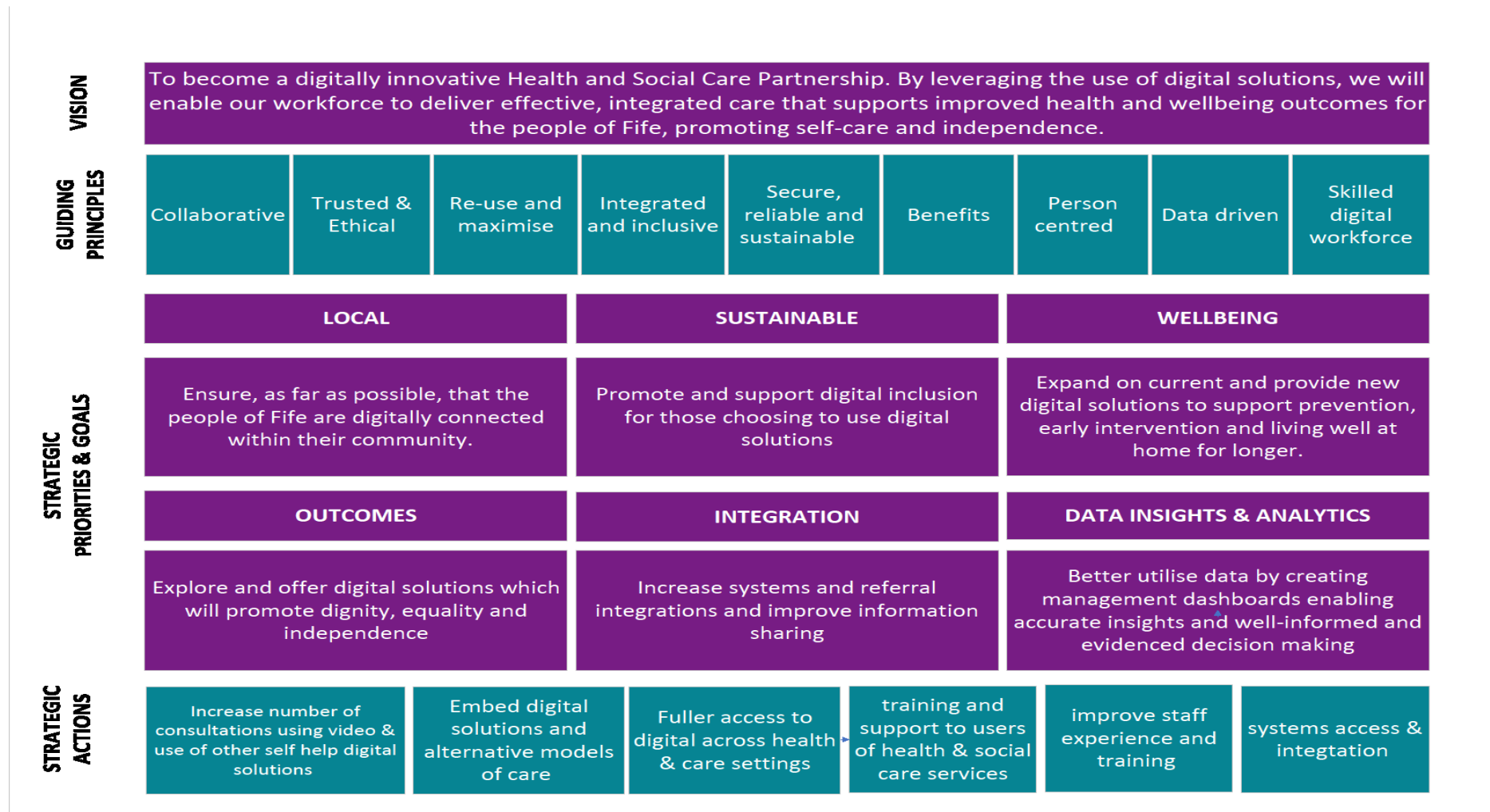
As we look to the future, our focus will be on scaling digital services, leveraging emerging technologies such as AI and RPA, and ensuring equitable access for all. Together, we will continue to build a digitally enabled health and social care system that meets the needs of our communities

Add TH Photo

Tracy Hogg
Chief Finance Officer
Fife Health and Social Care Partnership

Introduction

Fife Integration Joint Board (IJB) approved the 'Digital Strategy 2024 to 2027' in August 2024. The final version is available on our website : [hscp-digital-strategy-2024-2027.pdf](https://www.fife.gov.uk/~/media/2024/08/hscp-digital-strategy-2024-2027.pdf). The diagram below describes our Digital Strategy Framework, vision, guiding principles, goals, actions and outcomes.



The Digital Strategy is supported by an annual delivery plan, which sets out our programme of work for each year and highlights the improvements we will make to further improve. This delivery plan does not include all of the actions being taken forward; it includes a high-level summary which focuses on the delivery of the service user, organisational and workforce digital priorities.

The table below shows the status of the 2025 Year 1 strategic priorities and their current status.

3 Year Action Plan						
Patient / Client / Service User - Digital Priorities	Links To Other Programmes / Strategies	Description	Year 1	Year 2	Year 3	Status
1. Wi-Fi in care homes	Fife Council Digital Strategy NHSFife Digital Strategy	Investigate and plan to deliver consistent reliable Wi-Fi access across Fife Care Home estate	●			In progress
2. Bookable appointments online	Fife Council Digital Strategy NHSFife Digital Strategy	Explore potential digital solutions to enable suitable HSCP appointments to be booked online	●	●		In progress
3. Increased use of sensor technology	Transforming Care	1. Improve / extend Technology Enabled Care to support independent living 2. Further rollout of digital apps and tools to enable individuals to pro-actively manage their own health	●	●		In progress
4. Access to information online	New HSCP Website	1. Complete development of the HSCP website 2. Promote awareness of SmartLife in Fife / Lifecurve apps 3. Expand the use of Near Me technology for e-consultation	●	●		In progress
Staff / Workforce - Digital Priorities	Links To Other Programmes / Strategies	Description	Year 1	Year 2	Year 3	Status
1. Increased access to systems across Fife Council and NHSFife	Fife Council Digital Strategy NHSFife Digital Strategy	1. Transform Business Administration - enhance use of Microsoft (e.g. Teams, Power BI, Forms, exploring digital opportunities 2. Continue the move of GP IT systems from EMIS to Vision 3. To nurture a Digital First culture across the workforce 4. To enable information sharing	●	●		In progress
2. Systems Integration	Fife Council Digital Strategy NHSFife Digital Strategy Home First Programme	1. Develop our approach to systems integration including improved digital interfaces between systems 2. Create a digital solution for centralised scheduling of appointments for care services	●	●	●	In Progress Closed
3. Enhanced Use of Data	Data Dashboards	Develop digital solutions to enhance use of data and analytics			●	In Progress

RAG Key
● - On Track
● - In progress, delays encountered
● - High Risk Of Not Being Delivered

The closed status shown within the table is in reference to the “centralised scheduling of appointments for care services”. This work was explored as part of the Home First Programme. A digital subgroup was established to look at the art of the possible and the feasibility of systems. In collaboration with our digital partners, analysis work was undertaken to explore options. Systems were found as below:

- A one-way only system providing limited functionality at a cost £30K with no savings.
- A two-way system that would support Centralised Scheduling at a cost of £150K for the system only, an additional £97K for devices, plus £52K for rolling costs (for Community Care Service Portfolio only).

Furthermore, footfall data was collated and analysed and found that although there was some crossover between Care at Home carers and District Nurses with same day visits, there was little room for improvement. The project was therefore closed.

Section 2: Patient, Client/Service User – Digital Priorities

Wi-Fi in Care Homes

Wi-Fi in Care Homes is a Year 1 priority. It has now been fully rolled out across the 8 Fife Council care homes. We are currently working to establish the current Wi-Fi position in independently owned external care home. This is being done via a survey that was issued in September 2025 and results are expected towards the end of October 2025. This survey will look at the availability and quality of Wi-Fi for staff, residents and visitors and will inform any potential ongoing engagement with these Homes.

Bookable Appointments Online

The national GP IT rollout of a cloud-based version of INPS (Vision), offering online bookable appointments as standard, was due to be completed by 2026. However, in December 2024, NHS Scotland announced that INPS (Vision) was placed into voluntary administration. OneAdvanced has since acquired INPS (Vision) and will be seeking to roll this out in 2026. Two GP Practices in Fife already provide patient online bookable appointments.

NASH (National Sexual Health System) is an online appointment booking system for sexual health appointments and is currently available within Fife.

There are currently no other developments planned for bookable appointments within Fife Health and Social Care Partnership.

Increased Use of Sensor Technology

Community Alarms / Sensors

At present, within Fife the current numbers of usage for Community Alarms / Telecare supported by Home Care Associated Services in Fife are as below.

People With Community Alarms Only	-	7390
People With Telecare Only	-	1629
People With Both Community Alarms & Telecare	-	1528

In addition, work is currently underway to move Community Alarm systems over from analogue to digital for all current users which will provide enhanced support. It has taken longer than anticipated due to a combination of factors, including staff absence and lack of response from Service Users to make appointments for an install. Work is still progressing.

It is anticipated that the numbers shown above will increase over the next year through the development of the Transforming Care project, which will adopt a digital first approach to care package reviews which is explained in greater depth below.

Transforming Care

Our Transforming Care Vision is about creating a social work service that's compassionate, inclusive, and built around the people we support with a focus on modernising our service and creating a sustainable approach to assessment, care and support. Key to the transformation and modernisation of our assessment and support models is a focus on embracing to enhance safety, flexibility, and outcomes, especially in overnight support and approaching our assessments through a digital-first lens.

Since 1 April 2025, over 700 assessment reviews have been completed out as part of the project. We have also made sure that we have used the full capacity of our contract with Just Checking (up to 50 per month) to allow in-property passive Technology Enabled Care assessment for up to 4 weeks that assist in identifying potential needs for peoples' care.

On 8th September 2025 we launched Transforming Care in Kirkcaldy, a redesigned model with a locality focus. Transforming Care in Leven launched on 3 October 2025 and Transforming Care in Dunfermline launched on 3 November 2025.

It is worth noting that approximately 20-25 people in Dunfermline and Glenrothes already are supported via a local model (based on close shared living) operated through Just Roaming technology and this has been in place since 2020/21.

The Digital First approach to assessment, care and support means that we explore the options that technology offers us to support people safely in their own homes. Benefits shown so far include:

- Increased Support Flexibility
- More Empowered People
- Smarter Use of Resources
- Fairer Access

However, as this affects Peoples' Care, we have also experienced challenges in the promotion of this approach. These include:

- Worries and anxieties for adults and their families about any changes
- Ensuring our workforce are frequently trained to support changing technology
- In some circumstances, we have had to consider legal and ethical dilemmas in relation to the use of technology
- We have also experienced some worries and anxieties from providers

As part of the ongoing planning, learning and development process, we are actively taking steps to reduce worry and anxiety for the people we work with and to ensure that training and awareness-raising sessions are available to our workforce.

In terms of provider support, the recently launched Supported Living Collaborative allows an excellent forum for us to work with all providers, ensuring consistent messaging and clarity and improving working relationships and experiences at the frontline and driving forward an understanding and awareness of the digital-first approach and working through issues jointly. This new collaborative is in addition to our existing successful Care Home and Care @ Home collaboratives.

Technology-Enabled Care

- Housing Plus Programme - Alexa test of change

This work sees the deployment of Alexa Show devices in tenants' homes to provide aid, assistance and support using Alexa prompts and reminders.

At present, 4 devices are currently with tenants aged between 73 and 86 as a Test of Change, with a further 10 to be deployed before end of 2025 in the Dunfermline locality. Feedback received so far indicates the Test of Change is progressing well with Alexa being used to provide medicine reminders, cooking reminders (when food is ready) for those with dementia. In addition, it also allows for voice calls to families and friends. Messages are sent out to users on a regular basis from the Housing Plus team which are responded to (how are you etc.).

Phase 2, starting in 2026, will include functionality such as video calling. Staff and tenant digital champions are being identified across sheltered housing telecare.

- Housing Plus Programme - Tech demonstrator home

100 Fife Council properties with sensors in place mainly monitoring asset information such as temperature, dampness etc. This has been supported with engagement sessions carried out and use of video. The project is currently working on identifying and recording the necessary measures. At present alerts are coming into the Housing Plus team.

Work will commence to install sensors in communal areas of Sheltered Housing in Kirkcaldy, Levenmouth and Lumphinnans using temperature and motion sensors to facilitate the reduction of heating costs (rooms wont heat when empty etc.)

It is also planned to bring on 150 mainstream Council tenancies as well as 50 temporary properties.

- Alarm Receiving Centre Upgrade

The national Shared Alarm Receiving Centre (ARC) is cloud-based, allowing for greater systems interoperability with social work and social care providers and NHS systems. This expedites the transition from analogue to digital and provides the opportunity to improve innovation and resilience across services.

Work has progressed steadily through the year with the Digital Office, Chubb & Sky Response to move Fife onto this platform. At this moment, it is in the latter stages of the transfer, with final discussions between Fife Council, Digital Office and Chubb currently taking place.

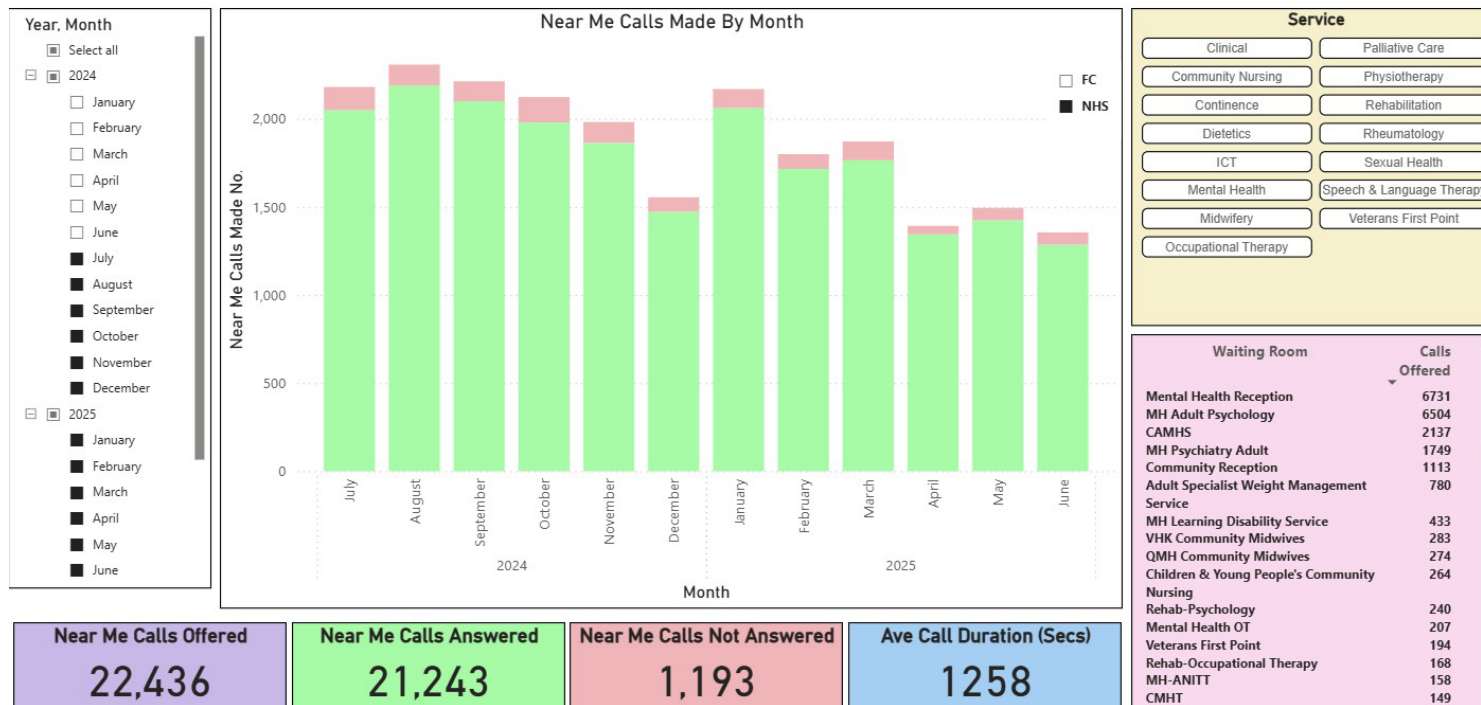
Near Me Video Consulting

For the period of 1 July 2024 to 30 June 2025, the two charts below show the use of Near Me for Partnership functions across NHS & Fife Council, as follows:

Where is Near Me currently being used for HSCP in NHS Fife

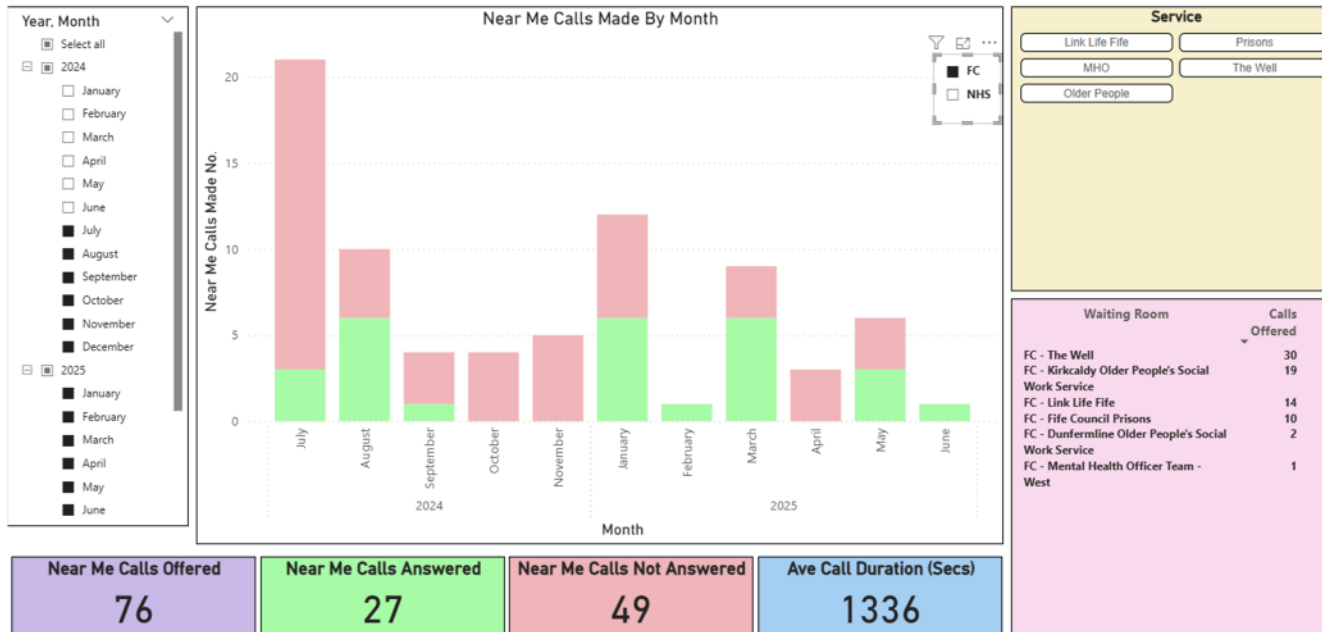


NEAR ME CALLS MADE TO FIFE HSCP SINCE 1 JULY 2024



Where is Near Me currently being used for HSCP in Fife Council

NEAR ME CALLS MADE TO FIFE HSCP SINCE 1 JULY 2024



Over 99.6% of c.22.5k HSCP Near Me calls made between July 2024 and June 2025 were made to those associated with NHS Fife waiting rooms, with the highest volumes going to Mental Health Services (MH Reception, Adult Psychology, CAMHS). Opportunity would exist here to look for other areas where it may be used, but current use is broadly mature.

However, only 76 calls were made to HSCP Fife Council waiting rooms. This is the area where take UP OF Near Me should be encouraged / preferred, particularly in areas relating to Social Work, which did not gain traction after the Near Me project of 2022/23. Work will go into driving up usage of Near Me in these areas, particularly with additional reasons for change associated with the Transforming Transportation programme. This message has been shared with the Senior Leadership Team at a session in November 2025 with an ask for identification of possible opportunities.

Access to Information Online

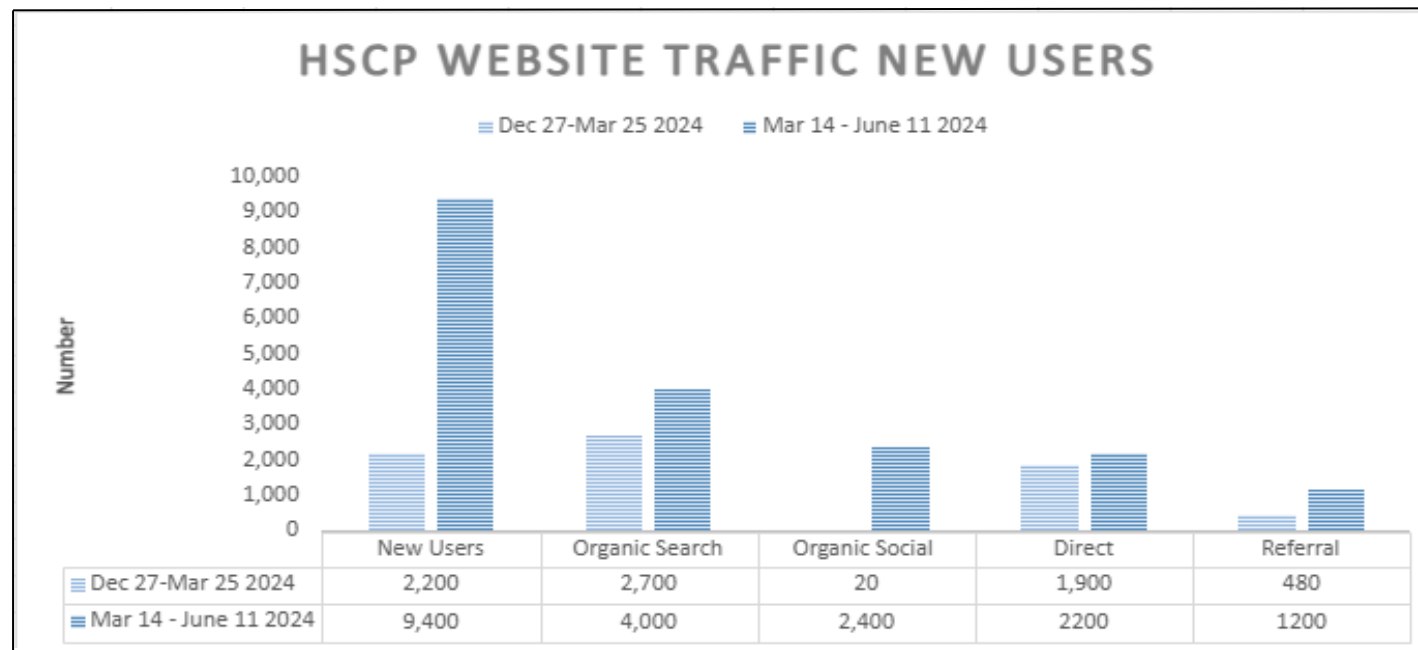
Fife Health and Social Care Partnership website

The new website went live in March 2024, improving access to FHSCP information online. Feedback from the Website testing consultation highlighted that people recognise and value the progress made to bring information from across all of Fife’s Health and Social Care Services together, in one place.

Feedback was sought from a broad range of stakeholders to support and inform the ongoing website development. Respondents found the site quick and easy to use and understand, highlighting the importance of offering accessibility to all and ensuring it provides information about services and how to access them.

Developments across site appearance and layout, information and language, navigation, accessibility functions and search functions received praise. User feedback provided the partnership with opportunities to explore suggestions which focus on ensuring the purpose of the site is clear, people are able to easily navigate around the site, and content provides users the information they are looking for.

The table below shows the increase in traffic to the HSCP website for the 6 months following its official launch.



There is one outstanding enhancement to the website, which will enable users to create a direct referral from within the website to our Social Care system (Liquid Logic). This is currently being progressed directly with the system suppliers by our Fife Council digital partners. There has been a delay in this work being completed as our request is the first of its kind.

E-prescriptions and digital prescribing

Prescriptions can now be sent electronically to a pharmacy of the patient's choice. There is no need to collect a paper prescription; patients can go directly to their chosen pharmacy to pick up their medication.

The Digital Prescribing and Dispensing Pathways programme is underway, and the tendering and procurement process for the technical build partner has commenced. Recruitment of a NES (NHS Education for Scotland) Programme Director is being progressed which will help to establish the procurement route for the AES (Advanced Electronic Signature). The Programme awaits the outcome of the Scottish Government spending review process, which will help to determine the next steps for the implementation Business Case and support discussions on securing multiyear funding.

Living Safely and Independently at Home in Fife

In June 2025, Fife Health and Social Care Partnership launched a refreshed and renamed website titled 'Living Safely and Independently at Home in Fife'. This initiative represents a significant step forward in supporting the people of Fife to remain well, active, and independent as they age. The website, formerly known as 'Smart Life in Fife', has undergone a comprehensive redesign. The new platform features a modern interface, improved navigation, and clear, actionable guidance aimed at empowering individuals to take control of their ageing journey. The central message of the website is that ageing well starts early, and that small, proactive steps taken today can lead to healthier, more independent lives tomorrow. The resource is designed to help users plan ahead, maintain activity levels, and access support services that promote long-term wellbeing.

The website offers practical advice and tools across several domains:

- Exercise and ageing well
- Links to local amenities and support services
- Access to national and local assistive equipment providers
- Loan equipment from Fife's Community Equipment Store
- General health and wellbeing information
- The LifeCurve™ tool – enabling users to assess their current level of independence and track improvements

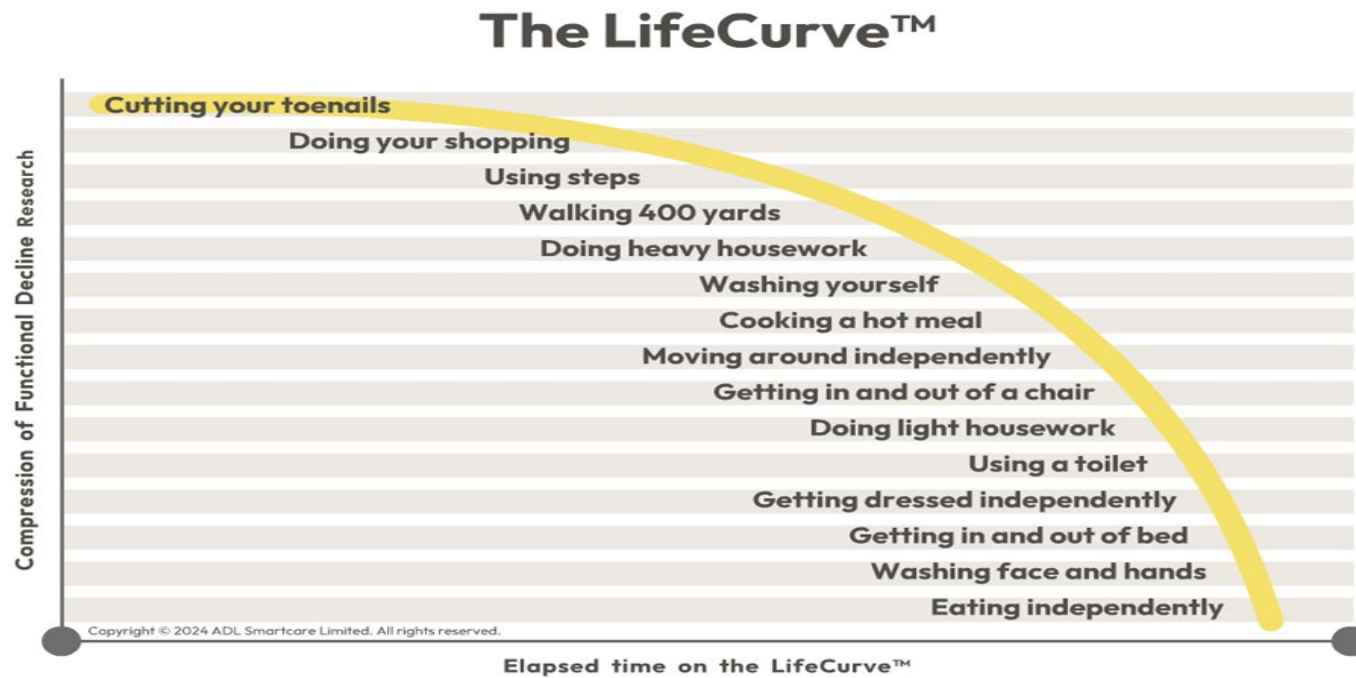
In some cases, the website may recommend a face-to-face assessment to explore additional support options.

- The LifeCurve™ Tool

Developed by ADL Research in collaboration with Newcastle University’s Institute for Ageing, the LifeCurve™ is a visual tool that maps age-related functional decline. It provides a shared language for understanding ageing, accessible to both professionals and the public.

Research has shown that the starting point and rate of decline are within an individual's control. With appropriate support, lifestyle adjustments, and interventions such as strengthening exercises or mobility aids, individuals can maintain independence for longer.

The LifeCurve™ has been successfully piloted by Housing Services and the Fife Footcare service, with positive outcomes including increased independence and reduced decline in daily living activities.



As part of the relaunch, a new promotional postcard has been developed in partnership with ADL Smartcare. This resource will be distributed by health and social care professionals to patients and service users, encouraging a self-management approach to ageing and independence.

All staff across health, social work, social care, and community settings are encouraged to familiarise themselves with the website and its benefits. Whether working directly with older adults or supporting individuals with long-term conditions, staff are asked to explore the site and signpost it to those who may benefit.

The Living Safely and Independently at Home in Fife website is a vital tool in promoting healthier, longer lives for the people of Fife. By addressing everyday challenges early and providing accessible solutions, the platform supports greater independence, fewer hospital admissions, and improved quality of life.

Together, we can help individuals across Fife live safely, independently, and confidently at home – for longer.

Visit the website: fife.lifecurve.uk

Section 3: Staff/Workforce – Digital Priorities

Increased Access to Systems across NHS Fife and Fife Council

M365 Collaborative

The M365 Collaborative Working Group, comprising representatives across Fife Council and NHS Fife, as well as the HSCP, are looking at how to improve access to systems across Fife. The main focus so far has been on establishing consistency where possible across the Fife Council and NHS digital platforms to ensure we are getting the most from the M365 toolset available. The group are exploring:

- Show busy access to calendars across the partnership to improve staff experiences when scheduling meetings
- Ability to record meetings more widely
- Consistency in teams chat retention periods
- SharePoint OneDrive file sharing restrictions

As part of the Transforming Business Administration Project, there is also work looking at possible uses of Microsoft CoPilot (generative AI tool) to assist in providing efficiencies around some meetings, where it might reduce time involved in producing meeting notes/minutes and working with colleagues in NHS Fife to develop an approach for this.

This will commence with a Test of Change organised through NHS Fife's Digital & Information Team in November, which will see a number of users given access to the fully licensed version of CoPilot. This gives full integration of CoPilot through the Microsoft 365 suite of software and will allow identification of where this software may or may not be of benefit.

Robotic Process Automation

As part of the HSCP 'Transforming Business Administration project, the potential use of Robotic Process Automation (RPA) to automate repeated aspects of work (e.g. double keying, batch processing) that consume time has been raised.

This is currently with NHS Fife's Director of Digital & Information, who will be working with colleagues across other NHS Boards and selected vendors in the East area on how this can be introduced across a range of functions across both NHS & HSCP.

Access to Partner Electronic Case Management Systems

Work has been progressing with our digital partners to enable Fife Council Mental Health Officers access to MORSE (NHS system). This has been approved via a new process with the NHS Information Governance team, and access to 24 Mental Health Officers has now been granted. This work will improve the delivery of Mental Health Services, enabling officers to directly access and update patient notes, offering a more person-centred approach. This work will pave the way for wider access to more teams, including Community OT's who are also currently being considered.

Systems Integration

Health and Social Care Clinical Portal

The Health and Social Care Clinical Portal is an Electronic Health Record used in NHS Fife that pulls together information from various systems for a single view of patient information. Links to Liquid Logic (Social Care Case Management system) have been developed using the CHI number as the unique identifier for the patient.

There are currently no other system integrations developments planned for Fife Health and Social Care Partnership.

Enhanced Use of Data

The HSCP Performance and Planning Team have built an extensive array of dashboards covering most areas of work, including

- *care at home*
- *occupational therapy*
- *mental health*
- *contact centres*
- *assessment and care management*
- *long term care*
- *adult support and protection*
- *child protection*
- *looked after children*

The dashboards provide data for managers to access daily reports to monitor demand, glean information and are also used for QA purposes. They also provide a source of data to pull together statutory returns for the Scottish Government and Care Inspectorate. This work is on-going.

Workforce Digital Enablement

During our digital strategy consultation, staff highlighted the need for more time for training and digital awareness. In April 2024, NHS Scotland introduced Protected Learning Time, giving healthcare staff dedicated time within working hours for professional development, mandatory training, and wellbeing. This only applies to staff within the Partnership who are employed by NHS Fife. NHS Fife's Workforce Development Team will monitor and evaluate this scheme.

NHS Fife

The NHS Fife intranet hosts a Digital and Information Systems & Learning site with resources for business systems and M365 applications, including guides, videos, and self-serve bookable online training. A Digital Champions Network supports staff locally, and the workforce also has access to the NHS Scotland M365 Skills Hub, which offers training, updates, and links to the NHS Education Scotland 'Digital Enablement Framework' and Digital and Data resources.

Fife Council

Fife Council's Technology Hub provides a Digital Learning Calendar for trainer-led sessions and "Dive into Digital" events. The Digital Champions Network consists of volunteers who help colleagues embrace digital tools, while Digital Leaders promote digital skills and transformation at a strategic level. Staff can register interest via the Technology Hub or email DSL-IT@fife.gov.uk.

The regulated social care and social work workforce has been required since June 2024 to use digital recording to support their continued professional learning. This includes accessing the MySSSC platform, which provides learning resources based on seven core themes. In addition, the Register for the Future programme requires social care and social work staff to complete an annual declaration via MySSSC. This statutory requirement is managed digitally and aims to enhance digital literacy across the workforce.

No digital enablement gaps were identified in the first year of the strategy delivery plan.

Section 4: Creating the Conditions

Digital Oversight Board

To ensure our digital programme keeps momentum and progresses in line with our strategic priorities a Digital Oversight Board has been established which is supported by 2 working groups. The Board comprises representatives from across Fife HSCP and our digital partners. The Board has oversight of and monitors the progress of all digital initiatives being delivered which impact Fife HSCP.

Section 4: Next Steps

A HSCP digital opportunities survey was undertaken in July 2025 to explore how we can collectively increase the use of Near Me video consultations, sensor technology/technology enabled care, AI (CoPilot), and access to systems. The results informed an SLT digital opportunities development session in November 2025 alongside our Fife Council and NHS Fife digital partners. SLT colleagues will discuss these opportunities further with their management and operations teams to help inform digital action plan for 2026.



Meeting:	Integration Joint Board	Date:	28/01/26
Report Title:	Fife HSCP Reverse Mentoring Pilot Programme		
Agenda Item No:	7.3		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Roy Lawrence, Head of Culture, Engagement & Communities		
Report Author:	Louise Radcliffe, Organisational Development & Culture Specialist		

Executive Summary

The Reverse Mentoring Programme delivered across Fife Health and Social Care Partnership (FHSCP) has demonstrated significant impact in strengthening inclusive leadership and deepening leaders' understanding of staff experiences related to equality, diversity, and inclusion. Originally designed for five mentoring pairs, the programme expanded to 11 pairs due to high demand, with all participants completing the full process.

Mentors, who were staff with lived experience of neurodiversity, race, disability, and mental health challenges were paired with senior leaders who undertook the 'Mentee' role (the person who is mentored). This approach 'flipped' the traditional Mentoring process, where the senior member of staff Mentors the more junior member, by empowering our staff to share their experience with a senior leader, who learned from them.

Through structured training, facilitated matching, midpoint check-ins, and reflective evaluation, the programme created psychologically safe spaces for open, honest dialogue. Leaders reported increased awareness, empathy, and confidence in addressing sensitive issues, while mentors expressed feeling valued and heard.

The programme generated tangible organisational improvements, including changes to local processes, improved accessibility, increased awareness of bias, and strengthened commitment to inclusive practice across teams. Participants highlighted areas for refinement, including clearer protected time for participation, enhanced reflection tools, and increased involvement from senior leaders

The success of the pilot indicates strong readiness for expansion. A future cohort of up to 15–18 pairs is recommended to meet demand while maintaining quality. Embedding the model within broader leadership development and EDI workstreams will ensure sustained impact and continuity.

Overall, the programme has proven to be a powerful mechanism for cultural change, offering direct insight into staff experiences and contributing to a more inclusive and compassionate organisational environment.

Recommendations

This paper is presented to:-

Seek a Decision	<input type="checkbox"/>	
Provide Assurance	<input checked="" type="checkbox"/>	The Report provides evidence that the HSCP is committed to ensuring our workforce feel valued, included and supported within the workplace, as part of the wider programme of work being done throughout the year that enabled the HSCP to achieve Silver Equality Pathfinder status at the end of 2025.
For Discussion	<input checked="" type="checkbox"/>	The IJB are asked to discuss the evaluation and suggest any improvements they might wish to see in the next programme.
For Noting	<input checked="" type="checkbox"/>	The IJB are asked to note the very positive feedback and personal outcomes for our workforce described by participants in the evaluation.

Directions

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

Situation/Background (Purpose of Report)

The attached Report is for information and discussion, sharing individuals reflections and organisational learning and celebrating their positive experience as part of the programme.

The Reverse Mentoring Programme was delivered across FHSCP to deepen leaders' understanding of staff experiences related to equality, diversity, and inclusion. Interest exceeded expectations (40+ applicants), resulting in 11 mentoring pairs and full programme completion.

Participants completed training, suitability interviews, and structured matching. Mentors shared lived experiences with leaders (mentees) across themes such as neurodiversity, race, disability, and mental health. Midpoint check-ins and final reflections were facilitated, with pre- and post-programme evaluations to capture learning and impact.

The paper has received very positive feedback at the Senior Leadership Team, our Local Partnership Forum and Quality & Communities Committee, who recognised the innovative approach and the real impact for individuals described within the evaluation report.

Assessment (Key Points/Issues and Risks)

What we wanted to achieve

- Build inclusive leadership capability and confidence in sensitive EDI conversations.
- Increase leaders' understanding of real staff experiences and barriers.
- Create safe, trust-based spaces for honest dialogue.
- Enable practical workplace improvements informed directly by lived experience.
- Pilot a model that could be scaled and embedded.

What we think we achieved

- Leaders reported significantly increased awareness, empathy, and insight.
- Mentors felt valued and able to influence organisational culture.
- Tangible organisational improvements were made (accessibility, policy adjustments).
- All 11 pairs engaged fully, demonstrating strong commitment and value.
- The programme strengthened psychological safety and inclusive practice across teams.

What we learned (process/matching/support)

- Matching is resource-intensive; good outcomes depend on careful pairing and readiness assessment.
- Separate training and midpoint support were essential role clarity must continue to be reinforced.
- Scheduling across varied roles requires clearer expectations and protected time.
- Journaling and structured reflection improve depth of learning; should be built in.
- High demand suggests potential for growth, but support quality must be preserved so around 18 pairs is a manageable upper limit.

Recommendation / Proposal for Next Programme

- Scale to 15–18 pairs, retaining structured support and check-ins.
- Increase senior leadership participation to extend organisational impact.
- Introduce reflection resources (journals, prompts) as standard practice.
- Set clearer time commitments to reduce scheduling challenges.
- Embed learning pathways, linking mentoring insights to EDI workstreams and leadership development.

- Consider themed cohorts (race, neurodiversity, disability, etc.) as the programme evolves.
- Widen Mentor personal experiences, e.g. unpaid carers, older workers.
- Deliver annually or biannually to maintain momentum and sustain culture change.

Related Documents/Appendices

Appendix 1 – Reverse Mentoring Pilot Evaluation 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 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>Reverse Mentoring enhances leaders' understanding of the barriers experienced by staff with diverse backgrounds and lived experiences. As leaders develop more inclusive behaviours, this positively influences decision-making, team culture, and ultimately the quality of interaction with service users and carers. Increased empathy and awareness contribute to more person-centred and equitable services.</p> <p>Suggested Action: Continue to encourage leaders to translate insight from mentoring conversations into team-level practice that supports compassionate and personalised care delivery. Work to be done to better understand our workforce who are carers through 2026 and consider those who balance work and caring responsibilities within the next cohort.</p>
Localities/Communities	<input checked="" type="checkbox"/> <p>By improving leadership understanding of lived experience, the programme indirectly strengthens the organisation's ability to recognise and respond to inequalities that also affect local communities. Leaders gained insight into topics such as disability, race, mental health, and neurodiversity areas that are highly relevant to community experiences.</p> <p>Suggested Action: Consider sharing anonymised learning from the programme with community-facing teams to help shape locality-level approaches to inclusion and support.</p>
Quality of Care	<input checked="" type="checkbox"/> <p>Reverse Mentoring improves the quality of care by equipping leaders with deeper insight into the realities faced by staff who support service users. Leaders reported increased confidence in holding sensitive conversations and addressing barriers that affect staff wellbeing and performance. These improvements translate into more responsive, inclusive and psychologically safe care environments.</p> <p>Suggested Action: Build learning from Reverse Mentoring into supervision, team discussions, and quality improvement activity to ensure consistent application across services.</p>
Workforce	<input checked="" type="checkbox"/> <p>The programme had clear positive impacts on the workforce. Mentors felt valued and empowered by sharing lived experience with senior colleagues, while mentees developed stronger inclusive leadership skills. Risks remain around equitable access due to workload pressures and limited protected time.</p> <p>Suggested Action: Provide clearer protected time for mentors and mentees and encourage managers to recognise Reverse Mentoring as legitimate leadership development activity.</p>
Legal	<input checked="" type="checkbox"/> <p>Reverse Mentoring supports compliance with the Equality Act 2010 by evidencing due regard to the experiences of staff with protected characteristics. Insights shared in mentoring sessions help leaders identify areas where organisational practices may inadvertently create inequity.</p>

		<p>Suggested Action: Use learning from mentoring pairs to inform equality impact assessments and improve the organisation's approach to anticipating and mitigating discrimination. Look to widen potential participants based on other lived experience impact on work, e.g. unpaid carers and older workers.</p>
Financial	☒	<p>The programme has minimal financial implications. It is delivered using existing staff time and does not require additional budget. The primary "cost" is opportunity cost, as participants need time away from routine duties.</p> <p>Suggested Action: Maintain low-cost delivery by embedding the programme into existing development structures while ensuring participants have protected time.</p>
Performance	☒	<p>Leaders who participated reported improved confidence, communication, and awareness—factors directly linked to improved team performance and morale. Reverse Mentoring also surfaces organisational barriers that, when addressed, can reduce inefficiencies and improve staff experience.</p> <p>Suggested Action: Capture and report specific improvements or service changes resulting from mentoring insights to demonstrate contribution to performance and culture.</p>
Climate Climate Fife 2024 Strategy and Action Plan	☒	<p>Reverse Mentoring does not have a direct climate impact. However, insight from the programme can ensure that climate-related changes or projects are inclusive and accessible to staff with diverse needs.</p> <p>Suggested Action: When delivering climate initiatives, draw on mentoring insights about accessibility, communication barriers, and hidden disabilities.</p>
Communication and Engagement	☒	<p>Uptake of Reverse Mentoring demonstrates strong staff interest, but awareness remains uneven across teams. Some staff may be unaware of the opportunity or unclear about the purpose and value of mentoring.</p> <p>Suggested Action: Strengthen communication around Reverse Mentoring outcomes and next steps, using mentor/mentee stories, short videos, or brief case studies to build engagement for future cohorts.</p>
Risk & Mitigation	☒	<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"> • Consider ways to embed EDI initiatives into routine practice rather than ad-hoc projects. • Provide senior leaders with clear accountability to model inclusive behaviours. • Protect staff time for engagement where possible and measure participation

		<ul style="list-style-type: none"> • SLT Directorate iMatter Action Plan to increase visibility across the system. 	
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	Supports cross-generational learning and understanding.
	<input checked="" type="checkbox"/>	Religion	Reverse Mentoring included religious perspectives, improving understanding. No negative impact identified.
	<input checked="" type="checkbox"/>	Disability	Promotes Neuroinclusion and awareness of disability-related experiences.
	<input checked="" type="checkbox"/>	Gender	Enhances understanding of gender-related workplace experiences.
	<input checked="" type="checkbox"/>	Race	Reverse Mentoring brought valuable insights into racial experiences in the workplace. Continued monitoring required.
	<input checked="" type="checkbox"/>	Sex	Supports understanding of sex-related issues in the workplace.
	<input checked="" type="checkbox"/>	Sexual Orientation	Improves awareness and understanding of LGBTQ+ experiences.
	<input checked="" type="checkbox"/>	Marriage/Civil Partnership	Encourages inclusion and respect for all relationship types.

A STORY OF TRANSFORMATION

Equality, Diversity, and Inclusion
Reverse Mentoring Programme

Cohort 1
2025

JANE
Alan Lara
Gemma
Amina
Fiona
EMMA F
William
Lynn
Laura
Steven
Monica
Emma M
Sade
Heather
Joanne
Candice
Evie
GILLIAN
Stefanie
Ewa



Introduction: Crossing the Threshold into a New Kind of Leadership

Every human system has moments when learning turns a corner when leadership becomes something deeper and more human, and when the voices often unheard begin to shape the way forward. For the Fife Health and Social Care Partnership (FHSCP), such a moment arrived with the launch of the **Insight Exchange Equality, Diversity, and Inclusion (EDI) Reverse Mentoring Programme**.

The programme began with modest ambitions: five mentoring pairs, a pilot to test whether reverse mentoring could create more inclusive leadership. Instead, the response was overwhelming. Over **40 staff members applied**, eager either to mentor or be mentored. Ultimately, **11 mentoring pairs** were formed each representing a small but powerful microcosm of the integrated authority's diversity.

The programme was purposefully designed to be more than a training initiative. Instead, it aimed to create *an experience*: an emotional, relational journey that leaders and staff would walk together. Both mentors and mentees completed training, preparatory interviews, and careful matching based on areas of lived experience such as **neurodiversity, disability, race, religion and mental health**. Throughout the programme, participants had midpoint check-ins with an Organisational Development and Culture Specialist, and each pair participated in a structured closing reflection.

In the end, **all 11 pairs completed the full programme**, a testament to the commitment of the individuals involved and the strength of the relationships formed. The post-programme evaluations captured in the dataset show a consistent pattern: profound personal insight, emotional learning, and multiple accounts of growth, courage, and transformation.

What follows is the story of this cohort not as a list of outcomes or bullet points, but as a journey. A journey taken by mentors who brought lived experiences into rooms where they were often unheard. A journey taken by leaders who chose to step into vulnerability. A journey that demonstrates how inclusion is not a destination, but an ongoing practice rooted in listening, empathy, and action.

PART I

BEGINNINGS: ENTERING THE SPACE

Chapter 1: The Call for Participation

The early days of the programme felt like a spark that quickly caught fire.

Leaders had anticipated limited interest, imagining they might need to encourage staff to step forward. Instead, something unexpected happened: staff from across the partnership nurses, administrators, support workers, clinicians, analysts, frontline practitioners volunteered in large numbers to become mentors.

Many shared similar motivations in their pre-programme reflections:

“I believe that real change starts with honest conversations and mutual learning. As someone with first-hand experience navigating systems as a Muslim mum-of-two pharmacist from an ethnic minority background, I bring a perspective that can help leaders see beyond policies and into the lived realities of diverse individuals”.

“I believe the best learning and understanding of groups and people comes from direct contact and understanding the lived experience. This leads to improvement in practices, including affirmative approaches, reduces negative bias and fosters more positive organisational culture, policies and procedures reflective of actual needs of groups they pertain and develops empathy.”

For mentors, the programme represented an opportunity rarely offered in workplace settings: a structured, safe, supported invitation to tell the truth about their lived experience.

For mentees leaders across FHSCP the motivation was slightly different. Their reflections often referenced responsibility and curiosity:

“I recognise the importance of continuing to challenge my own assumptions, expand my understanding of equity, diversity, and inclusion, and grow as both a professional and an individual. I believe that listening to and learning from the lived experiences of colleagues from underrepresented or marginalised backgrounds is essential in becoming a more empathetic, informed, and inclusive practitioner.”

“I see it as an excellent opportunity to listen, learn, and grow. As a senior leader, I recognise that there are perspectives and lived experiences that I may not fully understand.”

“I want to be more aware of the challenges faced by people and better understand how our systems and practices might unintentionally exclude or disadvantage”

Something important emerges here: these leaders were not seeking validation they were seeking discomfort, challenge, and growth.

Chapter 2: Entering the Programme

Before any matches were made, all participants attended training sessions tailored to their role mentors for confidence, boundaries, and storytelling; mentees for listening, humility, and reflective leadership.

The training emphasised three core commitments:

- 1. Courageous Listening**
- 2. Respect for Lived Experience**
- 3. Shared Reflection and Growth**

Some mentors entered the training with nerves. One wrote:

“I worried whether my story mattered. But the training helped me see that my lived experience has real weight.”

Mentees, too, confronted early apprehension. One shared in their evaluation:

“I was nervous about saying the wrong thing. But the training reminded me that silence also harms.”

Thus, before the programme even began, a shared vulnerability was already present.

Chapter 3: The Matching

Matching was not random. It was relational and deliberate, based on:

- Mentor lived experience
- Leadership development needs
- Focus areas selected by each mentee
- Shared or complementary interests
- Role diversity

Once matched, the pairs were officially introduced, and the real work began.

PART II

BUILDING THE BRIDGE: THE MENTOR–MENTEE RELATIONSHIP

Chapter 4: The First Conversations

The first meeting of each pair set the tone. Many participants described these early conversations as both eye-opening and emotionally charged.

From the dataset:

“Being able to safely discuss tricky areas to address as a manager.”

“Meeting a mentor and beginning to understand private struggles.”

“My Mentee is such an amazing person... open and kind.”

“What began as mentoring became a shared journey between two human beings.”

A strong theme emerges: safety.

Mentors described feeling listened to sometimes for the first time in a workplace relationship. Mentees described the experience as disarming: leaders were asked not to lead, not to fix, not to direct but to listen.

This reversal of power created a unique dynamic. One mentor shared:

“I am usually the one being told what to do. Here, the leader was asking me.”

For many leaders, this demanded a shift from authority to humility. As one expressed:

“It was strange and beautiful to sit in a meeting where the other person was guiding me.”

Chapter 5: Stories That Needed to Be Heard

As the relationships deepened, mentors began to share more openly. Across the programme, four major themes appeared.

PART III

FOUR JOURNEYS OF LEARNING

Chapter 6: Neurodiversity

Understanding the Unseen World

Several mentors disclosed experiences of neurodivergence ADHD, autism, dyslexia, sensory sensitivity. Their stories often focused on the workplace barriers that others never notice:

- Complex forms
- Last-minute changes
- Bright or noisy environments
- Systems that assume one “right” way to think or work
- Social norms that feel impossible to decode

One mentor described:

- *“I spend most of my energy trying to appear normal. I come home exhausted.”*

For mentees, these stories sparked deep reflection.

A mentee wrote:

“I am more understanding now of those who are neurodivergent.”

“I learned how much strength it takes for some colleagues just to come to work.”

Another mentee said:

“I didn’t realise how many barriers are invisible. I see my team differently now.”

Conversations around neurodiversity often became practical:

- How to adjust communication
- How to reduce sensory overwhelm
- How to introduce flexibility
- How to recognise masking

As one mentor wrote:

“Together we talked about everything what is hard, what helps, and what could change for all of us.”

Chapter 7: Race and Religion

The Conversations That Were Always Needed

Discussions about race and religion were described by many as “difficult but necessary.” Some mentors shared painful memories around discrimination sometimes overt, sometimes subtle.

One mentor said:

“[Having] the ability to have an open and honest conversation about race. People are often scared and feel they might cause offence. However, I just feel we need to be able to talk about [these] things to see how we can do better.”

Some mentees admitted they had never truly considered how race and religion shaped daily work life.

A mentee reflected:

“There was a moment that 'shifted' my perspective during a conversation with my mentor, when we were discussing religious festivals. She shared her personal experiences, highlighting both subtle and more obvious challenges she had faced in the workplace and with colleagues. These were things I hadn't previously considered or been exposed to, and it made me realise how important it is to understand and respect the someone's background and beliefs.”

Another offered:

“Comparing backgrounds, life experiences, and work journeys has helped me gain a better understanding of factors that may influence others, especially those I might not encounter or be exposed to. This has broadened my perspective and increased my awareness of some of the challenges of others”.

The topic of positive discrimination came up in several pairs.

One mentee described:

“We discussed perspectives on positive discrimination and how it can feel to some, supportive, to others, tokenising.”

These were emotional conversations. Some mentors found it difficult recounting their experiences. Some mentees admitted they felt shame or sadness at what they had never noticed.

But overwhelmingly, pairs reported growth:

“I understand now how to be a better ally.”

Chapter 8: Disability

From Awareness to Action

Mentors with visible and invisible disabilities shared stories that altered the way leaders saw the Partnership.

A mentor explained:

“People think I’m coping because I smile.”

“I often don’t ask for help because I don’t want to be seen as a burden.”

Mentees were deeply moved by these accounts:

“Meeting my mentor helped me understand private struggles I had never been aware of.”

“I knew my mentor through previous work, and I never knew they had a physical disability, through conversation I understood how much their employer has supported them to incorporate her disability and I wondered if my employer would have done the same?”

Many pairs moved quickly from empathy to action:

- Improving building accessibility
- Adjusting shift expectations
- Reviewing policies on workplace adjustments
- Challenging norms around “fit” and “capability”

Chapter 9: Mental Health

Listening Without Judgment

Mentors shared deeply personal mental health histories trauma, anxiety and depression.

These conversations often centred on emotional labour.

One mentor said:

“I always feel I have to be twice as strong.”

A mentee reflected:

“The power of listening and acknowledging, listen and make people be heard and valued, you don’t need to find an answer, it is just about making the person feel seen and included. You really can’t judge a book by its cover. Your childhood does have an impact on you however it does not define you and changes can be made for the positive. Resilience and adaptability- it doesn’t have to be done a certain way because we always do it that way.”

Another mentee added:

“I really enjoyed talking with someone passionate about inclusion.”

These conversations helped leaders recognise:

- The weight of cumulative stress
- The power of empathy in leadership
- The importance of psychologically safe teams

Many leaders wrote that this area of learning changed them the most.

PART IV

MIDPOINT: THE TURNING OF THE JOURNEY

Chapter 10: The Midway Check-ins

At the programme’s halfway point, each participant engaged in a one-to-one check-in with the Organisational Development and Culture Specialist.

Several trends emerged:

- 1. Relationships had deepened faster than expected.**

2. **Most pairs were meeting more often than recommended** because conversations felt valuable.
3. **Leaders had begun making changes in real time.**
4. **Mentors reported feeling empowered and seen.**

Some challenges also emerged:

- Scheduling conflicts
- Difficulty staying in the mentee role
- Emotional discomfort (especially around identity topics)
- Wanting more time together

Mentors expressed:

“I never thought I would feel this comfortable speaking to a senior leader.”

Mentees acknowledged:

“This is harder and more emotional than I expected.”

But none reported wanting to disengage. Instead, the midpoint became a catalyst for even deeper dialogue.

PART V

ACTS OF LEADERSHIP: LEARNING PUT INTO PRACTICE

Chapter 11: What Leaders Began to Do Differently

Post-programme evaluations revealed clear evidence of changed leadership behaviours.

Leaders reported:

- Conducting team meetings differently
- Changing how they allocate tasks
- Adjusting communication styles
- Questioning assumptions
- Challenging discriminatory comments

- Reconsidering interview and recruitment practices
- Developing better workplace adjustments
- Introducing more check-ins with staff

One mentee summarised:

*“Taking part in the Reverse Mentoring Pilot, has **been one of the most transformative experiences of my leadership journey.** In my role, I am accustomed to leading teams, setting direction, and supporting others’ development. However, this initiative invited me to pause, listen, and learn in a completely different way”.*

This shift from positional authority to relational leadership is the heart of inclusive practice.

Chapter 12: What Mentors Gained

While the programme was designed to support mentees’ learning, the mentors’ journey is equally powerful.

Mentors reported:

- Increased confidence
- Feeling valued
- A sense of contributing to organisational change
- Skills in articulation and advocacy
- Strong relationships with leaders
- Renewed motivation in their roles

One mentor wrote:

“I didn’t think I had anything important to offer. Now I know I do.”

Another said:

“This has made me braver.”

This is perhaps the most profound testament: reverse mentoring lifted voices that the system too often doesn’t manage to hear.

PART VI

THE ENDING AND THE BEGINNING

Chapter 13: Closing Conversations

The programme ended with a final reflective session for each pair, an opportunity to look back at their journey.

Many described the closing conversations as emotional; several described them as “bittersweet.”

Mentors shared gratitude:

“I feel heard.”

“This has meant more to me than you know.”

“Thank you for listening.”

Mentees shared humility:

“You changed how I see the world.”

“I will carry this learning forward.”

“I want to be a better leader because of you.”

Chapter 14: Tangible Actions Taken

Across the 11 pairs, leaders documented concrete actions taken during or after the programme:

- **Revised workplace procedures** to improve inclusivity
- **Built accessibility improvements** into team plans
- **Encouraged staff storytelling sessions**
- **Advocated for greater representation in leadership**
- **Created prompts for inclusive conversations at team meetings**
- **Implemented flexible working approaches**

These were not hypothetical ideas they were real changes implemented by real leaders in response to real stories.

Chapter 15: Recommendations From the Cohort

Participants proposed recommendations for future cohorts:

1. Expand the programme to more staff.
2. Include more senior leaders to increase impact.
3. Encourage journaling to capture reflections.
4. Maintain small, high-quality pairings (maximum 18).
5. Build in structured reflection tools.
6. Allow optional group sessions for shared learning.

Most importantly:

“My advice to future participants is to approach the reverse mentorship programme with openness, curiosity, and honesty. It’s a unique opportunity to learn from someone with different experiences and perspectives.”

*“For **mentors**, don’t underestimate the impact of your voice. For mentees, come with a willingness to reflect and to be challenged in a constructive way. The more you engage and ask questions, the richer the experience will be for both of you.”*

“Continue. This programme changes people.”

Conclusion

A Journey That Continues

The Reverse Mentoring Programme became more than an initiative it became a catalyst for organisational transformation.

It showed that:

- Inclusion is relational.
- Leadership is listening.
- Diversity is strength.
- Lived experience is expertise.
- Empathy is a leadership skill.
- Change happens one conversation at a time.

Across the cohort, the story is consistent: mentors and mentees stepped into a brave, vulnerable space together. They shared truths, challenged norms, explored identity, and imagined new possibilities for a more equitable HSCP.

Growth emerged not from similarity, but from difference.

Courage emerged not from authority, but from honesty.

Leadership emerged not from power, but from connection.

This programme has shown that a more inclusive FHSCP is not only possible it is already being built, pair by pair, conversation by conversation, heart by heart.

And this is only the beginning.

Author: Louise Radcliffe, Organisational Development and Culture Specialist, FHSCP.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	28 th January 2026
Report Title:	Unscheduled Care Programme Update		
Agenda Item No:	7.4		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board		
Report Author:	Chris Conroy, Head of Service, Community Care Services Belinda Morgan, General Manager, Medical Directorate		

Executive Summary

- This covering SBAR introduces the Project Initiation Document (PID) for Hospital @ Home+ (H@H) expansion of acute-level care into patients' homes, aiming for 125 virtual beds across seven specialties by December 2026, which includes supporting admission avoidance and early supported discharge from VHK.
- A two-pronged approach underpins delivery: rapid reconfiguration and scaling of H@H+ services across multiple specialties (March 2026), and the development of an integrated, digitally enabled "Hospital Without Walls" model (December 2026).
- £2 million funding has been secured, with robust governance in place; H@H+ is already underway and will deliver improved patient outcomes, reduced hospital admissions, and greater system resilience.
- This is the first of three interconnected PIDs under the Unscheduled Care Programme, which sits within the wider Clinical Services Redesign Programme, with Flow and Navigation Centre Plus (FNC+) and Same Day Emergency Care (SDEC) to follow.
- This report provides moderate assurance of delivery: robust governance and control arrangements are in place to support implementation and manage programme risks

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	X	Members are asked to be assured that robust governance and control arrangements are in place to support implementation and manage programme risks.
For Discussion	X	
For Noting	<input type="checkbox"/>	

Directions	
No Direction Required	X
Fife Council	<input type="checkbox"/>
NHS Fife	<input type="checkbox"/>

Situation/Background (Purpose of Report)

The attached Hospital @ Home+ (H@H) PID (Appendix.1) is submitted as the first in a suite of three Programme Initiation Documents (PIDs) supporting the Unscheduled Care Programme, which itself is a core component of NHS Fife's wider Clinical Services Redesign Programme.

NHS Fife is undertaking a comprehensive redesign of clinical services, under the auspices of the Clinical Service Redesign Programme. The programme aims to reshape service delivery to meet key clinical safety metrics, including the 4-hour emergency access standard, discharge without delay, and reduction of long waits for treatment and diagnostics.

The Unscheduled Care Programme is a central pillar of NHS Fife's Clinical Services Redesign, established to address the increasing demand and complexity within urgent and emergency care pathways. This programme brings together a suite of interdependent projects to deliver a whole-system transformation. Its aim is to ensure timely access to the right care, reduce unnecessary hospital admissions, and optimise patient flow across acute, community, and home settings.

The redesign is structured around three major workstreams, each with its own PID:

- Hospital @ Home+ (H@H) – This PID comes first, focusing on delivering acute-level care in people's homes, supporting admission avoidance and early supported discharge across multiple specialties. This builds on a well established Frailty model already in place across Fife and has been recognised as a priority to deliver early expansion by March 2026.
- Flow and Navigation Centre Plus (FNC+) – To follow, this PID will detail the development of an integrated care control centre, orchestrating real-time management of capacity across virtual wards, Community based services and scheduling access to non-emergency Acute based care.
- Same Day Emergency Care (SDEC) – The third PID will outline the establishment and optimisation of SDEC pathways, enabling rapid assessment and same-day discharge for suitable patients, building of established SDEC.

These workstreams are interconnected, each contributing to the overarching goal of a "Hospital Without Walls" and a more integrated, patient-centred system. The sequencing reflects both strategic prioritisation and the differing phases of readiness and delivery for each area.

Assessment (Key Points/Issues and Risks)

The H@H+ PID is prioritised for submission, as its implementation is critical to meeting Scottish Government targets for virtual beds and unscheduled care transformation by December 2026. By rapidly expanding acute-level care at home across multiple specialties, H@H+ will deliver immediate impact and set the foundation for subsequent workstreams.

FNC+ and SDEC PIDs will follow, recognising their dependencies and the need for coordinated development across the system. For example, the H@H+ model will rely on FNC+ for centralised coordination of capacity and on SDEC for streamlined acute pathways, ensuring patients receive the right care in the right setting.

All three PIDs are at different phases of delivery but are designed to be mutually reinforcing, maximising the benefits of integration and innovation. The workstreams are supported by robust governance arrangements, with oversight from the Unscheduled Care Programme Board and alignment to the overarching Clinical Services Redesign Programme. The programme's milestones and scope are contingent on Scottish Government funding decisions, with recurrent funding dependent on evidence of activity and outcomes, ensuring accountability and sustainability as the transformation progresses.

Related Documents/Appendices

- Appendix No. 1 – Hospital@Home+ PID

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)	X	<input type="checkbox"/>	15/12/2026	<input type="checkbox"/>	<input type="checkbox"/>	
Local Partnership Forum (LPF)	X	<input type="checkbox"/>	13/01/2026	<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)	X	<input type="checkbox"/>	07/01/2026	<input type="checkbox"/>	<input type="checkbox"/>	Addition of positive impact on patients / carers
Finance, Performance & Scrutiny (FP&S)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Integration Joint Board (IJB)		X	28/01/2026			
NHS Fife						
Executive Leadership Team (ELT)	X	<input type="checkbox"/>	18/12/2026	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health & Wellbeing Committee	X	<input type="checkbox"/>	12/01/2026	<input type="checkbox"/>	<input type="checkbox"/>	
NHS Board	X	<input type="checkbox"/>	27/01/2026	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify):						
Clinical Governance Committee	X	<input type="checkbox"/>	09/12/2026	<input type="checkbox"/>	<input type="checkbox"/>	
Area Partnership Forum	X	<input type="checkbox"/>	21/01/2026	<input type="checkbox"/>	<input type="checkbox"/>	
Acute SLT	<input type="checkbox"/>	<input type="checkbox"/>				

Implications/Impacts

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

Service Users/Carers	X	The impact will be positive as more people can be cared for at home where they wish to be and at reduced risk of deconditioning and hospital acquired infections. It is positive for carers/families as they can be present as often as they wish and do not need to travel to hospital sites, find parking etc at a time that may not be suitable to them in order to see their loved one.
Localities/Communities	<input type="checkbox"/>	
Quality of Care	X	The overarching focus of the Unscheduled Care improvement plan programme is to ensure clinical services in Fife are developed and equipped to deliver timely access to safe and effective, quality care. Collectively the constituent projects will deliver transformation within NHS Fife aimed at addressing increasing demand, financial constraints, and workforce shortages. By establishing a Same Day Emergency Care (SDEC) model and reconfiguring diagnostic, medical and discharge pathways, the programme seeks to provide rapid assessment, diagnosis, and treatment, allowing many patients to be discharged on the same day.

		<p>By enhancing our integrated models across FNC+ model and H@H+ provision we aim for people to experience more seamless and proactive care, optimising independence, and reducing their interaction with the acute site. The projects focused on supported discharge will reduce hospital acquired deconditioning and enable people to return home and to homely environments when they no longer require hospital-based care.</p> <p>Additionally, the programme promotes community-based care and scheduling of urgent care, enabling patients to return home sooner and receive follow-up care in outpatient settings, thus supporting public health and fostering a sense of trust in the health system.</p> <p>The programme aligns with the principles of Realistic Medicine by prioritising patient preferences, enhancing shared decision-making, and focusing on delivering outcomes to improve patients' quality of life. Overall, the redesign aims to create a more efficient, higher performing, patient-centred, and sustainable healthcare system for NHS Fife.</p>
Workforce	X	<p>Following the decision by the Board in September, recruitment to posts has commenced. Whilst recruitment is ongoing services continue to utilise supplementary staffing and additional hours to support the delivery and development of new models of care. A small proportion of new posts have commenced, the recruitment process is currently at the short listing step for the majority.</p> <p>Workforce risks are being managed through phased implementation and prioritisation of high-impact roles. However, the conditional nature of funding creates potential instability if posts are established on a permanent basis without recurring resource. Staff wellbeing could also be impacted if workforce gaps lead to reliance on short-term cover.</p>
Legal	<input type="checkbox"/>	
Financial	X	<p>There is currently agreed funding of £6.2m across all Unscheduled Care. Weekly and monthly monitoring is underway to identify and any slippage to support the agile development of care models.</p> <p>It is recognised that the investment is to support delivery of trajectories that represent improvement for patient experience and that testing models may require adaptation and development. Recurring funding has therefore focused on registrant posts in light of known workforce challenges, with non-registrant posts initially being tested on a fixed term basis.</p>
Performance	X	<p>There is significant risk to NHS Fife performance metrics and reputation if transformation is not progressed.</p>
Climate Climate Fife 2024 Strategy and Action Plan	X	<p>By supporting people to stay at home, not be admitted or return home more quickly fewer people will require to travel to VHK to</p>

		visit their relatives / friends. Community based support and care, and remote monitoring will likewise reduce travel. There will be an element of additional technology required to support the development of acute care at home via virtual monitoring – these will be purchased via national framework contracts and procurement processes cognisant of NHS Scotland climate targets.	
Communication and Engagement	X	Development of the urgent and unscheduled care programme has been underpinned by engagement with clinical leaders, operational teams, and social care partners. Proposals have been iteratively shaped through bilateral discussions with the Scottish Government. Engagement will continue as delivery progresses, including workforce recruitment campaigns and patient-facing communications around Hospital at Home and frailty services	
Risk & Mitigation	X	There is significant risk to NHS Fife performance metrics and reputation if transformation is not progressed. To ensure a cohesive and comprehensive the programme the Programme Board will continuously monitor and review risks at a programme level, feeding into ELT. This integrated monitoring will be facilitated through established risk management processes, with regular reporting to the Board and relevant stakeholders. This ensures that any emerging risks are promptly addressed, and the overall risk profile remains aligned with strategic objectives and the Board's risk appetite. Particular risks identified include that the Scottish Government has altered the basis of their funding arrangements in 2025/26; funding will be released on evidence of activity. The risk in recruitment therefore lies with each board.	
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>
	X	Age	Sustainably extending MDT working will support NHS in its ambition to develop meaningful careers within Fife communities. The programme seeks to expand roles at all levels and across a range of registered and un-registered roles and sites. The main focus of the programme is adult services; however, by supporting timely access to care this will support parents and carers of all ages to effectively support the children and young people of Fife. This programme will also support young carers in their role by providing timely access for the people they support.
	X	Disability	
	X	Gender Reassignment	
	X	Marriage/Civil Partnership	
	X	Pregnancy/Maternity	
	X	Race	
	X	Religion	
	X	Sex	
X	Sexual Orientation		

			<p>The Planned Care Programme Board incorporates equality characteristics-based reflection of activity data to identify areas of concern and thereby direct mitigation. This focus will continue.</p> <p>All aspects of the programme are focused on enhancing access across Fife, responding to needs as early as possible and supporting equitable delivery of early support within communities.</p> <p>The programme's key metric monitoring will seek to incorporate equality characteristics-based reflection to measure the impact of redesign.</p>
	<input type="checkbox"/>	<p>Full EQIA has been completed and is available on request</p>	

Hospital @ Home+
Project Initiation Document
FY 2025/2026
Version 0.5

1 Background

As part of the Unscheduled Care transformation, as directed by Scottish Government, NHS Scotland has prioritised the delivery of 2000 virtual beds in Scotland by December 2026, across a range of clinical specialties. In August 2025, Public Health Scotland released information regarding definitions and provisions in scope to capture services supporting prevention of admission and early supported discharge under the auspices of the broader definition of Hospital at Home+.

This ambition aligns closely with Fife's overarching vision of a *Hospital Without Walls* - a transformative approach that places integrated models of care at the centre of service delivery. Our goal is to provide acute-level care in people's homes or homely settings, enabling admission avoidance and facilitating early supported discharge across a wide range of clinical pathways.

However, Fife's ambition goes further than the national direction set by the Scottish Government. While the government's focus is primarily on bed-based models, Fife envisions a broader, more integrated system, one that fully leverages the strengths of integrated services across Health and Social Care to deliver seamless, person-centred care.

To realise this vision, we are pursuing a two-pronged strategy:

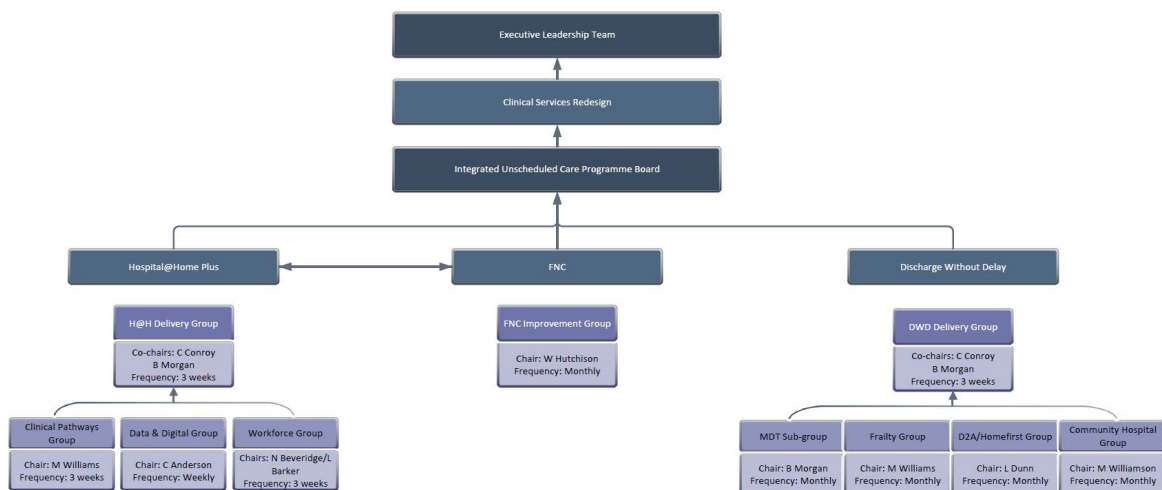
- **Delivery of Hospital at Home+**
Over the next 3–6 months, we will reconfigure services, develop new pathways, and explore enhanced resourcing across multiple clinical specialties. This will support the implementation of our *Hospital at Home+* model, with the aim of delivering 125 virtual beds across seven clinical specialties. This will be developed in partnership with our continued development and expansion of Fife's Flow and Navigation Centre Plus model, which will be developed to be at the core of this model.
- **Transforming our models of care**
Building on our conceptual model of a *Hospital Without Walls*, we are developing a comprehensive, ambitious, and novel framework that reflects Fife's unique strengths as an integrated system which will be available over the next 3 months for review. This includes the creation of a digitally enabled, agile interface infrastructure that supports dynamic care delivery and fosters innovation across the continuum of care. Together, these efforts represent a bold step forward, one that reimagines the boundaries of traditional healthcare and places Fife at the forefront of integrated, future-ready service design.

The Hospital at Home (H@H thereafter) workstream has been initiated to provide a collaborative forum to lead, coordinate and deliver on both aspects of this transformation programme.

2 Project Mandate

Scottish Government has provided funding of £2M following an Unscheduled Care bid submission by NHS Fife to deliver this model and associated pathways by December 2026. For recurring funding of the model to be considered, the workstream requires these trajectories of capacity and usage to be effective. The funding is strictly hypothecated, activity and actual spend will be monitored in tandem with delivery.

H@H+ is a nationally recognised initiative to develop a new Hospital at Home model or expand on existing models for all territorial NHS Scotland Boards. H@H reports directly to the Unscheduled Care Programme Board and is endorsed and supported by the Clinical Services Redesign Programme and in turn, the Executive Leadership Team.



Beyond the programme governance structure, reporting and assurance will be provided, as required, to the local Area Partnership Forum, Staff Governance Committee, Clinical Governance Committee, Executive Leadership Team and Scottish Government on specific workstreams, via the Unscheduled Care Programme Board.

3 Project Vision

Our overall vision is to transform the way care is delivered across NHS Fife by creating a safe, connected, and person-centred system where more people can receive high-quality hospital level care in the comfort of their own homes.

By harnessing clinical expertise, digital innovation, and partnership across health and social care, we will build a seamless network of virtual wards that extend the reach of our hospitals into every community, improving outcomes, preserving

independence, and restoring flow across our system. Together, we will redefine what it means to deliver care closer to home, achieving better health, greater dignity, and stronger resilience for the people of Fife.

We will move with pace and purpose, building on Fife's proven H@H model for frailty while integrating with the Flow and Navigation Centre, Discharge Hub and expanding into multiple specialties. The Responsible Medical Officer for those specialities will reflect the frailty model with development of service specific pathways and specific specialty consultant cover.

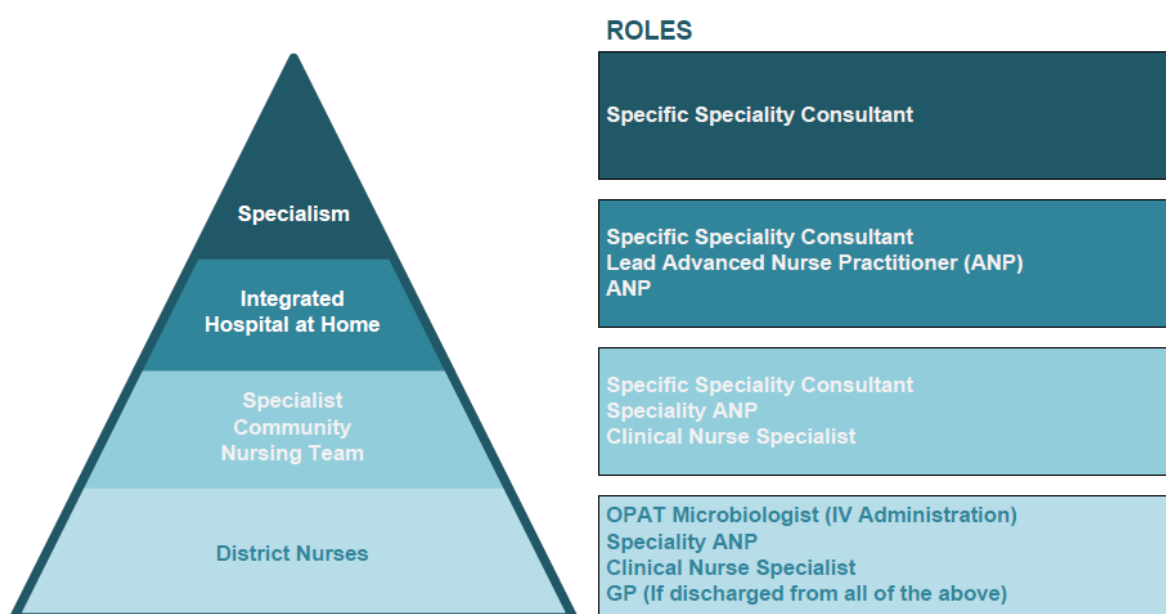
Responsible Medical Officer (RMO) and Care Pathway Arrangements

AREA	DESCRIPTION
Responsible Medical Officer (RMO) by Specialty	Each specialty service, including Frailty, will designate a consultant who will act as the Responsible Medical Officer (RMO). This arrangement will apply consistently across all specialties, including Frailty, Gastroenterology, Respiratory Medicine, Cardiology, Paediatrics, and others as required.
Outpatient Parenteral Antimicrobial Therapy (OPAT) RMO Arrangements	For the OPAT service, the RMO role will be held by the Microbiology/Infectious Diseases Consultant. The service is currently expanding, and recruitment of an additional Microbiology/Infectious Diseases consultant is underway to support this model.
Change of RMO During Step-Up or Step-Down Care	When a patient is stepped down from acute services to Hospital at Home (H@H) or stepped up from primary care into H@H, clinical responsibility will transfer to the relevant H@H consultant, who will then assume the RMO role for the duration of the patient's H@H episode.
Discharge and Ongoing Primary/Community Care	On completion of the H@H episode, the patient will be discharged either fully back to their General Practitioner (GP) or to the GP with ongoing community-based support where required, for example, District Nursing, Care Home Advanced Nurse Practitioners and other community services. This is in line with the current arrangements.
Ongoing Input from Community Specialist Nurses	Where specialist community nurses, such as community respiratory or community heart failure nurses, continue to provide input, their clinical practice will remain aligned with the relevant specialty consultant, as per current

	arrangements. All other aspects of the patient's care will be overseen by the GP following discharge from H@H, as per current arrangements.
Transfer Between Specialty Teams	If a patient's clinical needs change such that specialist input from a different team is required (e.g. transfer from Heart Failure to Frailty due to emerging geriatric concerns), the patient will be formally handed over to the appropriate specialty team, and the RMO responsibility will transfer accordingly.

Tiered Model of Responsibility

TIERED MODEL



Delivery of H@H+

It is critical that we quickly deliver an enhanced and targeted H@H+ model, aligned to our agreed workforce investment to support our Unscheduled Care system over the next 3-6 months.

The core objectives and deliverables of H@H+ are (see Section.6 for timelines):

- **Reconfiguration of teams:** By January 2026 reconfigure the existing structure of the three H@H teams by re-designing and enhancing skill-mix

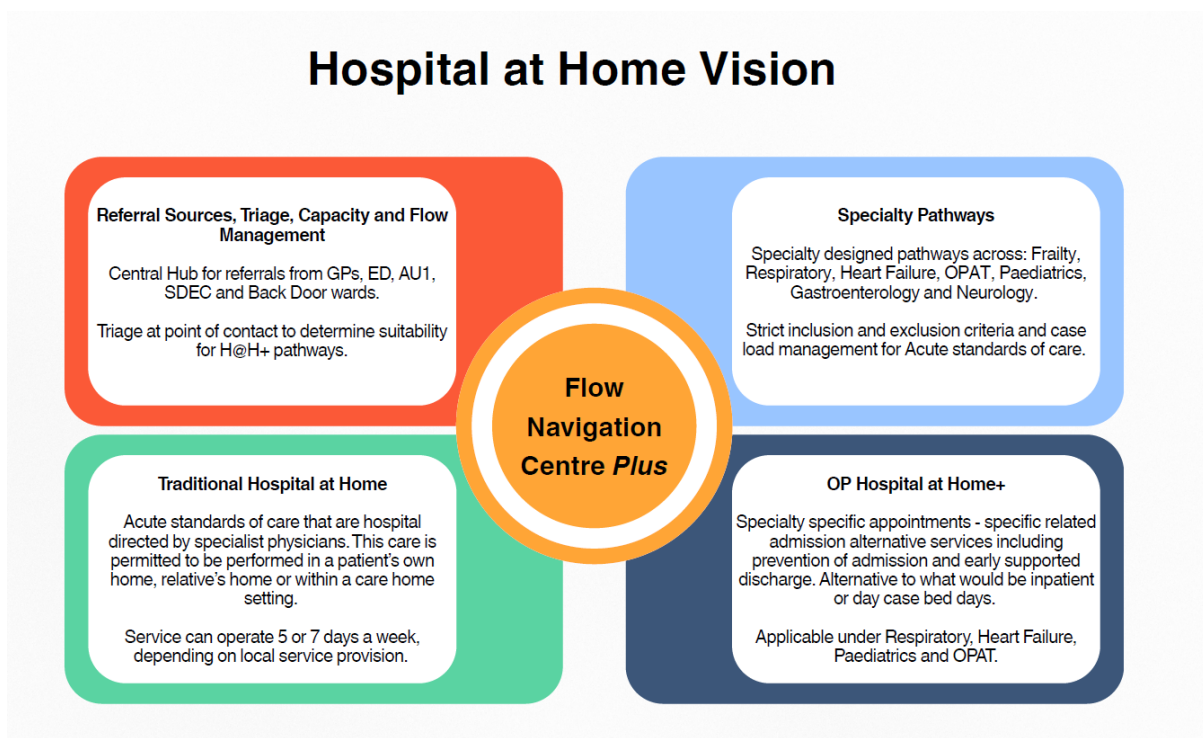
while covering two larger geographical areas per team to increase frailty capacity. This will support more people to be cared for at home by preventing unnecessary admissions to hospital and earlier discharges ensuring that care is being delivered in the correct setting at the right time. It will also support staff wellbeing by facilitating a more sustainable, resilient and prepared workforce.

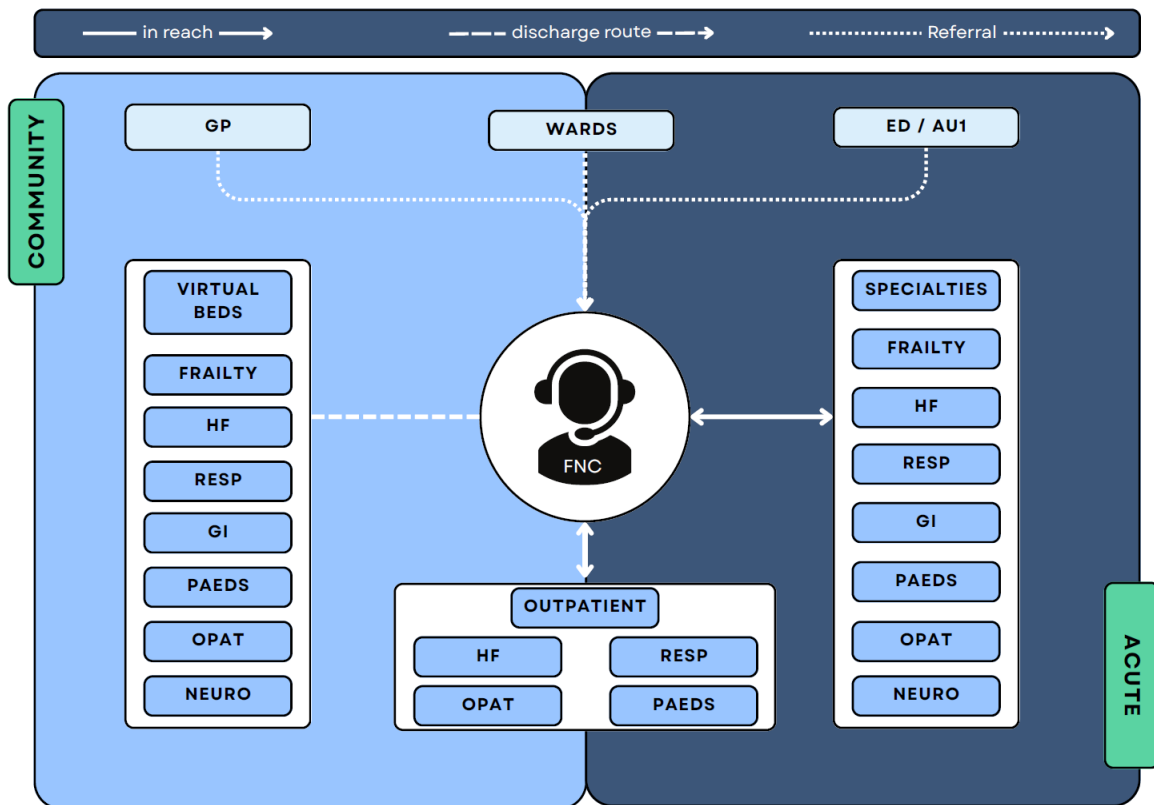
- **Older/Acute Adults:** Increase funded bed capacity from 40 virtual beds to 60 frailty virtual beds by March 2026 across Fife. This includes enhancement of 24/7 care at home to prevent admissions and facilitate timely discharges. Whilst it is recognised that the implementation of the older/acute adults H@H in 2012 was projected to have capacity for 60 beds, it was quickly acknowledged that the funding and staffing did not support this. This is due to a variety of factors including acuity and complexity of patients, geographical spread and travel time, the number of sundries required, staffing levels and no predicted absence allowance built in. Therefore, an increase from 40 to 60 beds at this time is considered realistic, supports staff and will ensure safe, effective and person-centred care.
- **Paediatric:** Implement 5 new virtual beds for paediatric services by December 2025. Initial focus on diabetes, spreading to asthma/respiratory/allergy pathways. To support reduction in “sick day” and compliance related hospital admissions and enable transfer to acute care into the home setting with outreach support following new diagnosis/acute presentation. This approach will provide person-centred treatments to be delivered at home which is recognised as being significantly beneficial to children and their families/carers.
- **Paediatric OP H@H+:** Capture ongoing activity as prevention of admission or early supported discharge via paediatric diabetic pathways under OP H@H+.
- **Respiratory:** Redesign of existing unscheduled care resource to introduce 15 respiratory virtual beds by April 2026. Focusing on integrating the community and acute specialist nursing team models, developing increased capacity for in-reach and out-reach models for respiratory in the community supporting secondary care and co-location of community specialist services within an acute hospital to support an in-reach 7-day model for patients with chronic conditions. The benefits of this model include safe, effective and person-centred care being delivered in the correct setting at the right time.
- **Respiratory OP H@H+:** Capture ongoing activity as prevention of admission or early supported discharge via community chronic condition pathways in addition to acute outpatient clinics for specific suitable conditions.
- **Heart Failure:** Implementation of 15 heart failure virtual beds by Summer 2026. Focus on developing increased capacity for in-reach/out-reach models for heart failure in the community linked to secondary care, integrating the model of advanced practice across the system. Similar to the other speciality

models this will allow patients to access the right care, at the right time and in the right setting.

- **Heart Failure OP H@H+:** Capture ongoing activity as prevention of admission or early supported discharge via community chronic condition pathways an addition to acute outpatient clinics that are suitable.
- **OPAT:** Implementation of 20 OPAT virtual beds by April 2026. Working with the development of acute care at home model, there are plans to develop Ambulatory OPAT pathways. Expand OPAT service hours to a 7-day model to enable a wider range of IV drug regimes. Extend current service model to QMH offering residents of West Fife greater access and flexibility.
- **OPAT OP H@H+:** Capture ongoing activity as prevention of admission or early supported discharge.
- **Gastroenterology:** Implementation of 5 gastroenterology funded virtual beds by February 2026.
- **Neurology:** Implementation of 5 neurology funded virtual beds by Summer 2026.
- **Diagnostic Virtual Ward:** Scope the potential of diagnostic virtual wards to support reduction of inpatient bed days and ensure rapid response to results and referral to appropriate pathways.

See below summary of this aspect of the programme:





The models described above will not only benefit capacity within the services and increase flow across the system, but it also supports the delivery of patient centred care. Previous patient consultation undertaken by the older people/acute adult H@H Service demonstrated that people prefer to be cared for within their own homes. People advised they felt more comfortable at home and at less risk of acquiring infection. It is also well evidenced that people are at less risk of becoming deconditioned at home and maintain a higher level of functionality within their own environment. Consideration will be given to the impact on carers, many of whom may be older and living with their own health conditions. Ensuring appropriate support at home is provided to enable patients to remain at home or be safely discharged under the Hospital at Home model, whether that support is provided by an unpaid carer or by Care at Home Services. There will also be less 'hand offs' between teams and services which reduces the risk of errors due to potential suboptimal communication between teams. Furthermore, there will be expanded integration between the Health and Social Care teams by them working collaboratively to ensure people who need temporary support to remain safely at home get this from Care at Home Services.

Transforming models of care

- **FNC+ interface at core:** We will reimagine and relaunch the Five Flow and Navigation Centre (FNC) and H@H coordination hub as a single, Integrated Care Control Centre, the operational heart of our "Hospital Without Walls" model. This new centre will orchestrate real-time visibility and management of capacity across

all Hospital at Home and virtual ward services, ensuring that care is delivered seamlessly, equitably, and efficiently across Fife. By March 2026, the Control Centre will serve as a system command hub, connecting acute, community, and home-based services. This will support referrers by having a single point of access and support the patient by receiving more timely access to treatment and care

- **Develop a more integrated workforce model:** We will design and implement a new, integrated workforce model that brings together skills, expertise, and innovation across acute and community, ensuring our people are equipped to deliver the ambitions of Fife's Hospital Without Walls. Working collaboratively with clinical leaders, service teams, and professional driven, we will co-design a core nursing and multidisciplinary workforce model that enables greater flexibility, shared capability, and consistent standards of excellence across all virtual and Hospital at Home services. This work will focus on creating blended, boundary-crossing roles that empower staff to work where patients need them most, whether in hospital, at home, or virtually. It will celebrate professional diversity while fostering a shared identity and purpose: one integrated workforce, united in delivering safe, compassionate, digitally enabled care closer to home.
- **Digital Infrastructure:** As we move towards our vision of a *Hospital Without Walls*, we recognise that strong, connected, and flexible digital foundations are essential to its success. Scoping work to define the digital infrastructure has already commenced, spanning telehealth, tableware, and virtual care platforms, that will enable seamless care delivery across Fife. This includes the exploration of interface and joint working opportunities with Fife Council, ensuring that health and social care systems are fully aligned and that digital tools support people holistically in their homes and communities. For example, multi-disciplinary teams can be established virtually to include the wider teams such as dieticians, SALT, OT and PT to the benefit of the patient. Documentation will continue to be done via the Morse platform which will also be of benefit as this is visible on the clinical portal should an unscheduled hospital admission occur.
- **Develop integrated quality indicators:** A monitoring system will be established using quantitative and qualitative data to ensure any risks and potential adverse events are monitored and acted upon. Common themes and learning will be shared with the wider system. Feedback from patients and their families/carers is also essential to helping us shape services and this will be obtained via Care Opinion and questionnaires which include hard copies and QR codes.

Financial Investment oversight

The financial delivery of the Hospital at Home (H@H) programme is underpinned by robust governance and oversight arrangements to ensure both effective use of resources and achievement of agreed improvement trajectories. NHS Fife's investment in H@H, as part of the wider unscheduled care programme, is mapped closely with finance colleagues, with weekly and monthly monitoring in place to identify any slippage and support agile development of care models. Overall scrutiny is provided via monthly Integrated Unscheduled Care Programme Board reviews, which scrutinise operational performance, resource deployment, and financial

performance against plan. Monthly updates are provided to the Scottish Government, detailing progress against actions and financial delivery, while the Centre for Sustainable Delivery (CfSD) supports ongoing assessment and improvement. This multi-layered oversight provides moderate assurance that financial risks are being actively managed, with controls sufficient for in-year delivery, although residual risk remains for future years if conditional funding is not secured recurrently. Overall, these arrangements offer assurance that the financial aspects of H@H delivery are subject to rigorous scrutiny and responsive management, in conjunction with wider Unscheduled care Programme Delivery.

Collaborative Governance Framework with Pharmacy

Joint work with Pharmacy is underway to ensure robust governance arrangements are in place, fully aligned with relevant policies and the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP). While established governance processes exist, these are being reviewed collaboratively to confirm they remain fit for purpose as services expand. Together, we are examining all current Pharmacy SOPs and guidelines within the relevant services, and a joint paper is being prepared for submission to key committees, including HSCP QMAG, the Fife Drugs and Therapeutics Committee, and the NHS Fife Medicines Safety and Policy Group.

The paper will set out shared approaches to prescribing practices, medication supply, SSUMPP compliance, communication during transitions of care, and the scaling of SOPs and processes. At this stage, no significant concerns or challenges are anticipated, reflecting the strong governance structures already in place and the collaborative approach being taken.

4 Project Scope

In Scope:	Out of Scope:
<p><u>Organisations:</u></p> <ul style="list-style-type: none"> • NHS Fife • Fife Health and Social Care Partnership (as an integrated Authority) • NHS Scotland <p><u>Services:</u></p> <ul style="list-style-type: none"> • All Acute Divisions • Corporate Services • All HSCP services (Community Care Services, Primary & Preventative Care Services and Complex & Critical Care Services) 	<p><u>Organisations:</u></p> <p>All organisations not listed as in scope</p> <p><u>Services:</u></p> <p>All Services not listed as in scope</p> <p><u>People:</u></p> <p>All people not listed as in scope</p> <p><u>Systems /Processes:</u></p> <p>All systems/processes not listed as in scope</p> <p><u>Project Management:</u></p>

In Scope:	Out of Scope:
<ul style="list-style-type: none"> • Facilities & Estates • Digital & Information • Care at Home providers • Care home providers <p><u>People:</u></p> <ul style="list-style-type: none"> • Patients • Executive Directors • General Managers • Service Managers • Medical Staff / providers • Nursing Staff • Allied Health Professionals • Transport Staff • Pharmacy Staff • Administrative Staff • Financial Staff • Digital & Information Staff • Laboratory staff and diagnostic technicians • Radiology teams • GPs • Care at Home staff <p><u>Systems/Processes:</u></p> <ul style="list-style-type: none"> • TrakCare • Morse • Patientrack • Vision <p><u>Project Management:</u></p> <ul style="list-style-type: none"> • Corporate PMO • Acute division internal resources 	<p>All project management not listed as in scope</p>

5 Expected Benefits and Dis-Benefits

5.1 Benefits

Benefit	Alignment
Improved productivity with skill-mixing of teams.	Non-Financial
Improved geographical coverage and reduction in absence coverage requirements due to reconfiguration of teams.	Non-Financial

Benefit	Alignment
Supports patient-centred care by ensuring pathways are designed with specific patient criteria to suit their needs and preferences.	Non-Financial
Supports reduction in acute admissions and facilitates effective and timely discharges from acute settings for eligible patient cohorts specific to individual condition pathways.	Non-Financial
Supports reduction in bed days for eligible patient cohorts specific to individual condition pathways.	Non-Financial
Support reduction in hospital acquired infections and hospital acquired functional decline by supporting people within their own home.	Non-Financial
Supports reduction in “sick day” and compliance related hospital admissions for children.	Non-Financial
Supports collaboration and integration across Acute and HSCP services to enhance whole system working.	Non-Financial
Increases capacity for in-reach and out-reach models for specific conditions linked to secondary care.	Non-Financial
Increases capacity by expansion of service hours/days and provisions available for specific drug regimes, supporting continuous service improvement.	Non-Financial
Increases wider monitoring and optimal utilisation of capacity and demand by developing a central control centre to view and deploy both physical and virtual wards and beds.	Non-Financial
Meeting required trajectories can assure consistent funding of the new model, ensuring permanent contracts reduce staffing turnover and reduce supplementary staffing spend.	Financial
Increases governance with a Lead Nurse who has oversight of the services and will provide consistent leadership and management. They will have an overview of all the pathways being a conduit between teams, services, the Partnership and Acute Services. The Lead Nurse will review risks, datix incidents, adverse events and will raise any concerns via QMASH and QMAG reporting structures. They will also have oversight of the clinical quality indicators and patient experience - promoting areas of good practice and auctioning areas of concern.	Financial (current budget)
Increases patient satisfaction by providing safe, effective, person-centred care in the patient’s home where they are most comfortable and at less risk of harm including HAI and deconditioning.	Non-Financial
Increases staff wellbeing by ensuring teams and services work more collaboratively, improve communication and reduce risks. It also promotes enhanced leadership and oversight which will facilitate integration and the patient being seen by the right person, at the right time and in the right setting.	Non-Financial

5.2 Dis-Benefits

Table 1 - Dis-benefits

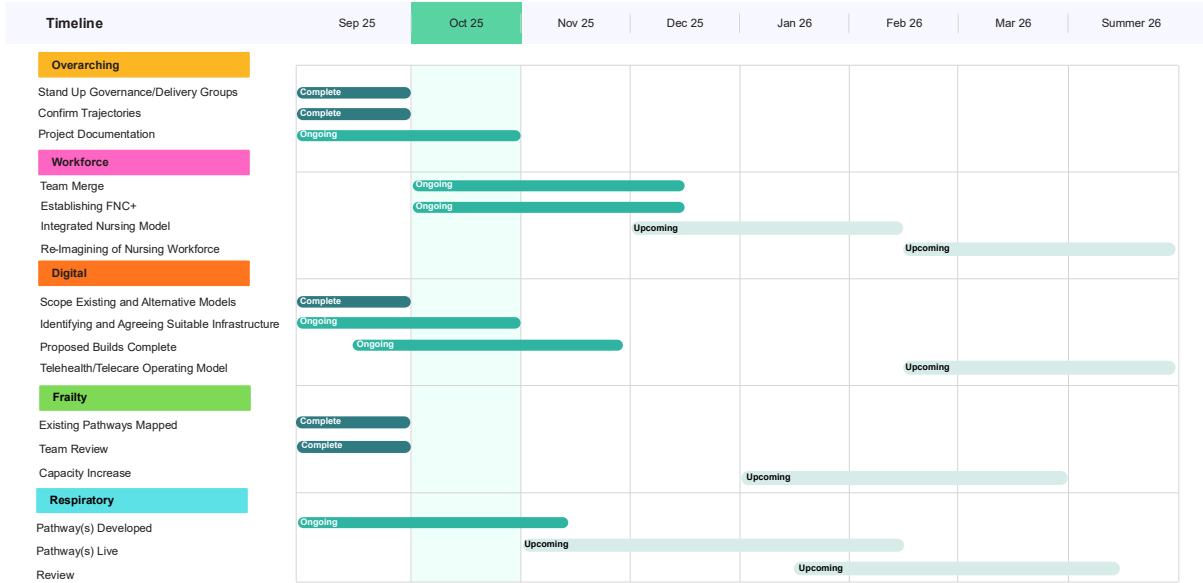
Dis-Benefit	Alignment
Increase in capacity under H@H+ may not be sufficient to provide overall required positive impact on Unscheduled Care performance in reduction in 4-hour performance in ED.	Non-Financial

6 Project Planning

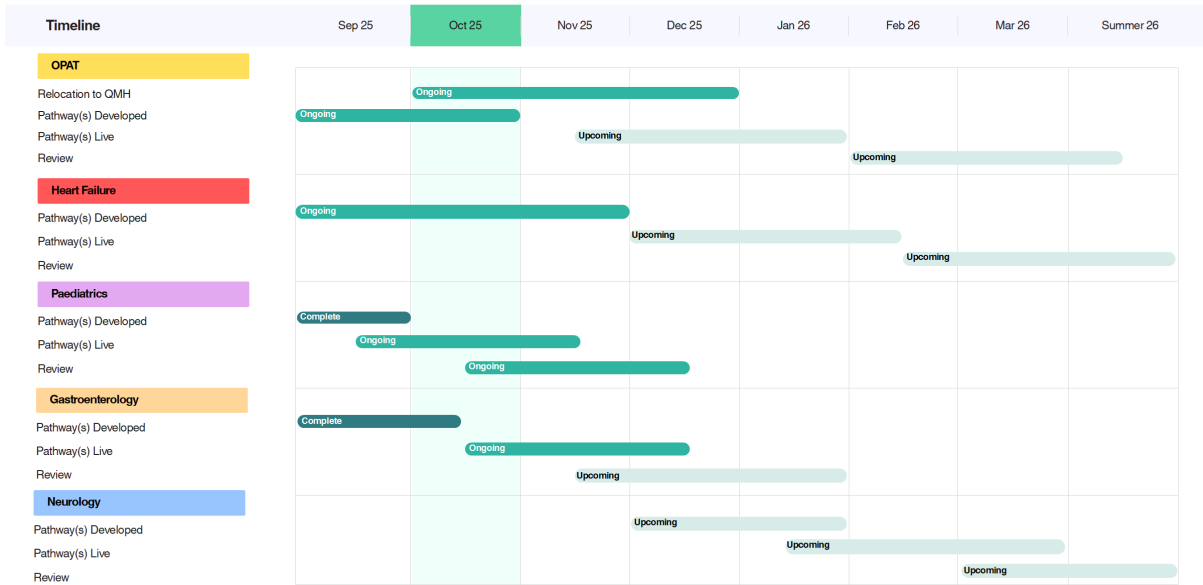
The following timeline has been agreed with actions until March 2026 as well as a more detailed project plan.



Hospital at Home Project Timeline



Hospital at Home Project Timeline (cont)



Hospital at Home Pathways Progress Chart

Specialties	Existing Pathway(s) Mapped	New Pathways Mapped	New Pathway(s) Approved	Trak Builds in Development	Trak Builds Complete	Pathway(s) Live	Pathway(s) Review
Frailty	Complete	N/A	N/A	No	No	No	No
Respiratory	CRT Pathway Mapped Acute Step-Down Pathway In Progress	CRT Pathway Mapped Acute Step-Down Pathway In Progress	CRT Pathway Approved	Discussions Ongoing	No	No	No
Heart Failure	In Progress	In Progress	No	No	No	No	No
OPAT	Complete	Complete	No	Discussions Ongoing	No	No	No
Paediatrics	Complete	Complete	No	Discussions Ongoing for Virtual Ward Clinics Built for OP H@H+	Discussions Ongoing for Virtual Ward Clinics Built for OP H@H+	OP H@H+ Pathways Live	No
Gastroenterology	Complete	Complete	No	Discussions Ongoing for Virtual Ward	Discussions Ongoing for Virtual Ward	No	No
Neurology	No	No	No	No	No	No	No

Hospital at Home Trajectories and Timelines

Specialties	Current	Jan - Feb 2026	Mar - Apr 2026	Jun - Jul 2026	Aug - Sep 2026	Oct - Nov 2026	Trajectories	Dependencies
Frailty	40	45	50	55	60	60	60	DNs to take on IVs Community Resp to take O2 weans
Respiratory	0	5	10	10	15	15	15	PHS to confirm admission avoidance as countable SAS/FNC manual data capture (starting Dec 2025 for Jan 2026 returns)
Heart Failure	0	5	5	10	15	15	15	OP clinics to be reviewed for Jan - Apr data capture Acute activity from Jun onwards
OPAT	12	12	12	20	20	20	20	OP activity counted manually from Dec 2025
Paediatrics	5	5	5	5	5	5	5	Captured in OP clinics, likely to be higher once virtual wards introduced
Gastroenterology	0	2	5	5	5	5	5	Requirement for virtual wards to monitor patient visits. Scope to capture manually from Jan
Neurology	0	0	0	0	0	5	5	Lack of engagement, will revisit pathways in Summer 2026 once other services established

6.1 Project Dependencies

The following are known dependencies that impact this programme:

Table 2 - Dependencies

Item	Cause and Effect Relationship
Capacity	<ul style="list-style-type: none"> Capacity to deliver the project within the agreed timeframe to realise results to meet the required outcomes in conjunction with wider service transformation. Capacity for clinical teams for pathway development and for appropriate governance routes to approve these pathways before embedding.
Engagement	<ul style="list-style-type: none"> Ensuring appropriate communications and engagement strategies with stakeholders to maintain progress in developing pathways, re-designing team structures and reviewing/amending digital infrastructure and monitoring and taking the community with us as we redesign healthcare delivery.
Recruitment	<ul style="list-style-type: none"> Expansion will be contingent upon recruitment to additional capacity in a range of roles we will be constrained by process timescales and the workforce marketplace.

6.2 Project Stakeholders

Role	Responsible	Accountable	Consulted	Informed
CEO NHS Fife		X		
Director of Strategic planning / performance	X			
Medical / Nurse Directors	X			
Director Acute Services	X			
Director HSCP	X			
Head of Community Care Services, HSCP	X			
General Manager Medical Directorate, Acute Services	X			
Associate Medical Director (Medicine & Surgery), Acute Services	X			

Associate Medical Director, HSCP	x			
Business Analyst, Digital and Information	x			
Clinical Nurse Manager, Acute Services	x			
Lead Nurse, HSCP	X			
Clinical Services Manager, HSCP	X			
Community Flow, Delayed Discharge and IDH Manager, HSCP	X			
Clinical Director - Frailty, Acute Services	X			
Clinical Director - Medicine, Acute Services	X			
Associate Medical Director (WCCS), Acute Services	X			
Director of Nursing, Acute Services	X			
Director of Nursing, HSCP	X			
Head of Nursing, Acute Services	X			
Head of Nursing, HSCP	X			
Hospital at Home Lead ANP, HSCP	X			
ICASS Manager, HSCP	X			
Senior ANP, Acute Services	X			
Lead Clinical Pharmacist, Acute Services	X			
Lead Pharmacist, Acute Services	X			
Lead Clinical Pharmacist, Community Services	X			
Planning and Performance Manager, Corporate Services	X			
Project Support Officer	X			
Senior Project Manager, Corporate Services	X			
Service Managers, Acute Services	X			
Portfolio manager, Acute Services	X			
Communications			X	
Patients			X	
Clinical staff including medics, nurses and AHPs			X	

7 Project Risks

Table 3 - Project Risks

Risk description	Likelihood score	Impact score	Overall score
Digital - There is a risk that a lack of digital connectivity will hinder the projects ambition to deliver virtual beds in accordance with the timeline resulting in delays to progress. It will also delay monitoring of patient outcomes and not highlight any potential safety issues.	Possible-3	Major-4	12
Funding - There is a risk to future funding from Scottish Government if the March 2026 target for virtual beds is not met. - resulting in the inability to continue provision beyond the project as it moves to BAU	Likely-4	Moderate-3	12
Approach - There is a risk that a "one size fits all" model is applied, resulting in ineffective outcomes due to the variety of conditions across specialities	Unlikely-2	Moderate-3	6
Pathways - There is a risk of delays in development and implementation of new pathways due to capacity constraints of clinical leaders, resulting in slippage. This could lead to a lack of transformation and improvement in person centred care	Likely-4	Major-4	16
Digital - There is a risk that tableware monitoring devices are ineffective due to the patient cohort, resulting in additional burden on workforce	Possible-3	Moderate-3	9
Workforce - There is a risk that recruitment efforts are delayed due to internal processes resulting in inability to meet September (Q2) trajectories of 71 virtual beds. This will place additional burden onto an already challenged workforce which may negatively impact on staff wellbeing and potentially increase absence	Likely-4	Major-4	16

Risk description	Likelihood score	Impact score	Overall score
<p>Workforce - There is a risk that recruitment efforts do not attract the required capacity within the designated timescale resulting in slippage. This will place additional burden onto an already challenged workforce which may negatively impact on staff wellbeing and potentially increase absence</p>	Likely-4	Major-4	16
<p>Pathways - There is a risk that (Acute) notes are not made available quickly enough for step-downs to initiate ongoing treatments in the patient's home - resulting in delays to admission to H@H. This could lead to a lack of improvement in safe, effective, person-centred care and increase the risk of error.</p>	Possible-3	Moderate-3	9
<p>Digital - There is a risk that capacity issues and absence within the Application Support Team, results in delays to the development and subsequent implementation of virtual wards. This will impact negatively on the transformation and subsequent improvements in both capacity and person-centred care.</p>	Likely-4	Moderate-3	12

8 Document Control Sheet

8.1 Key Information

Title	Hospital @ Home PID
Date Published / Issued	
Date Effective From	17/10/2025
Version / Issue Number	V0.5
Document Type	Project Initiation Document
Document Status	DRAFT
Author	Catherine Anderson
Owner	Chris Conroy/Belinda Morgan
Approver	Claire Dobson/Lynne Garvey/ Ben Hannan
Approved Date	
Contact	Catherine Anderson
File Location	TBC

8.2 Revision History

Version	Date	Summary of Changes	Name
V0.1	17/10/2025	First Draft	Catherine Anderson
V0.2			
V0.3	10/11/25	Third draft	Leesa Radcliffe
V0.4	12/11/25	Fourth draft	Leesa Radcliffe
V0.5	24/11/25	Fifth draft	Leesa Radcliffe



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	28 January 2026
Report Title:	Finance Update – Month 8		
Agenda Item No:	8.1		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board		
Report Author:	Tracy Hogg, Chief Finance Officer		

Executive Summary

- The projected outturn for Fife Health & Social Care Partnership at 30 November 2025 is currently a projected overspend of £8.615m
- This is an adverse movement of £1.768m from the September position
- Savings delivery is projected to be 82%
- Actions to bring the budget back to break even continue to be progressed, pressure from high demand on our services continues.

Recommendations

This paper is presented to:-

Seek a Decision Risk Appetite Section MUST be completed	<input checked="" type="checkbox"/>	Approve the Directions to NHS Fife and Fife Council for additional allocations in year
Provide Assurance	<input checked="" type="checkbox"/>	IJB are asked to be assured that there is robust financial monitoring in place
For 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 November 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 November 2025 is an overspend of £8.615m

Assessment (Key Points/Issues and Risks)

As at 30 November 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £8.615m

Currently the key areas of overspend are: –

- Primary Medical Services
- Service Level Agreements
- Mental Health & Psychology
- Care at Home
- External Nursing & Residential Care
- Older People Residential internal

These overspends are partially offset by underspends in:-

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

The underspends are mainly due to vacancies and management actions taken to mitigate the overspends.

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 November 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		
HSCP/IJB				Yes	No	Summary of amendments
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"/>	13.01.2026	<input type="checkbox"/>	<input type="checkbox"/>	
Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.01.2026	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Updated narrative on recovery
Integration Joint Board (IJB)		<input type="checkbox"/>				
Other (please specify):						
Finance Governance Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.01.2026	<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	<input type="checkbox"/>

Climate Fife 2024 Strategy and Action Plan		
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 November 2025



Supporting the people of Fife together



FINANCIAL MONITORING

PROJECTED OUTTURN AS AT NOVEMBER 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 £8.615m 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 £0.973m since September (£58.738m 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
Direction at M6	3.838
Budget at September	799.326
Shingles Vacc Programme	0.582
Long COVID, Myalgic encephalomyelitis / chronic fatigue syndrome and other similar conditions - new specialist support	0.307
RSV vaccine programme	0.047
Family Nurse Partnership - clinical lead	0.046
Argyle Patient Income	0.050
Unscheduled Care	0.084
PCIF - to Pharmacotherapy	(0.400)
GMS	(0.295)
Dental SLA estate	(0.028)
Other	0.080
Whole Family Wellbeing	0.500
Budget at November	800.299

Directions for the £0.973m increase in funding since September 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. See appendix 2 for more detail.

5. Financial Performance Analysis of Projected Outturn as at 30th November 2025

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £8.615m overspend. This is shown in Table 2 below

Fife Health & Social Care Partnership									
Provisional Outturn as at November 2025									
Objective Summary	Budget September	Budget November		Forecast Outturn September	Forecast Outturn November		Variance as at September	Variance as at November	Movement in Variance Sept-Nov
	£m	£m		£m	£m		£m	£m	£m
Community Services	170.221	171.130		171.850	173.216		1.629	2.086	0.457
Hospitals and Long-Term Care	72.088	71.911		74.806	74.544		2.718	2.633	(0.085)
GP Prescribing	86.395	86.395		86.762	86.313		0.367	(0.082)	(0.449)
Family Health Services	137.235	136.940		137.888	137.563		0.653	0.623	(0.030)
Children's Services	20.231	20.267		19.831	19.767		(0.400)	(0.500)	(0.100)
Homecare Services	69.221	69.221		70.914	70.839		1.693	1.618	(0.075)
Older People Nursing and Residential	62.329	62.329		62.685	63.169		0.356	0.839	0.484
Older People Residential and Day Care	18.866	18.866		19.779	19.574		0.913	0.708	(0.205)
Older People Fife Wide/ Hospital Discharge	1.707	1.707		1.691	1.698		(0.016)	(0.009)	0.007
Occupational Therapy & ICASS	5.755	5.755		6.402	6.432		0.647	0.677	0.031
Adults Fife Wide	9.310	9.310		8.838	8.863		(0.472)	(0.447)	0.026
Adult Supported Living	33.271	33.271		29.991	30.633		(3.280)	(2.638)	0.642
Social Care Fieldwork Teams	27.273	27.232		26.315	26.031		(0.958)	(1.201)	(0.243)
Adult Placements	77.346	77.346		82.073	81.290		4.726	3.944	(0.782)
Social Care Other	-8.500	-8.000		-10.200	-8.000		(1.700)	0.000	1.700
Business Enabling/Professional	14.930	14.971		14.902	15.335		(0.028)	0.363	0.391
Housing	1.646	1.646		1.646	1.646		0.000	0.000	0.000
Total Health & Social Care	799.326	800.299		806.172	808.914		6.847	8.615	1.768

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

	Budget September	Forecast Outturn September	Variance as at September	Budget November	Forecast Outturn November	Variance as at November	Movement Sept - Nov
Primary Care & Preventative	304.562	304.032	(0.530)	304.961	303.752	(1.209)	(0.679)
Complex & Critical Care	228.462	232.668	4.206	228.762	232.609	3.848	(0.358)
Community Care	231.876	234.703	2.827	231.915	235.669	3.094	0.267
Professional & Business Enabling	28.833	28.598	(0.235)	28.998	29.115	0.116	0.351
Other	5.592	6.171	0.579	5.662	8.428	2.766	2.187
Total HSCP	799.326	806.172	6.847	800.299	809.574	8.615	1.768

5.1 Financial Analysis

The projected financial position at November is an overspend of £8.615m, an adverse movement of £1.768m from the September reported position. An analysis of the position is noted below;

Primary & Preventative Care – underspend £1.209m

Primary Medical Services is projecting an overspend of £0.623m. This is mainly due to premises costs, maternity and sickness payments, GP Superannuation costs, and 2c practice costs.

Other Primary and Preventative Care services are forecasting an underspend of £1.750m. This reflects a combination of factors, including the current proactive approach to managing both pay and non-pay expenditure.

Movement from September position is favourable movement of £0.679m this is due to a reduction in both prescribing and primary and preventative care services expenditure.

Complex and Critical Care Services – overspend £3.848m

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 overall underspend position of £0.340m. This position reflects a combination of overspends and underspends across adult's social care services. Overspends relate to adults' packages, associated transport costs, and delays in delivering savings from Transforming care and Transport initiatives. These pressures have been partially offset by mitigating management actions. Underspends are primarily driven by vacancies and recruitment challenges within supported living, community support, and fieldwork teams.

The movement in overspend from the September position is a favourable movement of £0.358m and is due to a reduction in the projection for adults' social care due to management actions being allocated to complex and critical, previously reported under other.

Community Care Services - overspend £3.094m

Care of Elderly Inpatients and Specialist Inpatients are projecting a £1.075m 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 £0.708m 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 £0.839m 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 £0.677m due to current demand and increasing costs of equipment.

The movement in overspend from the September position is an adverse movement of £0.267m and is due to the increases in demand for social care.

Professional, Business Enabling & Other - £2.882m overspend

Service Level Agreements and Out of Area treatments are projecting a year end overspend of £4.735m. This consists of £1.9m of projected slippage in savings delivery due to delays in returning patients to Fife, and £2.815m of overspends including a surcharge for an existing patient who is now deemed to be in delay, overspends on SLAs with Tayside, Forth Valley, and Lothian, 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.

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.

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

The adverse movement of £2.536m from the September position reflects the reallocation of some management actions to complex and critical care services and the removal of previously anticipated measures due to sustained high demand.

6. Savings

Savings approved by the IJB for 2025-26 total £29.424m. £24.145m is currently on track to be delivered (82% delivery).

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

Saving – non delivery	July £m	Sept £m	Nov £m
Transport Review	0.250	0.250	0.625
Reprovision of out of area care packages	1.454	1.644	1.920
Transforming Overnight Care	2.915	2.915	2.915
Mental Health Redesign	0.605	0.605	0.605
Total	5.224	5.414	6.065
Offset by over delivery			
Medicines Efficiency			0.782
Total	5.224	5.414	5.279

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.

Savings which are not delivering in full in 2025-26 due to timing will be delivered in 2026-27. All savings are recurring and will be reviewed as part of the Medium-Term Financial Strategy for 2026-27 to ensure they remain deliverable.

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. A balance of £1.712m remains at November 2025. These reserves are fully committed and expected to be utilised in year.

Table 4

Reserves Balances	Balance @ Nov 2025
Earmarked Reserves	0.574
Reserves Committed	0.971
Total Reserves	1.545

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.

8.2.3 If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to:

- Make additional one-off payments to the IJB; or*
- Provide additional allocations to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.*

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB less: • the adjustment for allocations which fall outside the scope of the agreed risk share methodology where agreed between the parties and • any adjustment to reflect agreed in-year, non-recurring budget realignment where the source relates to the transfer of an underspend in one element of the annual allocations to another area

Management actions implemented to mitigate the overspend are reflected in the current position; however, a deficit remains.

Further recovery actions to bring financial balance are under discussion with senior leaders of our partner organisations, these are under continual review, as would impact care provision and flow due to the levels of demand currently on our services. Any formal plans will be subject to approval of the IJB.

9. Risks

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.

There is a risk that demand on our services continues to increase and this will be kept under weekly review.

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.

The escalation tool is being utilised more frequently for budgets that are at risk of over-spending due to demand. A summary of the key metrics, both qualitative and quantitative is being used 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

28th January 2026



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.0014 (DRAFT)
2	Report Title	Additional Funding 2025-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	28 th January 2026
4	Date Direction Takes Effect	28 th January 2026
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions as detailed within the table below delegated to NHS Fife by Fife Integration Joint Board
8	Full Text of Direction	NHS Fife will utilise funding as allocated in table below relevant to each of the services as allocated.

9	Budget Allocated by IJB to carry out Direction	For the financial year 2025 to 2026, additional funding of £0.473m 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	25 th March 2026

	0.473	Total Budget to be spent on NHS Services
Portfolio/ Service	Budget £M	Narrative
Primary Care & Preventative	0.399	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.
Child Health	0.036	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	0.626	The Immunisation Service helps to protect the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity and live healthier lives.
Sexual Health	0.035	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Fife Public Dental Service	(0.027)	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain treatment from a general dental practice, may have additional needs or require specialised services.
Health Promotion + Improving Health	0.002	The Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing, helping to reduce health inequalities. This covers the life course from early years and children to adults and older adults. We provide training, a range of services and information and resources. We lead on and work in partnership on projects and campaigns and activities aimed directly at communities.
Allied Health Practitioner Services Fife-wide	0.021	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)	0.001	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.
Family Health Services	(0.295)	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	0.039	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	(0.350)	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	0.197	<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	(0.043)	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	0.004	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	0.034	Management + Admin support to Integrated Community Care Teams

Community Flow and Integrated Discharge Hub	0.197	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay
Integrated Complex & Critical Care	0.341	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	0.345	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	(0.002)	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	(0.002)	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	0.124	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	-0.430	HSCP allocations awaiting distribution & Board Vol Orgs



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.015 (DRAFT)
2	Report Title	Additional Funding 2025-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	28 th January 2026
4	Date Direction Takes Effect	28 th January 2026
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions as detailed within the table below delegated to Fife Council by Fife Integration Joint Board
8	Full Text of Direction	Fife Council will utilise funding as allocated in table below relevant to each of the services as allocated.

9	Budget Allocated by IJB to carry out Direction	For the financial year 2025 to 2026, additional funding of £0.500m 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	25 th March 2026

	0.500	Total Budget to be spent on Fife Council Services
Portfolio/ Service	Budget £M	Narrative
Integrated Complex & Critical Care	(0.042)	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Social Care Fieldwork Teams	-0.042	Social Work Locality Teams, MHO Service, Social Work Contact Centre and Compass Team ensure that the local authority discharges its legal duties associated with the various legislation underpinning social work services. Local Authorities are required to publish and apply eligibility criteria, in line with national government criteria and apply this when discharging their duty to assess needs. Additionally Social Work Locality Teams undertake investigations with and without powers in discharging their statutory function associated with the Adult Support and Protection Scotland Act.
Prof & Business Enabling	0.042	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	0.500	Other includes budgets that are held centrally but will be allocated to other areas during the financial year. E.g. provision for the pay award. Also includes Housing.

DRAFT

APPENDIX 3	2025-26					
OPPORTUNITIES	Total savings to be delivered	Projected to be delivered	Projected non achieved	Projected over delivery	Status from PRU	Narrative - Update from PRU
Medicines Efficiencies	1.844	2.630		0.786	Green	Over achievement of £0.786m due to rebates, script switch and medicines wastage.
Locum Savings	1.953	1.953			Amber	Reduction in locum usage from Direct Engagement, recruitment to substantive posts from 'grow your own' initiatives and international recruitment
Transport Review	1.000	0.375	0.625		Red	Scoping and review underway of all vehicles, usage/idle time. Review of transport policy and taxi usage underway. Mileage trend analysis ongoing. Corporate review on leasing underway by Fife Council. Transport Hub being developed by NHS
Recovery Plan others	0.067	0.067			Green	On track
Nurse Supplementary Staffing	1.000	1.000			Amber	There was a total of 58 Newly Registered Nurses (NRNs) commence employment in the HSCP. 27 within Community Care Service, 27 Mental Health and 4 within Learning Disabilities. Other successful NRNs have withdrawn and accepted posts in other boards. Significant recruitment efforts continue with return to practice students and Endorsed HNC training. There continue to be plans to reduce surge beds in the new year and extensive transformation which will reduce the requirement for supplementary staffing. A new robust process for escalation and approval for agency staffing is in place and working well. With further development planned to strengthen and support escalation of bank staff shifts.
Reprovision of out of area care packages	2.330	0.410	1.920		Red	Delays in reprovision of packages and bringing patients back to Fife have resulted in the projected non achievement of 82% 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.
Assessment and Rehabilitation Centres (ARCs) Redesign	0.300	0.300			Green	On track

Transforming Business Administration Project, Digital Programme	0.495	0.495			Amber	This saving will continue to be tracked and scrutinised via VMF panel. Digital advances will also assist to deliver this saving; this will be reviewed in January.
Community Rehabilitation & Care	1.000	1.000			Green	One ward has been repurposed and another in the new year. Care has been moved to a community setting
Review of Respite care	1.000	1.000			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			Green	On track
Income - Charging for services - to be funded	0.500	0.500			Green	On track - £0.500 was transferred from FC
Nursing & Residential - re-provision of care home beds	2.500	2.500			Amber	Continues to be demand led and regular scrutiny at a weekly multi-disciplinary panel continues
Commissioning of Adult Care Packages	2.250	2.250			Green	Work continues to review staffing requirements and commissioned care. Dedicated staff member is assisting in progress.
Commissioning Centre of Excellence	0.068	0.068			Green	On track
Group Homes	0.050	0.050			Green	On track
Transforming Overnight Care	5.915	3.000	2.915		Amber	Dedicated team reviewing all packages on a locality-by-locality basis.
Home First and Community Care Services Transformations Programme (SHC)	1.835	1.835			Green	On track to deliver, full year effect of reduction in hours at year end will ensure 100% of this saving
TOTAL	29.424	24.145	6.065	0.786	82%	

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	0	0.574
Community Alarms - Analogue to Digital	0.971			0.971
Housing - adaptations	0.167		-0.167	0
Committed Balance	1.138	0	-0.167	0.971
Uncommitted Balance	0	0.782	-0.782	0
Total Reserves	1.712	0.782	-0.949	1.545



Fife Health & Social Care Partnership

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Meeting:	Integration Joint Board	Date:	28 th January 2026
Report Title:	December SLT Performance Report		
Agenda Item No:	8.2		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Vanessa Salmond, Head of Strategic Planning and Performance		
Report Author:	William Penrice and Donna Mathieson		

Executive Summary

This is the most recent HSCP Performance Report covering our current suite of performance indicators and identifying currently escalated indicators.

Recommendations

This paper is presented to:

Provide Assurance	<input checked="" type="checkbox"/>	To give assurance regarding the HSCP performance approach, scope and outputs within the revised performance framework
For Discussion	<input checked="" type="checkbox"/>	To discuss content of the December SLT Performance Report

Directions

No Direction Required



Situation/Background (Purpose of Report)

Following the implementation of a revised approach to performance within the Health and Social Care Partnership attached is the most recent HSCP Performance Report. This report is used by the Senior Leadership Team to monitor and evaluate performance across all portfolios.

Although extensive in length, this report reflects genuine collaboration between performance analysts and professional and clinical staff, and represents a comprehensive picture of our performance activity.

The report is used to highlight and recommend areas requiring improvement or enhanced oversight, supported through the Senior Leadership Team's performance management escalation process.

Assessment (Key Points/Issues and Risks)

Collecting narratives and SMART Improvement actions for the SLT performance indicators continues alongside work to improve the quality of the submissions. Work continues with services to improve the indicators and to identify appropriate benchmarking and targets. We continue to review indicators as the report continues to be used and is tested for usefulness and practical application within services.

Early indications are that the new performance process alongside a revised approach to SLT is resulting in a much greater emphasis on performance improvement.

Discussion at Committee suggests that there is scope to further refine and improve communication of Performance information. This would help to give greater assurance on steps being taken to improve performance, more effective scrutiny and ensure transparency without overloading members with data and information. To this end a Development Session is being arranged for February 2026 for IJB members.

Related Documents/Appendices

- December 2025 SLT Performance 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	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"/>	
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/01/26	<input type="checkbox"/>	<input type="checkbox"/>	Request Development Session to seek deeper understanding of process, data and information presented.

Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14/01/26	<input type="checkbox"/>	<input type="checkbox"/>	Request for summary and too much data presented making it difficult to focus.
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>				

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	<input checked="" type="checkbox"/>	This strengthened approach to performance monitoring provides greater assurance around access to support, timely assessment, and the delivery of statutory responsibilities.	
Localities/Communities	<input checked="" type="checkbox"/>		
Quality of Care	<input checked="" type="checkbox"/>	By triangulating performance data with operational intelligence and clinical/professional judgement, the Partnership is able to ensure that care remains safe and person-centred.	
Workforce	<input checked="" type="checkbox"/>	This report supports informed, proactive workforce planning and ensures risks to staff wellbeing, workload, and sustainability are recognised at an early stage.	
Legal	<input checked="" type="checkbox"/>	There are no know legal impacts associated with this report.	
Financial	<input checked="" type="checkbox"/>	Trends in activity, demand, and service pressures help to indicate financial pressures.	
Performance	<input checked="" type="checkbox"/>	Further refinement and development of flash reports and drill down optionality on indicators may be required.	
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	There are no know legal impacts associated with this report.	
Communication and Engagement	<input checked="" type="checkbox"/>	The approach supports meaningful dialogue between Senior Managers, Performance Staff and Clinical and Nursing Staff to gain a shared understanding of the challenges and progress driving the performance trends.	
Risk & Mitigation	<input checked="" type="checkbox"/>	The performance indicators outlined in the report have direct implications for both strategic and operational risks. Variations in performance, emerging pressures, or declining trends can indicate increased risk to service delivery, workforce sustainability, financial stability, and the quality and safety of care. Regular scrutiny of performance data enables these risks to be identified early and ensures appropriate mitigations are put in place.	
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	

Fife Health & Social Care Partnership



Supporting the people of Fife together

Performance Report

December 2025

Strategic Planning and Performance



Purpose of the Report

This is a standard performance report for the HSCP. It is designed to give an overview of performance across a range of indicators and to identify improvement actions being undertaken and where necessary, recommend performance areas for escalation and further scrutiny and support.

Executive Summary

This report continues to improve particularly around data quality, streamlining data collection and the narratives for improvement actions.

In some areas, further work is required by services to devise meaningful and realistic targets. The report provides a focus for that. Benchmarking is also an area to for consideration, and whilst some indicators have been compared against the Scottish Average, we would like, where possible, to identify more appropriate benchmarking data. We continue to review indicators as the report beds in and the recommendations section reflects this approach to improving the reports usefulness.

The Local Government Benchmark Framework Indicators are slightly different from data that we routinely collect, and our intention is to calculate a regular indicator for these in future reports (with the exception of the two-yearly survey results which are not suitable for monthly or even quarterly reporting).

Currently Escalated Indicators

Indicator	Notes	Reason
Demand for new Care at Home Services - No. Waiting	Whilst there is no target for this, the number continues to increase. Of the past 12 months, only two months have seen a reduction on the month before. When looking at the 12-month average of people waiting ending in November 2025 compared to the same period the previous year there is an increase of 128% (87v 199).	Increasing number, significant increase compared to previous year.
Acute/Community Delayed Discharges (Bed Days Lost Avg per day)	The Target is 47 average bed days Lost for Q3, which was increased from 38 last year and then decreased from 50 in Q1 as per the agreed trajectory. The current average bed days lost is 61.7days, target was last achieved in May 2023.	Higher than Target, needs to be below.
Psychological Therapies RTT Waiting Time	The local target for this indicator is 73% with the current referral to treatment within 18 weeks being 66.5%, 6.5% below target. 8 out of the last 12 months have achieved above the local target of 73%, however we are well below the national target and the Scottish average.	Below local target and well below national average and target.
Smoking Cessation - % Achieved (Most Deprived 40% SIMD)	The % of quits achieved against the national target has been above 90% each month in 2025, this is a significant improvement on previous years with 2 of those months either equalling or exceeding 100%.	Below Target, need to achieve Target.
Childhood Immunisation (MMR2) by 5 Yrs	The local target for this indicator is 92% of the local population to receive the MMR2 vaccination by 5 years of age. 87.7% is achieved currently however this is 4% below target and 2% below the Scottish average. As a whole Scotland would like to achieve the WHO target of 95% in due course.	Below Target, need to achieve Target.
Complaints to H&SCP responded to within statutory target	The target is for 80% of complaints to be responded to within timeframe, the HSCP are currently achieving 40%. We have not achieved the 80% target since March 2021. The last 8 months have been 20%+ below the target.	Below Target, need to achieve or be above Target.

Performance Summary

Explanation of terms used in Summary	
Governance	Whether data (D) , target (T) and benchmark (B) have been identified as issues or “Yes” (in black) where there are no governance issues
Expected Range	States “Yes” (in black) if within an expected range or “No” in red if not. expected range is plus or minus 1 Standard Deviation of previous data
Target	The target value is stated and is Black if on target and Red if not . Where there is no target, it is stated as “No” in red
Benchmark	The benchmark is stated and is Black if above benchmark and Red if not . Where there is no benchmark, it is blank
Current Value	The current figure for this indicator (month and year in brackets). Note that more detail is presented in the appendix
Frequency	M' denotes monthly, 'Q' denotes Quarterly, and 'B' denotes bi-annual and 'A' denotes annual.
Latest Data	Indicates most recent data available.
Trend	Indicates “Same” in black; “Improving” in green; or “Declining” in red. Based on a significant change being noted beyond normal variation
RAG Status	Cell is shaded – Green (on target); Amber (some cause for concern) or Red (not on target)
Escalation Status	“No” (in black): No Escalation; “Rec” (In Blue Cell): Recommended for escalation; “Yes” (in black): Already Escalated; "Att Req'd" (In Yellow Cell): Attention Required

Please Note – the Page numbers are indexed, use Ctrl-Click to Jump to detailed section

ID	Performance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	Assessment Beds - Average Length of stay upon discharge (days)	8	(B)	No	42	-	33	M	Nov-25	Improving		No
	STAR Beds - Length of stay upon discharge (days)	10	(B)	No	42	-	66	M	Nov-25	Improving		No
	START - Length of stay upon discharge (days)	11	(B)	Yes	42	-	62	M	Nov-25	Declining		No
	Nursing & Residential Long Term Care Population	12	(T) (B)	No	-	-	2507	M	Nov-25	Same		No
	LGBF - % of people 65+ with long-term care needs who are receiving personal care at home		(T)	No	-	62.6	62.8	A	2023/24	-	-	-
	Demand for new Care at Home Services - No. Waiting	13	(T) (B)	Yes	-	-	221	M	Nov-25	Declining		Rec
	Demand for new Care at Home Services - No. hrs	14	(T) (B)	Yes	-	-	1559	M	Nov-25	Declining		No
	Weekly Hrs Externally Commissioned Care at Home - Older People	15	(T) (B)	Yes	-	-	18949	M	Nov-25	Declining		No
	Weekly Hrs Care at Home Internal Services	16	(T) (B)	No	-	-	11206	M	Nov-25	Improving		No

ID	Performance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	Weekly Hrs Externally Commissioned Care at Home - Adults	17	(T) (B)	No	-	-	3709	M	Nov-25	Same		No
	Weekly Hrs Externally Commissioned - Supported Living	19	(T) (B)	No	-	-	36425	M	Nov-25	Same		No
	Technology Enabled Care - Total No. Provided in Month (CA&TEC)	21	(T) (B)	No	-	-	9338	M	Nov-25	Improving		No
	Technology Enabled Care - Total No. New Services in Month (CA&TEC)	22	(T) (B)	Yes	-	-	234	M	Nov-25	Same		No
	Acute/Community Delayed Discharges (Bed Days Lost Avg. per day)	23	(B)	No	47	-	61.7	M	Nov-25	Same		Yes
	Mental Health Delayed Discharges (Bed Days Lost Avg. per day)	25	(B)	No	5	-	12.4	M	Nov-25	Declining		No
	LGBF - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)		(T)	Yes	-	925	696	A	2024/25	-	-	-
	CAMHS Waiting Time	26	Yes	No	90	91.8	98.0	M	Oct-25	Same		No
	Psychological Therapies Waiting Time	27	Yes	No	73	78.3	66.5	M	Oct-25	Same		Yes
	Mental Health Readmissions (28days) - 3Mth Avg.	29	(B)	Yes	5	-	5	M	Jul-25	Same		No
	LGBF - Rate of readmission to hospital within 28 days per 1,000 discharges		(T)	No	-	102.8	121.8	A	2024/25	-	-	-
	Smoking Cessation - % Achieved (Most Deprived 40% SIMD)	30	Yes	No	100	76.2	93.0	M	Jul-25	Same		Yes
	Drug & Alcohol Treatment Waiting Times	32	Yes	No	90	94.3	96.6	Q	Jun-25	Same		No
	Childhood Immunisation (6in1) by 12 Mths	33	Yes	No	95	94	93.8	Q	Jun-25	Declining		No
	Childhood Immunisation (MMR2) by 5 Yrs	34	Yes	Yes	92	89.8	87.7	Q	Jun-25	Same		Yes
	Infant Feeding 6-8week review	35	Yes	No	33	36.7	33.7	M	Jun-25	Improving		No
	Developmental Concerns 27-30 months	36	Yes	Yes	15	16.8	18	Q	Jun-25	Declining		No
	% of GP Practices managed as a Board Managed 2C Practice	37	(T) (B)	No	-	-	2.0	M	Nov-25	Same		No
	% of Population Registered with an NHS Dentist	38	(T)	Yes	-	96.1	84.3	Q	Sep-25	Same		No
	% of registered Dental Patients Participating (Contact within 2 years)	38	(T)	No	-	61.7	65.1	Q	Sep-25	Improving		No
	OOH Emergency Dental Service (EDS) Appointments. (Sat/Sun, 3hr sessions)	39	(T) (B)	No	-	-	202	M	Oct-25	Same		No
	Number of Active pharmacy applications		(T) (B)	No	-	-	0	M	Oct-25	Same		No

ID	Performance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	Number of practices providing Community Glaucoma Service		(T) (B)	No	-	-	43	M	Oct-25	Same		No
	First-time mothers 20yrs or less Programme Uptake Rate		(D) (T) (B)	-	-	-	-	-	-	-	-	-
	First-time mothers 20yrs or less Programme Attrition		(D) (T) (B)	-	-	-	-	-	-	-	-	-
	Children starting care offered a health needs assessment within 28 days (The Promise)		(D) (T) (B)	-	-	-	-	-	-	-	-	-
	Number of SW Referrals passed to Community Teams	41	(B)	No	-	-	300	M	Oct-25	Declining		No
	Number of SW Critical Cases started within 5 days from point of referral	42	(T) (B)	No	-	-	49	M	Oct-25	Same		No
	No of ASP IRDs completed within 5 days from point of screening	43/43	(T) (B)	No	-	-	14	M	Sep-25	Same		No
	Waiting time for double up package of care (community) days	44	(T) (B)	No	-	-	54.0	M	Oct-25	Declining		No
	Average waiting time for assessment of need (POSA)	45	(B)	No	42	-	92	M	Oct-25	Declining		No

ID	Quality Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	Falls with Harm (Rate per 1000 OBD Monthly)	46	(B)	No	1.38	-	2.63	M	Oct-25	Declining		No
	Incidents of TV (Rate per 1000 OBD Monthly)	48	(B)	No	0.89	-	0.29	M	Oct-25	Same		No
	Mental Health Indicators - Ligature (Rate per 1000 OBD)	49	(B)	No	0.76	-	0.60	M	Nov-25	Same		No
	Mental Health Indicators - Physical Violence (Rate per 1000 OBD)	50	(B)	No	7.04	-	8.62	M	Nov-25	Improving		No
	Mental Health Indicators - Restraint (Rate per 1000 OBD)	51	(B)	No	6.44	-	4.81	M	Nov-25	Improving		No
	Mental Health Indicators - Self Harm (Rate per 1000 OBD)	52	(B)	No	0.78	-	1.20	M	Nov-25	Declining		No
	LGBF - Proportion of adult care services graded good or better		(T)	Yes	-	81.9	73.5	A	2024/25	-	-	-
	Complaints to H&SCP responded to within statutory target	53	(B)	No	80	-	40	M	Sep-25	Declining		Yes
	Compliments to H&SCP		(T) (B)	No	-	-	76	M	Sep-25	-	-	-

ID	Quality Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	Information Requests to H&SCP responded to within statutory target	54	(B)	No	80	-	77	M	Oct-25	Same		No

ID	Workforce Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	H&SCP Staff Absence (Fife Council Employees)	55	(B)	No	4	-	10.5	M	Jun-25	Improving		No
	H&SCP Staff Absence (NHS Employees)	56	(B)	No	4	-	8.1	M	Oct-25	Declining		No

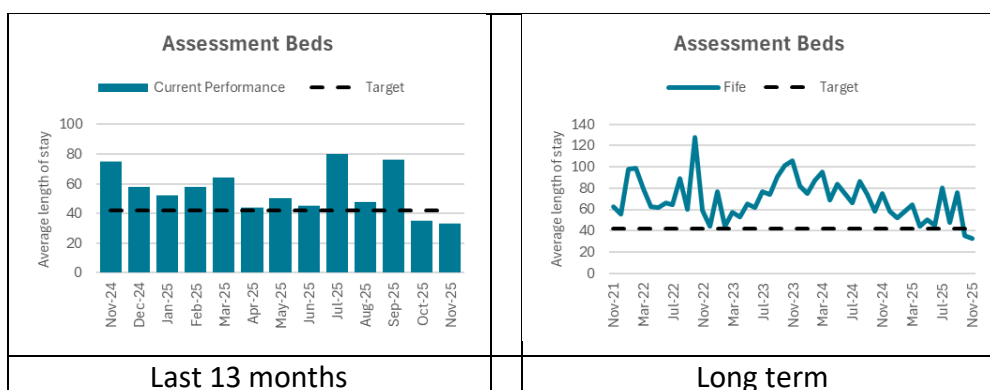
ID	Finance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
	LGBF - Home care costs per hour for people aged 65 or over		(T)	No	-	33.61	45.78	A	2023/24	-	-	-
	LGBF - SDS (DP + MPB) spend on adults as a % of total adult social work spend		(T)	Yes	-	9	3.5	A	2023/24	-	-	-
	LGBF - Residential costs per week per resident for people aged 65 or over		(T)	Yes	-	723	1059	A	2023/24	-	-	-

Appendix 1. Detailed Status of Indicators

Performance Indicators

Assessment Beds - Average Length of stay upon discharge (days)		RAG
Description	Average Length of stay for patients discharged from an Assessment Bed with a target of 42 days.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	42	-	33	M	Nov-25	Improving	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	75	58	52	58	64	44	50	45	80	48	76	35	33

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Biweekly monitoring meetings with contracts and team managers ensure scrutiny and focus on days in placement ensuring progression. Downward trend continues following previous high use of assessment beds when budget allowed.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Biweekly monitoring meetings with contracts and team managers ensure scrutiny and focus on days in placement ensuring progression	November 2025	Complete
Delivery plan to support short stay paper approved at SLT	December 2025	On Track
Project team to be set up; implementation timeframe to be agreed	December 2025	On Track
Hospital Discharge Team model of delivery under review through improvement plan- element to maximise short stay flow once left hospital	January 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

Increased use of assessment beds could increase demand on LTC spend and outcomes for people with multiple moves. Out with the VHK team managers are ensuring LTC pathways are not facilitated through Assessment bed if not appropriate. This brings in appropriate revenue and ensure ax beds are targeted to those who require them.

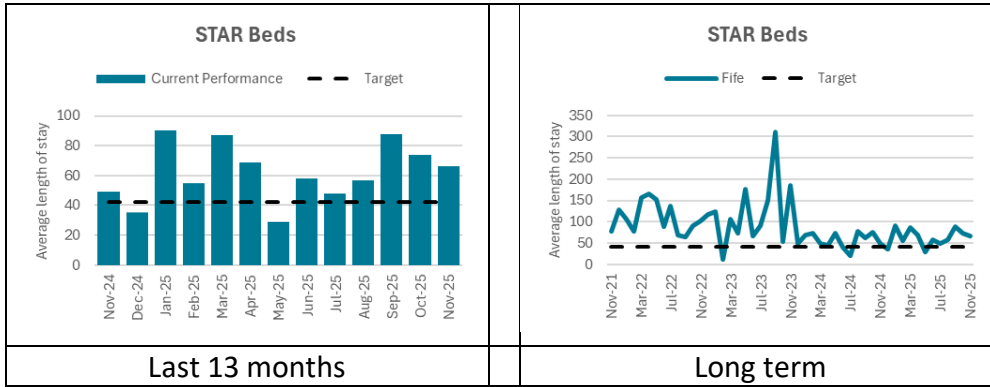
4. Recommendations for indicator (e.g. change target etc)

A couple of outliers are over 100 days this can be legal issues that have emerged post discharge or complex discharges such as housing can skew the numbers. Work continues with these individuals.

Anyone on a standard delay code to be reviewed

STAR Beds - Length of stay upon discharge (days)		RAG
Description	Average Length of stay for patients discharged from a STAR Bed with a target of 42 days max.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	42	-	66	M	Nov-25	Improving	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	49	35	90	55	87	69	29	58	48	57	88	74	66

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Bi-weekly meetings with contracts ensure scrutiny and oversight of days. Placement times can be impacted on whether person is waiting housing adaptations or complex community issues where the STAR bed facilities interim space from hospital.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Identify patients at risk of extended stays and escalate	November 2025	Complete
Conduct review of longest stays from the past six months; identify systemic delays and make recommendations for targeted solutions	November 2025	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

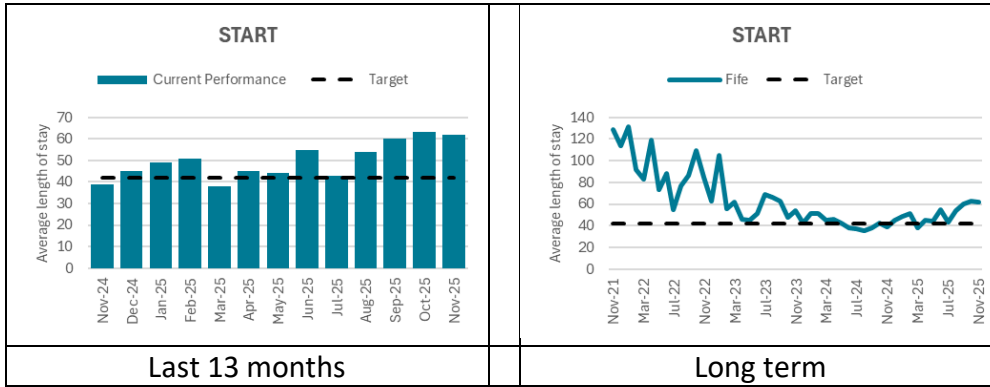
Supporting discharges from hospital where those are awaiting housing or may have more complex home environments impacts on length of stay. The teams focus on supporting these individuals to move on, but we need to accept this risk to support this cohort of individuals.

4. Recommendations for indicator (e.g. change target etc)

N/A

START - Length of stay upon discharge (days)		RAG
Description	Average Length of stay of patients discharged from the START service with a target of 42 days max.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	Yes	42	-	62	M	Nov-25	Declining	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	39	45	49	51	38	45	44	55	43	54	60	63	62

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

The average length of stay will always fluctuate depending on the individual needs and their reablement potential. If it is recognised that the service user has reached their full potential, they will be commissioned from START to internal or external providers prior to the 6-week maximum stay.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Move block rotas to external provider	November 2025	Complete
Commissioning team to attend weekly START meetings – internal movement	January 2026	Complete
Commissioning team doing targeted work on long term stays or delays within hospital	March 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

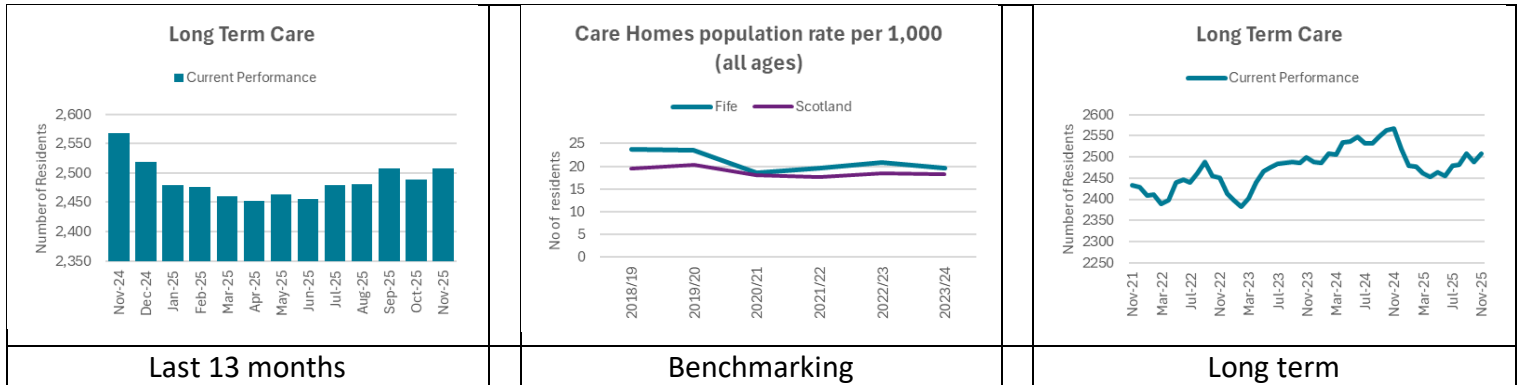
Close monitoring of internal service delivery hours and offers being made to START from internal. Weekly hours also recorded across all 7 internal localities and START East/West - this includes and closure of hours.
Monitor external spend

4. Recommendations for indicator (e.g. change target etc)

Whilst performing well against target, will review over coming months in line with demand

Nursing & Residential Long Term Care Population		RAG
Description	Older people service users in Long Term Care at month end.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	2507	M	Nov-25	Same	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	2,568	2,518	2,480	2,476	2,461	2,453	2,463	2,455	2,479	2,481	2,508	2,489	2,507

Portfolio Comments on the Indicator

- How can we be assured that this indicator will remain or achieve target? (Brief)

Robust scrutiny over placements into long term care for older people (short term)
- What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Clear proposal for assessment beds with a timescale	November 2025	Complete
Review AWI processes in hospital	December 2025	On track

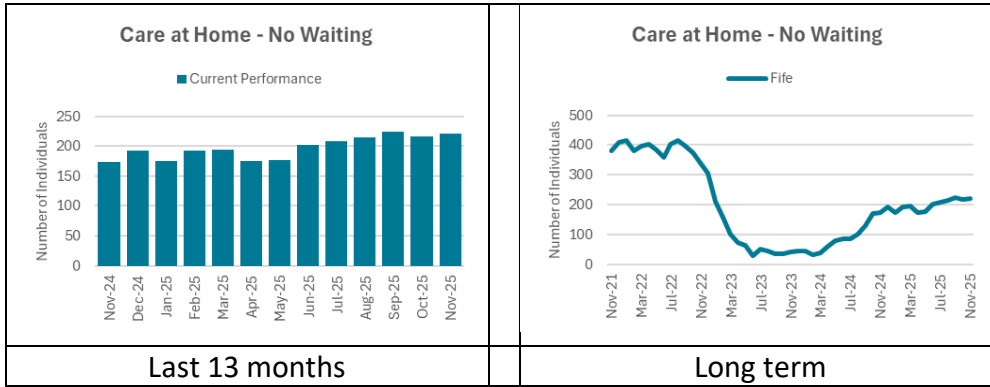
(Status: On Track, At Risk, Complete, Unlikely to complete on time)
- Where governance issues identified, how will this be remedied? (Brief)

Note seasonal variations in delayed discharges and potential admissions into care. These graphs are the total population and not the funded beds. The increase in older age, frailty and co-morbidity is impacting on LTC placements. This trend is likely to continue to increase with limited provision to support 24 hour care risks in peoples own homes
- Recommendations for indicator (e.g. change target etc)

No remain the same

Demand for new Care at Home Services – numbers waiting		RAG
Description	Number of patients waiting for Care at Home Services taken on the last Monday of the month.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	Yes	-	-	221	M	Nov-25	Declining	Rec



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Waiting	174	192	175	192	194	175	176	202	209	214	224	216	221

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

This can fluctuate due to the unknown demand from hospital referrals. This is an ongoing and increasing demand – which is directed by the Opel score of the VHK. On going escalation meetings and communication from Hospital discharge team and the START Hub to ensure referrals are allocated, assessed and discharged. Internal monitoring of referrals via power Bi track. Assessment of those awaiting package of care subsequently being admitted to Acute and discharged with a PoC.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
A detailed review of demand and capacity across Care at Home, with options for bridging demand gap	January 2026	On track
Target work to relook at process and ongoing management of community list	March 2026	On Track
Test of change within acute frailty unit – discharge to assess model	April 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

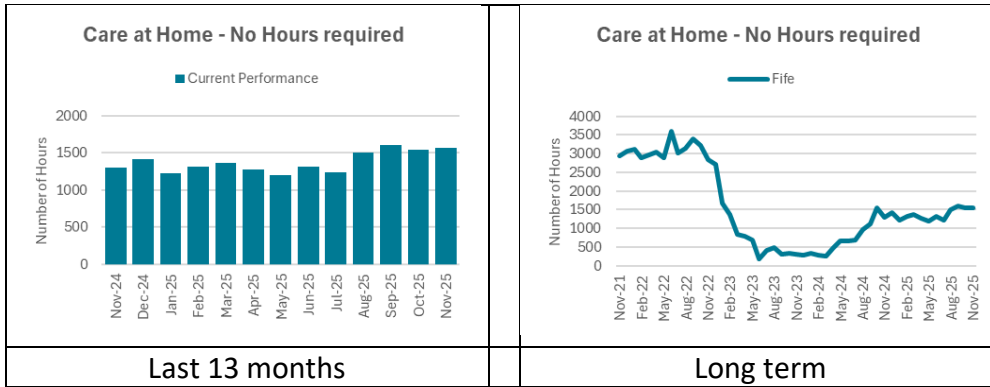
Close monitoring and allocation of referrals. Internal/external movement to help with discharge availability in START.

4. Recommendations for indicator (e.g. change target etc)

Following detailed demand and capacity review, create target which is a reflective indicator of community demand which is unmanageable in terms of managing risk.

Demand for new Care at Home Services – number of hours		RAG
Description	Number of weekly hours required for those waiting on Care at Home Services taken on the last Monday of the month.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	Yes	-	-	1559	M	Nov-25	Declining	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Hours	1294	1417	1221	1317	1364	1278	1203	1316	1230	1496	1600	1542	1559

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

On going management of internal delivery. Ensuring that ongoing reviews and spaces utilised for taking packages from START to maintain the hospital flow. Ensuring that an ongoing recruitment plan in in place to keep vacancies to a minimum. Weekly track of internal delivery shared every week to monitor hours delivered. Assessment of those awaiting package of care subsequently being admitted to Acute and discharged with a PoC

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
A detailed review of demand and capacity across Care at Home, with options for bridging demand gap	January 2026	On track
Geographical analysis of waiting list demand; align provider availability with areas of highest unmet need	January 2026	On track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

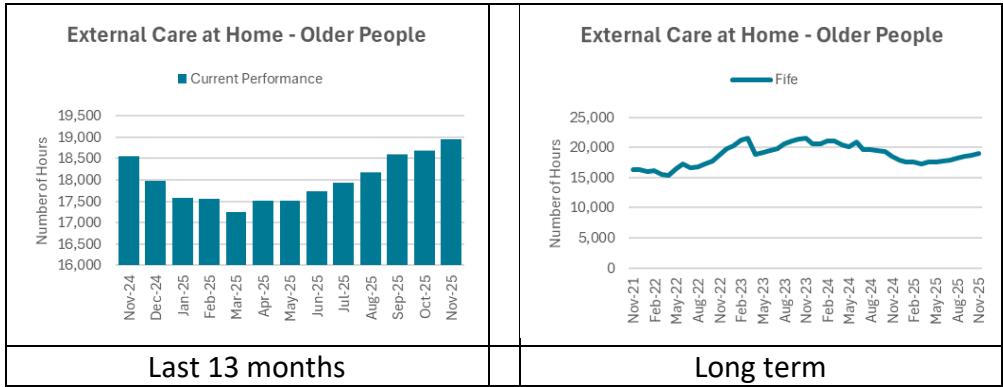
Close monitoring of service delivery. Ensuring reviews and carried out and all delivery hours utilised.

4. Recommendations for indicator (e.g. change target etc)

Due to increased demand – recommend a change to target as Amber. Due to more complex and critical level of care required by care at home. Query whether number of people waiting the only measure used for performance, hours for internal only.

Weekly Hrs Externally Commissioned Care at Home - Older People		RAG
Description	Number of weekly hours provided for Externally Commissioned Care at Home for patients of 65+as of the last Monday of the Month.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	Yes	-	-	18949	M	Nov-25	Declining	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	18,551	17,974	17,575	17,567	17,258	17,516	17,518	17,732	17,938	18,174	18,597	18,690	18,949

Portfolio Comments on the Indicator

- How can we be assured that this indicator will remain or achieve target? (Brief)

This is driven by demand and can fluctuate due to demand. There are also geographic pressures due to where external providers support. Ie High demand for services in Northeast Fife but little external providers on the framework support in this area. All packages are discharged through START to ensure the individual is independent as possible with a package tailored to their needs. Services are available to view for external services on pinpoint so that they can offer.
- What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status

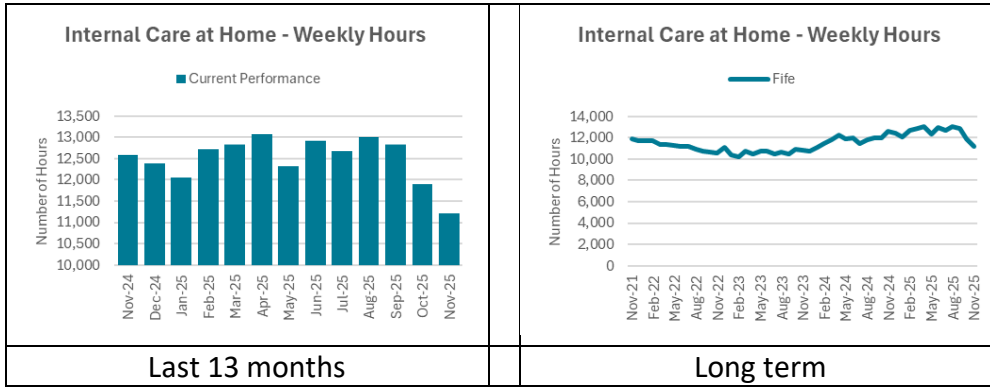
(Status: On Track, At Risk, Complete, Unlikely to complete on time)
- Where governance issues identified, how will this be remedied? (Brief)

Commissioning service ensures all external providers can view packages who require support. Monthly Fife care at home collaborative group – internal and external. Improves working relationships.
- Recommendations for indicator (e.g. change target etc)

Need to agree a target to understand what good looks like, correlating to wider measures.

Weekly Hrs Care at Home Internal Services		RAG
Description	Number of weekly hours provided for Internal Care at Home Services as of the last Monday of the Month.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	11206	M	Nov-25	Improving	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	18,551	17,974	17,575	17,567	17,258	17,516	17,518	17,732	17,938	18,174	18,597	18,690	18,949

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

This is collated from the active packages open within our information system (LAS) for care at home internal provision. This indicator is monitored and reported back to internal management teams every Monday.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Weekly monitoring of internal home care provision.		Complete
Flow meeting – weekly meeting to discuss the internal capacity of delivered hours while looking at movement from START to internal this results in better monitoring and control of internal delivery.		Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

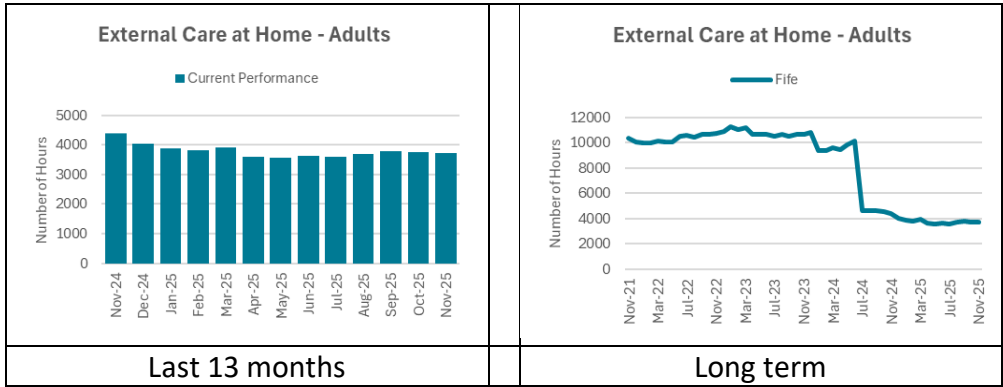
Close monitoring of internal service delivery hours and offers being made to START from internal. Weekly hours also recorded across all 7 internal localities and START East/West - this includes and closure of hours.

4. Recommendations for indicator (e.g. change target etc)

Need to have a clear understanding what good looks like linking with demand and capacity review. Recommendation to create a single measure that looks at % split rather than hours.

Weekly Hrs Externally Commissioned Care at Home - Adults		RAG
Description	Number of weekly hours provided for Externally Commissioned Care at Home for patients of under 65 years as of the last Monday of the Month.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	3709	M	Nov-25	Same	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	4395	4042	3873	3804	3903	3599	3570	3628	3598	3684	3774	3745	3709

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

This is driven by demand and can fluctuate due to demand. There are also geographic pressures due to where external providers support. I.e. High demand for services in Northeast Fife but little external providers on the framework support in this area. All packages are discharged through START to ensure the individual is independent as possible with a package tailored to their needs. Services are available to view for external services on pinpoint so that they can offer.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

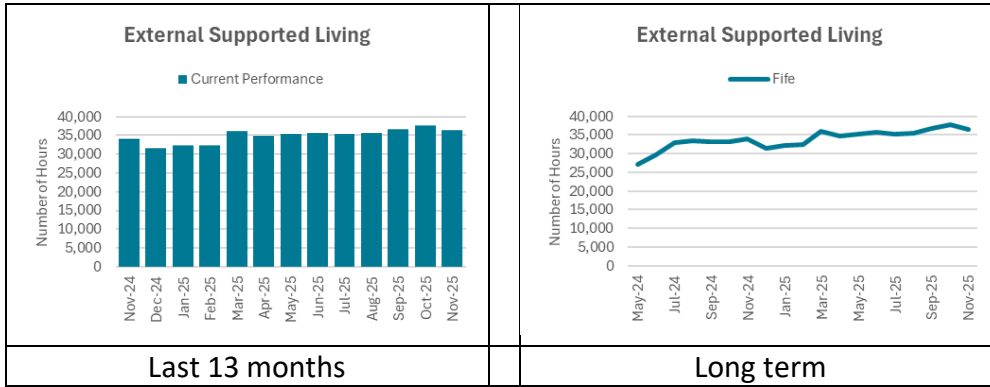
Commissioning service ensures all external providers are able to view packages who require support. Monthly Fife care at home collaborative group – internal and external. Improves working relationships.

4. Recommendations for indicator (e.g. change target etc)

What does good look like in terms of performance – align to demand and capacity review.

Weekly Hrs Externally Commissioned – Adult Supported Living		RAG
Description	Number of weekly hours provided for Externally Commissioned Supported Living for Adult patients as of the last Monday of the Month.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	36425	M	Nov-25	Same	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	34,021	31,455	32,232	32,375	36,068	34,821	35,295	35,698	35,297	35,592	36,750	37,770	36,425

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

This is driven by demand and can fluctuate due to demand. There are also geographic pressures due to where external providers support. I.e. High demand for services in Northeast Fife but little external providers on the framework support in this area. All packages are discharged through START to ensure the individual is independent as possible with a package tailored to their needs. Services are available to view for external services on pinpoint so that they can offer.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

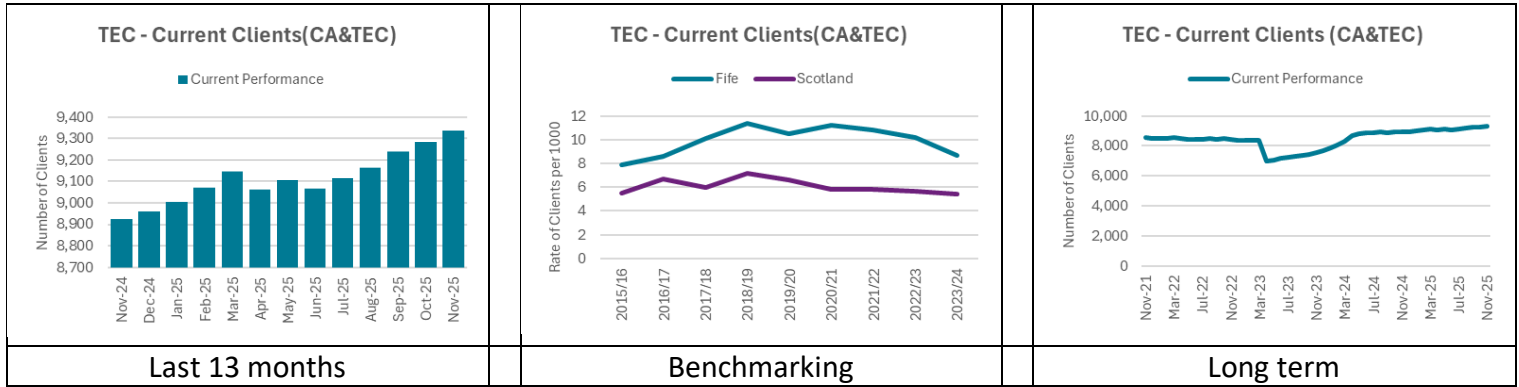
Commissioning service ensures all external providers are able to view packages who require support. Monthly Fife care at home collaborative group – internal and external. Improves working relationships.

4. Recommendations for indicator (e.g. change target etc)

Understand how this correlates to other measures

Technology Enabled Care – Current Clients (CA&TEC)		RAG
Description	The number of current service user with Telecare (which includes community alarms) monthly.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	9338	M	Nov-25	Improving	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Current	8,923	8,962	9,003	9,072	9,145	9,064	9,105	9,066	9,113	9,165	9,241	9,283	9,338

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

With a digital programme in place and a drive to keep people independent, use of technology to support people to live at home as independently as possible remains at the fore for all assessments of need. The usage for technology should rise further throughout the 2025/26 year.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Protocol for continuous review of use/need across Fife	November 2025	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

N/A

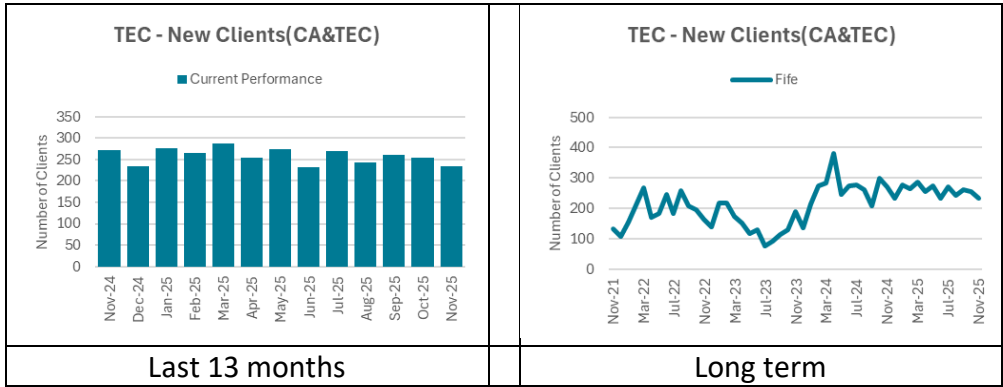
4. Recommendations for indicator (e.g. change target etc)

Proposal to change this indicator to: Elapsed time between community alarm activation and arrival of Mobile Emergency Care Service (MECS) personnel on site.

This would allow a better measure of performance within the service.

Technology Enabled Care – New Clients in Month (CA&TEC)		RAG
Description	The number of new service users with Telecare (which includes community alarms) monthly.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	Yes	-	-	234	M	Nov-25	Same	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
New	271	234	277	266	288	254	275	232	270	243	260	255	234

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

With a digital programme in place and a drive to keep people independent, use of technology to support people to live at home as independently as possible remains at the fore for all assessments of need. The usage for technology should rise further throughout the 2025/26 year.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Protocol for continuous review of use/need across Fife	November 2025	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

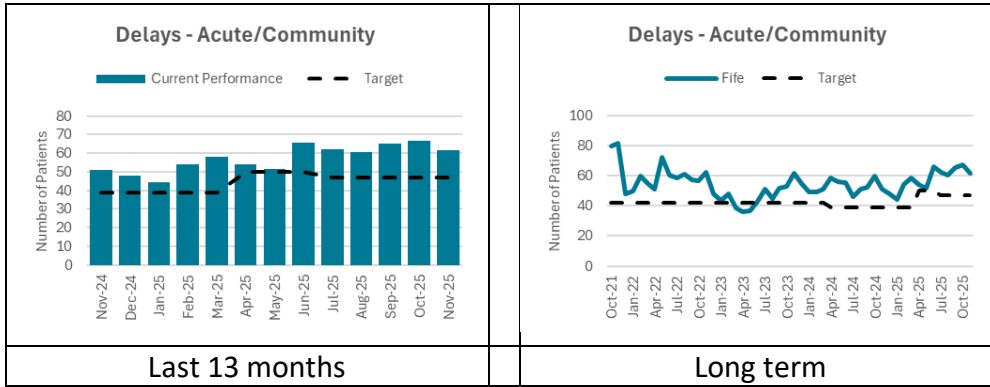
N/A

4. Recommendations for indicator (e.g. change target etc)

Proposal to remove this indicator and have just the proposed new indicator mentioned above.

Delayed Discharges Bed Days Lost – Acute/Community		RAG
Description	The average number of bed days lost monthly attributed to patients in delay within an Acute/Community hospital setting.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	47	-	61.7	M	Nov-25	Same	Yes



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Acute/Community	51.2	47.9	44.4	54	58.2	54.1	51.6	65.7	62.0	60.4	65.2	66.9	61.7

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

To support improvement, NHS Fife & HSCP continues to embed the Discharge Without Delay (DWD) approach, which promotes early discharge planning from the point of admission, strengthens multi-disciplinary team (MDT) collaboration, and supports person-centred transitions of care. Daily community verification meetings continue in line with acute processes to provide scrutiny and assurance across discharge pathways. Additionally, commissioned audits have now been completed, and a report will be tabled at QMAG on 27th January to discuss next steps.

Completion to Scottish government of needs assessment and feedback with DWD leadership and CFSD has highlighted the need for a 7-day model across the acute frailty unit and home first discharge to assess.

Test of change with acute frailty unit and care at home will commence on the week of the 18th of January where patients who meet the criteria will be assessed by the OT and discharged home with care at home staff picking up in the community. A QI methodology approach will be used to measure improvement.

We are encouraged by the sustained downward trend in overall delays since late September, which reflects the impact of our improvement efforts. While this progress has coincided with the discharge of individuals with highly complex needs, temporarily influencing the average length of delay, the overall reduction in cases is a strong indicator of positive system change. With this trajectory continuing, we are confident that the average length of delays will begin to improve from November onwards, reinforcing our commitment to timely and person-centred discharge planning.

2. What are the smart improvement activities for this indicator?		
Improvement Action	Completion Date	Status
Hospital Discharge Social Work Quality Improvement plan to improve pathways for those requiring Social Work Intervention in a Hospital setting	September 2025	Complete
Detailed demand and capacity review of Care at Home requirements	October 2025	Complete
Stand-up on Daily community flow meetings, to discuss Community Hospital Delays	October 2025	Complete
Reconfiguration of short stay provision within HSCP Residential care home to improve capacity and access to short stay beds (Assessment beds and STAR beds)	December 2025	On Track
Develop revised external Assessment bed assess model	January 2026	On track
Conduct audit of discharge planning processes across Community Hospitals	January 2026	On track
Review of existing double up POC - to see if they meet the criteria for SHC to create additional capacity	January 2026	On Track
Work with External providers/ commissioning - Targeting pressured areas around NEF	January 2026	On Track

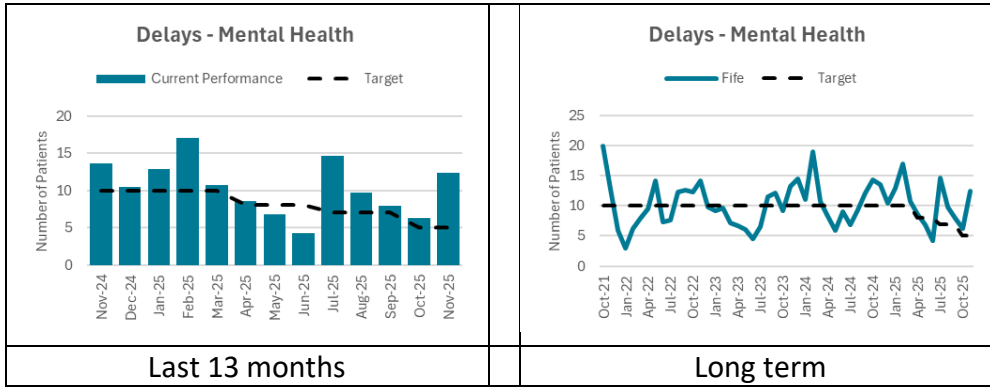
(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)
N/A

4. Recommendations for indicator (e.g. change target etc)
Maintain focus on delivering target

Delayed Discharges Bed Days Lost – Mental Health		RAG
Description	The average number of bed days lost monthly attributed to patients in delay within a Mental Health hospital setting.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	5	-	12.4	M	Nov-25	Declining	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Mental Health	13.6	10.5	12.9	17	10.7	8.6	6.8	4.3	14.6	9.7	7.9	6.3	12.4

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Weekly MDT clinical reviews in place to support effective discharge planning by identifying barriers 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. Improvement initiatives include monthly multi-agency review groups for Older Adult, Adult and Specialist Services, focussing on complex cases, DSR and guardianship processes. These complement weekly solution focussed flow meetings and daily collaboration between the discharge coordinator and senior ward staff.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Senior coordination meetings to be established to identify & address barriers to discharge, led by HoS.	November 2025	Complete
Establish monthly multi-agency review groups across all MH & LD services where delayed discharges impact on capacity and flow. Route of escalation to Senior Coordination meeting.	December 2025	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

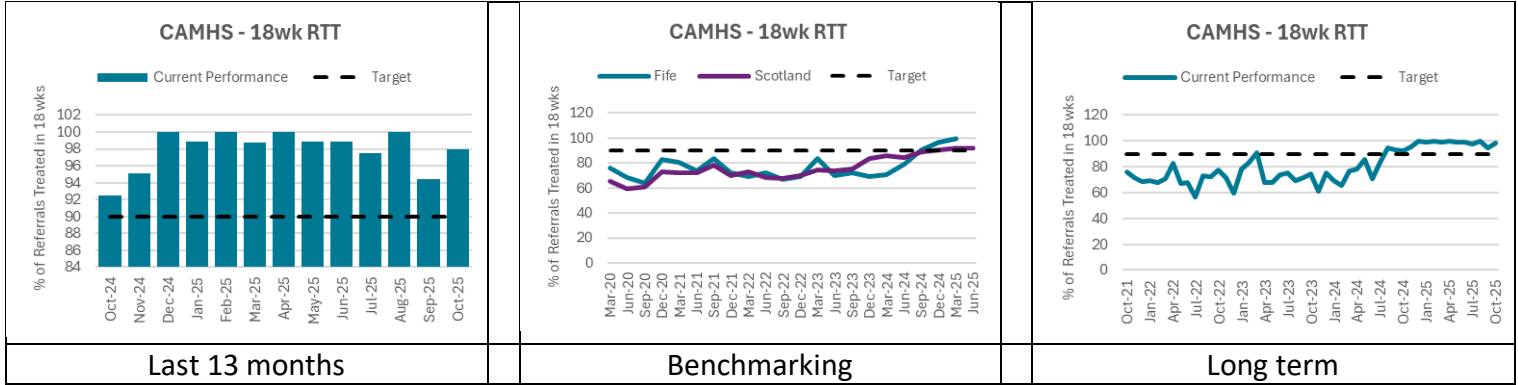
No Governance issues to address

4. Recommendations for indicator (e.g. change target etc)

No Recommendations

CAMHS Waiting Time		RAG
Description	Percentage of service users treated within 18 weeks from initial referral.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	No	90	91.8	98.0	M	Oct-25	Same	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	92.5	95.1	100	98.8	100	98.7	100	98.8	98.8	97.5	100	94.4	98

Portfolio Comments on the Indicator

- How can we be assured that this indicator will remain or achieve target? (Brief)

Ongoing improvement projects are embedded as business as usual in CAMHS to ensure RTT is sustained, and children and young people receive the right care, in the right place at the right time.

The impact of a reduction in capacity and long-term absences over the last few months is now becoming evident with the number of cases on the waiting list increasing, and the number of cases starting treatment/first contact appointments decreasing.
- What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
DCAQ analysis with whole service review.	March 2026	On Track

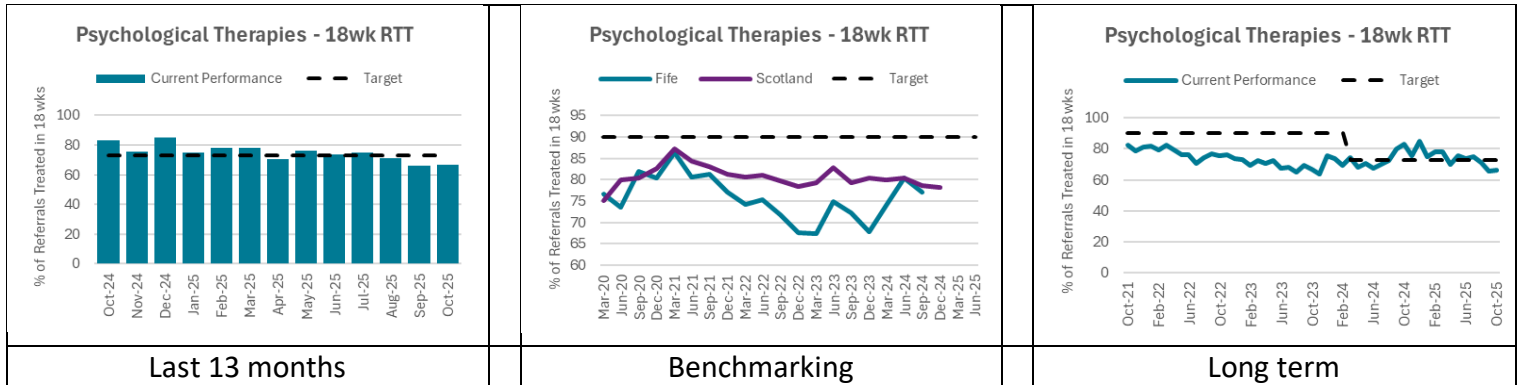
(Status: On Track, At Risk, Complete, Unlikely to complete on time)
- Where governance issues identified, how will this be remedied? (Brief)

There is a risk that RTT will not be sustained due to reduced staffing capacity as a result of the reduction in Scottish Government Mental Health Outcomes Framework funding.
- Recommendations for indicator (e.g. change target etc)

n/a target set by Scottish Government.

Psychological Therapies Waiting Time		RAG
Description	Percentage of service users treated within 18 weeks from initial referral.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	No	73	78.3	66.5	M	Oct-25	Same	Yes



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	82.9	75.4	84.9	74.8	78	78.3	70.2	75.9	73.8	74.9	71.2	65.8	66.5

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

The Psychology Service has broadly sustained RTT performance over a 6-month average despite a reduction in workforce. However, further improvement against the RTT and longest waits targets is constrained by the reduction in workforce and the lack of a stable workforce position.

The Service now requires redesign to protect statutory provision, safety and RTT performance. A managed approach is proposed, balancing short-term recovery with longer-term system impact.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Update the flash report to include the narrative to show data and performance.	November 2025	Complete
Emphasise the reduction in workforce and maintaining performance despite challenges	November 2025	Complete
Resource modelling pilot with SG PT Improvement Team	December 2025	On Track
Explore early intervention models e.g. Early conversations	January 2026	On Track
Define criteria for early intervention and what counts as treatment starting.	March 2026	On Track
Investigate what counts as a RTT intervention (e.g. Digital/group referrals) and how this affects reporting classifications.	March 2026	On Track
Clarify WTE discrepancies and the status of 11 WTE outstanding VMF's	March 2026	On Track
Develop reporting systems to monitor utilisation of digital interventions. After baseline is established, improvement target	March 2026	On Track

will be set considering need to divert resource to support digital interventions.		
Develop reporting systems to monitor utilisation of group interventions. After baseline is established, improvement target will be set considering need to divert resource to support group interventions.	March 2026	On Track

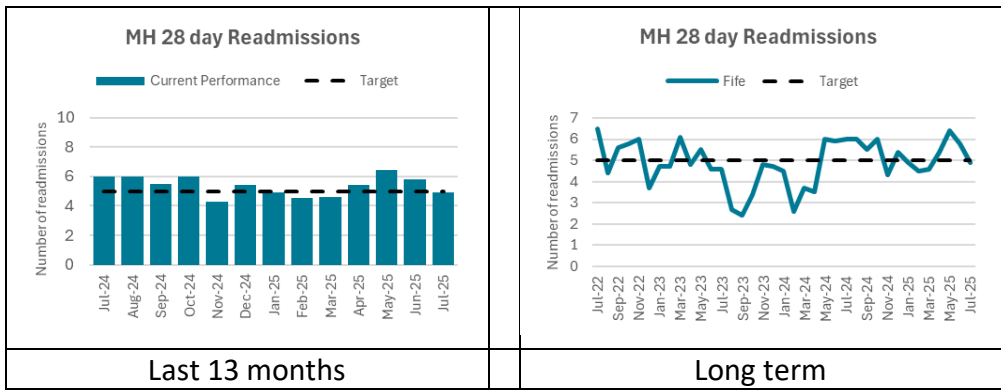
(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)
TrakCare launch completed October 2025. Ongoing data quality oversight in place. Meeting taken place between Psychology and performance colleagues and actions in place to ensure quality of data. Scottish Government enhanced support plan to commence once assurance of data quality achieved.

4. Recommendations for indicator (e.g. change target etc)
Recommend currently maintain local target due to 14.7% reduction in clinical staff year-on-year and process of understanding and reconciling budgets is being undertaken with finance colleagues.

Mental Health Readmission Rates		RAG
Description	Number of Mental Health readmissions within 28 days of treatment (3-month average)	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	Yes	5	-	5	M	Jul-25	Same	No



Month	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Value	6	6	5.5	6	4.3	5.4	4.9	4.5	4.6	5.4	6.4	5.8	4.9

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Processes remain in place to support effective discharge planning and reduce readmissions. Weekly multi-disciplinary reviews identify discharge barriers and post-discharge supports. 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. Improvements include a follow-up pathway ensuring CMHT contact within 7 days following discharge, dynamic discharge meetings across services to maintain flow and ongoing redesign of urgent care focussing on alternatives to admission and closer working with A&E.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Embedded pathway to ensure follow-up by Community Mental Health Teams within 7 days of	December 2025	On track
Redesign of MH urgent care underway to focus on 'Alternatives to Admission' and basing MH UC Service within the grounds of VHK to provide closer links to A&E	January 2026	On track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

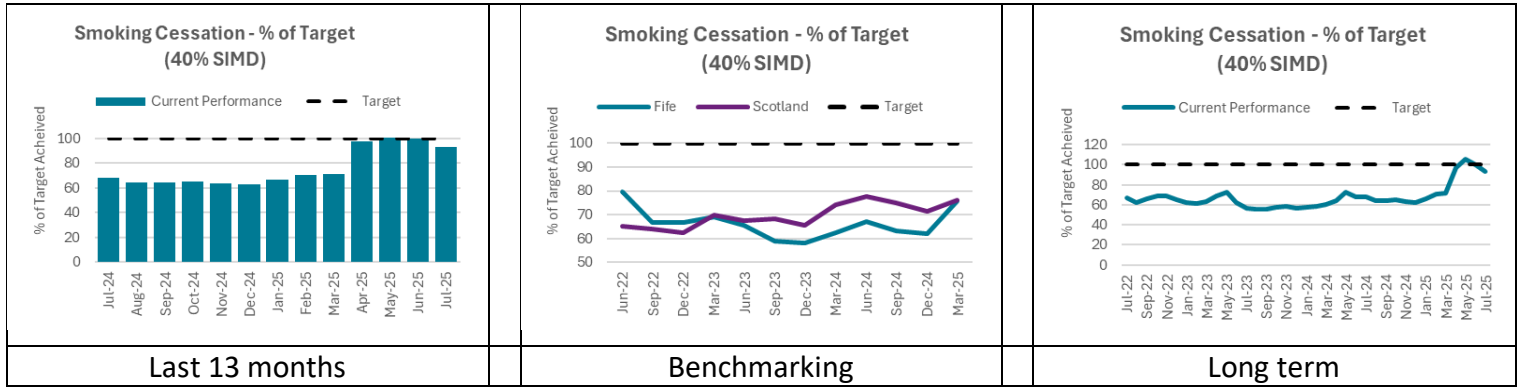
No Governance issues identified

4. Recommendations for indicator (e.g. change target etc)

No Recommendations

Smoking Cessation (% Achieved)		RAG
Description	Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	No	100	76.2	93.0	M	Jul-25	Same	Yes



Month	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Value	68.15	64.29	63.98	65.09	63.38	62.43	66.41	70.44	71.25	97.44	105.13	100	93

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Significant progress has been made implementing the recommendations from the Smoking Cessation Deep Dive Report October 2024. This is reflected in an increase of successful quit rates as tabled above. Work will continue to progress and sustain the activity associated with the recommendations. Fife HP Specialist Stop Smoking team continue to provide support to community pharmacies across Fife.

PHS attended meeting for national cessation coordinators & leads on 03/12/2025. Work has begun on the review of all LDP standards for territorial board areas. The review will include a consultation for all boards on how the data and standards can be improved. Next updated is expected in Feb 2026.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Establish a Smoking Cessation Steering Group to support and drive sustainable improvements to achieve LDP standard.	September 2025	Complete
To recruit and commence 2 new starts within 3 - 4 months.	December 2025	At Risk
Increase clinic provision in Acute and Mental Health by 6 clinics by the end of December 2025	December 2025	Unlikely to complete on time
Provide more narrative on the 4 priority groups and challenges in capturing data, adding that the 2 of the 4 priority groups data is not being recorded at National SG and PHS level. Once data is available, flash report to be updated.	December 2025	On Track
Support community pharmacy model to improve data recording.	December 2025	On Track

Add to the flash report that newly recruited staff are required to attend 12-14weeks training programme, which causes further delays & challenges.	December 2025	On Track
Address smoking at hospital entrances based on speak out week feedback.	December 2025	On Track
Awaiting feedback following the first meeting of the Public Health Action Group in December and provide an update once this information is known.	December 2025	On Track
To complete smoking cessation advisor specialist training competency framework within 12 – 16 weeks	March 2026	At Risk
Maintain appropriate referrals (prior to or as close to 16 weeks pregnancy) from maternity services opt out pathway to specialist smoking cessation service.	March 2026	On Track
Sustaining and increasing referral rates across 7 Fife localities through targeted outreach using the mobile unit to improve accessibility to our priority of 40% MDQ and the priority groups.	March 2026	On Track
Stop Smoking Service to work with Planning and Performance to develop a Smoking Cessation Stretch Target.	March 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

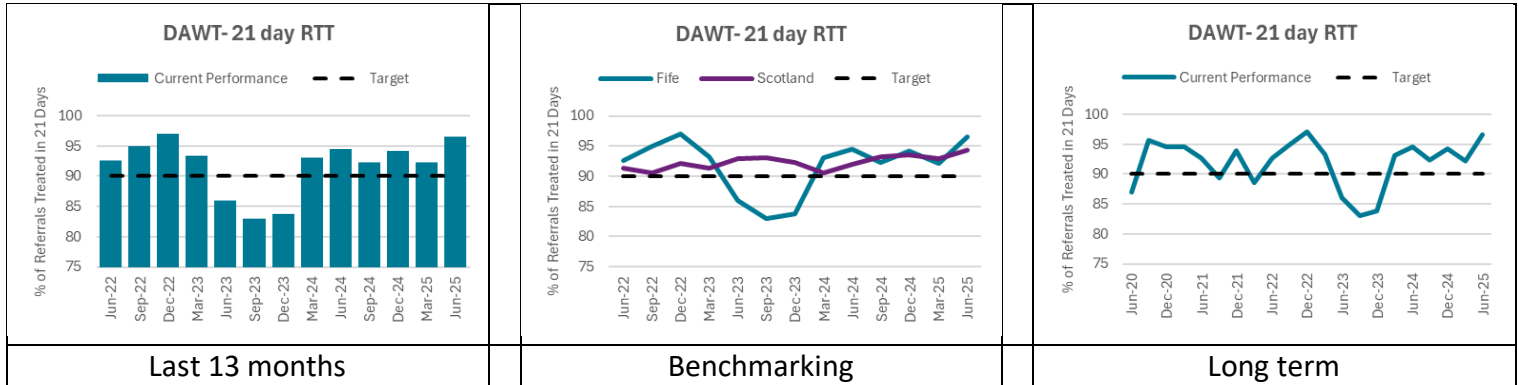
Due to the deficit in capacity and reduction in clinic provision, achieving the LDP standard for Fife is at risk. This has been reported and escalated through governance arrangements and recorded on the Datix risk register.

4. Recommendations for indicator (e.g. change target etc)

The LDP standard for Fife is 473 successful 12 week quits in our 40% MDQ. This standard has not been reviewed or adjusted since 2017. The standard does not take into consideration the requirements set out in the Tobacco and Vaping Framework Action Plan 2023-2028 which identifies 4 priority groups (SIMD 1 and 2, pregnant smokers, people with mental health issues and people requiring acute intervention for smoking related illness). Public Health Scotland are reviewing the standard for each board area and new standards will take effect from 2026-2027. Following discussion with NHS Fife Planning and Performance, there is scope for a local stretch target which would capture quits in relation to the 4 priority groups.

Drug & Alcohol Treatment Waiting Times		RAG
Description	Percentage of service users treated within 21 days from initial referral.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	No	90	94.3	96.6	Q	Jun-25	Same	No



Month	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25
Value	92.6	94.9	97	93.3	86	83	83.8	93.1	94.5	92.3	94.2	92.2	96.6

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

After having put significant focus onto ensuring that systems are updated to accurately reflect actual waiting times, we have now seen a far steadier trend for waiting time percentages. Staff, including a wider staff group, have now been trained on the system, however, quarterly mop up sessions may be implemented to account for staff turnover. The increase in staff numbers with access and input responsibilities on the system ensures the process and Fife’s compliance is protected against staff turnover, sickness and volume of work. Discussions around real time data entry will also continue.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
ADP support team to continue to monitor and action the error report to ensure data is accurate.	March 2026	On Track
Support and share information on DAISy review and implementation process, inclusive of staff teams, thus increasing compliance and ensuring system is fit for Fife. DAISy update roll out delayed so completion date extended.	March 2026	On Track
ADP and ADP partners monthly monitoring to continue in the short term to ensure target remains over 90% for the next two quarters of this year. Note last quarter is not published until end of June 2026.	March 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

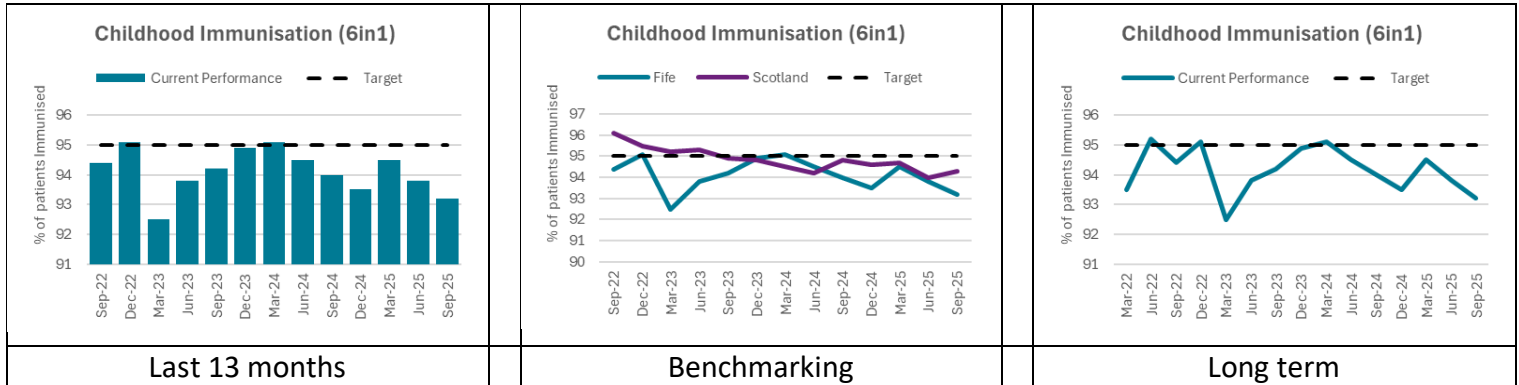
This target remains on the ADP risk register and its status and mitigating actions are reviewed on a quarterly basis. Further discussions around staff fully embedding real time recording will take place to discuss feasibility.

4. Recommendations for indicator (e.g. change target etc)

N/A

Childhood Immunisations – 6 in 1		RAG
Description	Percentage of children who receive their 6-in-1 vaccinations by 12 months of age	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	No	95	94.3	93.2	Q	Sep-25	Declining	No



Month	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep-25
6 in 1	94.4	95.1	92.5	93.8	94.2	94.9	95.1	94.5	94	93.5	94.5	93.8	93.2

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Quality Improvement work is currently underway with close evaluation of this via the Community Immunisation Transformation Group.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Engagement and collaborative work with health visiting teams to promote 6in1 vaccine.	August 2025	Complete
Implement Quarterly Newsletter	September 2025	Complete
Explore digital engagement tools		On Hold
Campaign to promote NHS Fife online resources	October 2025	Complete
Promotion of appointment attendance and uptake by health visitors	October 2025	Complete
Review of workplan to include PHS data, increased each quarter	April 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

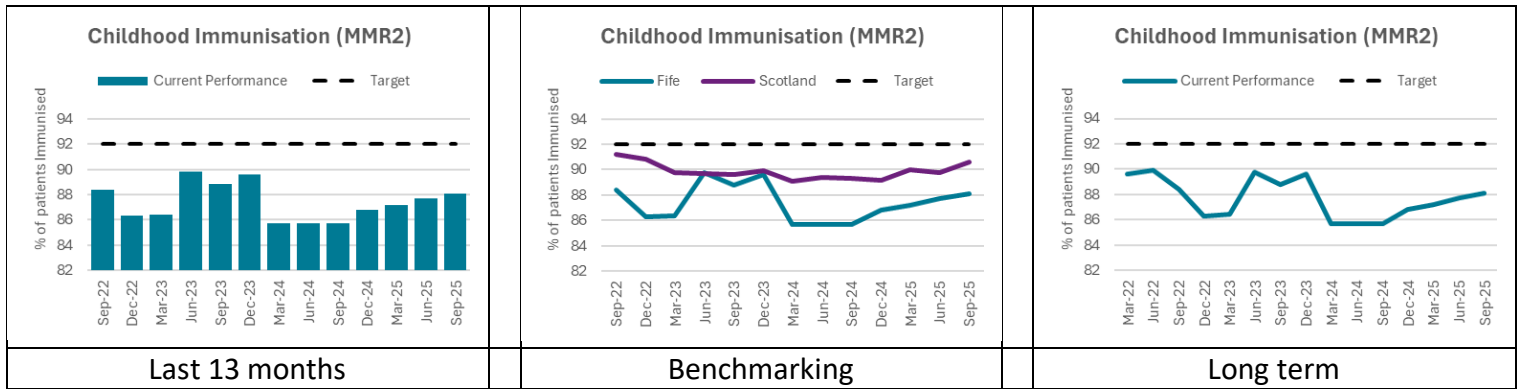
Training and education and oversight of assurance via governance routes.

4. Recommendations for indicator (e.g. change target etc)

Public Health Scotland feedback with data every quarter.

Childhood Immunisations – MMR2		RAG
Description	Percentage of children who receive their MMR2 vaccination by the age of 5	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	Yes	92	90.6	88.1	Q	Sep-25	Same	Yes



Month	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep-25
MMR2	88.4	86.3	86.4	89.8	88.8	89.6	85.7	85.7	85.7	86.8	87.2	87.7	88.1

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Quality Improvement work is underway, with further tests of change being explored. Staff are now being specifically rostered to focus on managing children who are in a queue system for next vaccine. Additionally, team members are being deployed to deliver extra clinics and, where necessary, conduct home visits. Staff are also scheduled to attend Nurture Centres to proactively engage with parents and carers, actively promoting infant immunisations.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Evaluate effectiveness of drop-in clinics with view to spread	October 2025	Complete
Explore barriers to second MMR2 dose uptake.	January 2026	On Track
Educate families on importance of 2nd dose to ensure children are fully vaccinated	January 2026	On Track
Consider involving Transformation Group and Nurture Centres to improve uptake.	February 2026	On Track
Reintroduce vaccinations in Health Centres (HCs) if feasible.	May 2026	On Track
Ramp up evening and weekend clinics. Assess feasibility of shifting staff work patterns to support late clinics	July 2026	On Track
Explore outreach to private nurseries (approx. 84 identified).	July 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

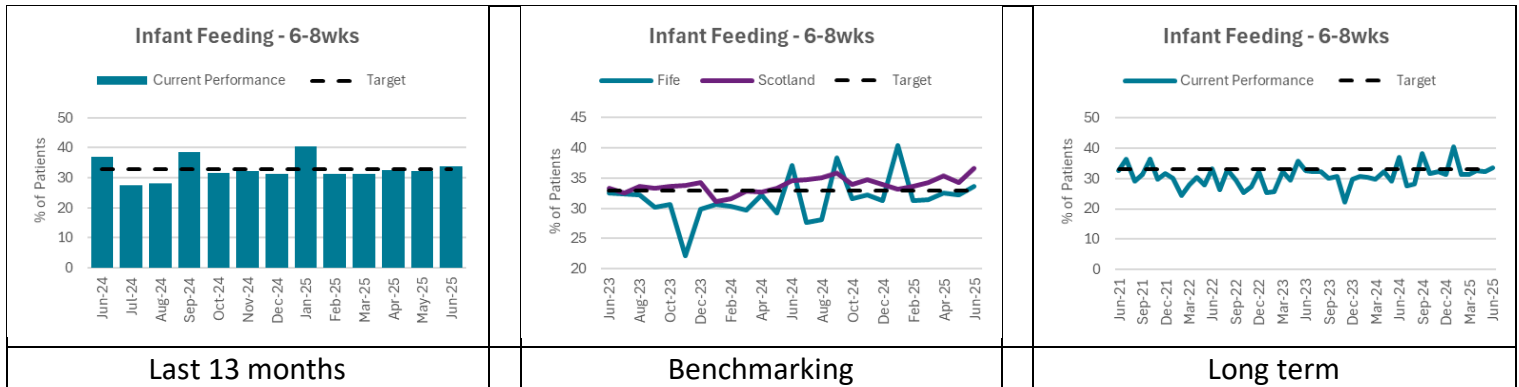
Training and education and oversight of assurance via governance routes.

4. Recommendations for indicator (e.g. change target etc)

Public Health Scotland provides quarterly feedback with updated data.

Infant Feeding 6-8 week review		RAG
Description	Percentage of infants exclusively breastfed at 6-8 weeks	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	No	33	36.7	33.7	M	Jun-25	Improving	No



Month	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Value	37.1	27.6	28.1	38.4	31.6	32.3	31.3	40.5	31.3	31.4	32.5	32.3	33.7

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Our MIN strategic priorities drive our workplan to prioritise supporting and encouraging exclusive breastfeeding at 6-8 weeks.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
implement a Quality Improvement (QI) project to increase breastfeeding initiation rates.	December 2025	On Track
Establish and maintain a strong network of at least 20 trained Peer Supporters and 7 active breastfeeding support groups across Fife.	March 2026	On Track
Test of change project being scoped to improve 6-8wk breastfeeding rates in SIMD1&2 communities by delivering a specific and measurable intervention programme.	March 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

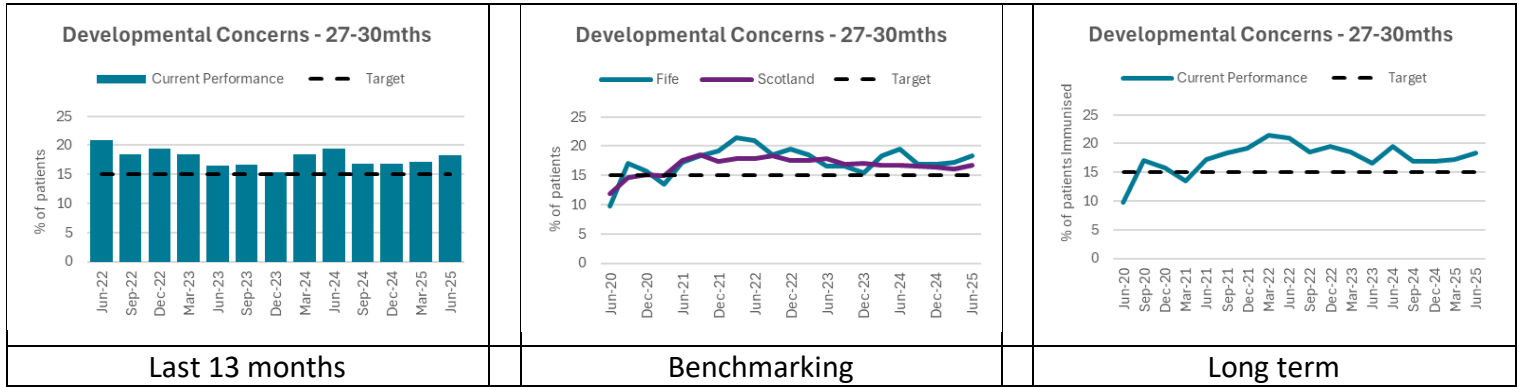
No governance issues identified – all infant feeding indicators reported in through Maternal and Infant Nutrition strategic group.

4. Recommendations for indicator (e.g. change target etc)

Increase breastfeeding initiation rates by at least 5% in a targeted area of high deprivation. Explore options regarding changing this indicator to improve drop off rate at 6-8wks in line with national PHS stretch aim.

Developmental Concerns 27-30 Months		RAG
Description	A reduction in percentage of children with one or more developmental concerns recorded at the 27–30-month review.	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	Yes	Yes	15	16.8	18	Q	Jun-25	Declining	No



Month	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25
Value	20.9	18.5	19.5	18.5	16.5	16.6	15.4	18.4	19.5	16.9	16.9	17.2	18.3

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Delivery of the 13 -15 month and 27-30 month Child Health Surveillance reviews are mandatory regardless of pressures on the service. Continued quarterly reviews of this indicator and early referrals and signposting for support via the Community Nursery Nurses, other health services and partner agencies will be essential to maintain progress

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Revise the Business Continuity Plan to ensure that the 27-30 month assessment is completed by a health visitor for all stages of the RAG (except if necessary to work critically). This ensures that highly qualified staff complete this contact.	September 2025	Complete
Following review of BCP contact at 27-30mths is mandatory and quality assurance process in place.	November 2025	Complete
The newly developed "Chatting Together" resource to be shared with all parents/carers at the 13-15 month review, to focus on speech and language development which is a commonly recorded concern at the 27-30 month review.	December 2025	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

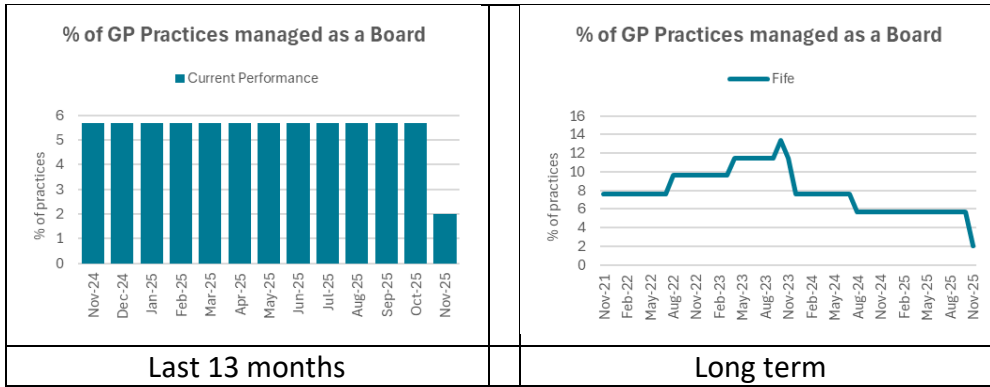
There is a risk that consistency and quality of data entry may reduce with the introduction of the new CHS forms which are due to be released in October 2025 due to the implementation of the new Child Health System. Risk assessment in place as system currently being tested.

4. Recommendations for indicator (e.g. change target etc)

N/A

% of GP Practices managed as a Board Managed		RAG
Description	Percentage of GP practices run by NHS Fife	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	2.0	M	Nov-25	Same	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Value	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	2

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

In 2025, NHS Fife continued its strategic trajectory to transition a further 2 NHS Fife/Fife HSCP managed GP Practices to independent GMS Contractor status. This transition has been concluded with at transfer date of the 2 practices to independent GMS Contractor status on 3rd November 2025. Only one Board-managed GP practice will remain.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
transition of both practices to independent GMS Contactor status	November 2025	completed

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

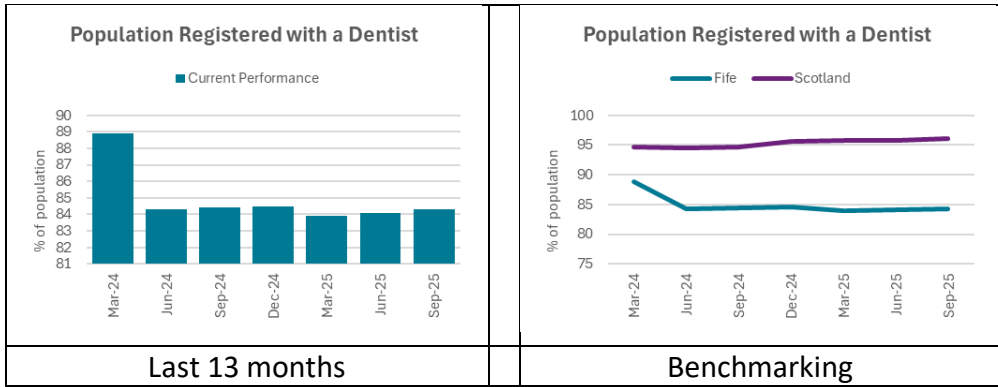
The Primary Care Contracting Management Team lead on regular GP sustainability huddles, with a focus mainly on the remaining Fife Board managed GP Practice with a focus on current or emerging governance issues and actions to mitigate these issues are identified, managed or escalated as necessary. The establishment of the NHS Fife/Fife HSCP Risk and Governance Group now ensures oversight of risk and governance across the NHS Fife/Fife HSCP managed GP Practice and wider independent GP Practices in Fife. This group will include clinical leadership from the relevant services.

4. Recommendations for indicator (e.g. change target etc)

Governance and Assurance framework to be developed for the remaining NHS Fife managed GP Practice.

% of Population Registered with an NHS Dentist		RAG
Description	Percentage of the population of Fife registered with an NHS dentist	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T)	Yes	-	96.1	84.3	Q	Sep-25	Same	No



Month	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep25
Value	88.9	84.3	84.4	84.5	83.9	84.1	84.3

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Registration and participation data in NHS dentistry can provide an indication of the current level of patient access to services. Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland). No data are available about people seeking and using private dental care, whether that is privately registered or membership of private dental schemes. It is important to consider the participation which is defined as the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
To increase 0-2 year old registration to 50%	March 2027	On track
Monitor child and adult registration rates: As these are dependent on external workforce solutions and business models is it not SMART to agree a KPI	For review March 2027	On track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

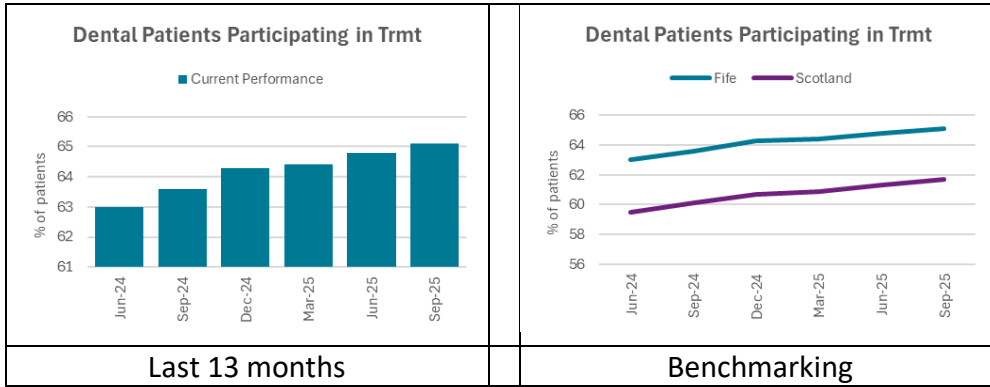
The majority of NHS dentistry takes place in independent dental practice and the NHS Board has limited powers. Individual dentists are listed with the Primary Care to provide NHS dentistry. Compliance of the dentist's terms of service are monitored, and Dental Practice Advisor and/or Primary Care follow up as required.

4. Recommendations for indicator (e.g. change target etc)

Access to locally held NHS de-registration data would also be beneficial to review.

% of registered Dental Patients Participating (Contact within 2 years)		RAG
Description	Percentage of Dental patient participation (contact) with NHS Dental Care for assessment or treatment within the last 2 years	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T)	No	-	61.7	65.1	Q	Sep-25	Improving	No



Month	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep-25
Value	63	63.6	64.3	64.4	64.8	65.1

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Registration and participation data in NHS dentistry can provide an indication of the current level of patient access to services. Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland). No data are available about people seeking and using private dental care, whether that is privately registered or membership of private dental schemes. It is important to consider the participation which is defined as the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
To increase child and adult participation rates.	March 2027	On track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

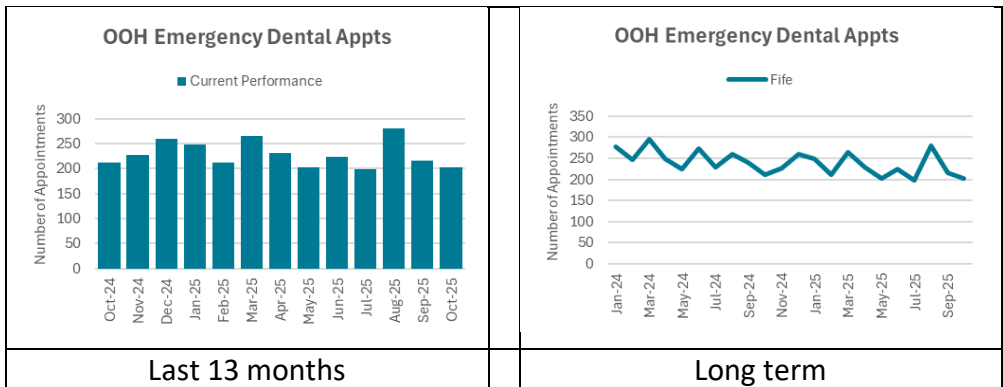
The majority of NHS dentistry takes place in independent dental practice, and the NHS Board has limited powers. Individual dentists are listed with the Primary Care to provide NHS dentistry. Compliance of the dentist's terms of service are monitored, and Dental Practice Advisor and/or Primary Care follow up as required.

4. Recommendations for indicator (e.g. change target etc)

Access to locally held NHS de-registration data would also be beneficial to review.

OOH Emergency Dental Service (EDS) Appointments.		RAG
Description	Number of appointments provided by out of hours Emergency Dental Service (EDS) that take place on a Saturday and Sunday, a 3-hour session each day.	
Lead	Lisa Cooper	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	202	M	Oct-25	Same	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	212	227	259	248	211	265	230	203	224	199	280	216	202

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

The Emergency Dental Service has been in operation for about 30 years and although PDS facilitate this service in providing a building and a senior member of staff to oversee, the sessions are provided by GDPs (independent dental practitioners). There is scope for 64 patients over the weekend with saturation being around 277. This figure has been close on only 3 occasions in the last year but has never exceeded this meaning patients have been appointed. NHS Fife has a positive working relationship with the dental team at NHS 24 and there are regular meetings. Even if the service reaches its threshold, a senior dentist is available as a contingency to support service continuity. There are also options for patient's to be seen the next day 365 days a year – we have National guidance to follow, and there is not a high number of issues that require to be seen on the same day but within 24 hours.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Ensure ongoing recruitment in line with agreed workforce planning	March 2026	On Track
Work effectively with Dental Improvement group to assess, plan and implement improvement actions in line with Primary Care Strategy deliverables	March 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

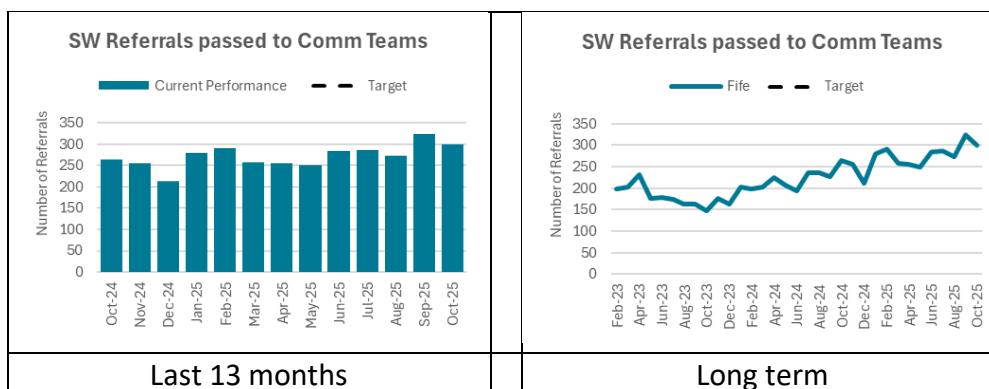
3. Where governance issues identified, how will this be remedied? (Brief)

NA

4. Recommendations for indicator (e.g. change target etc)
N/A.

Number of SW Referrals passed to Community Teams		RAG
Description	Number of referrals received in the SWCC (Contact Centre) responded to within agreed timescales (passed to community teams).	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No		-	300	M	Oct-25	Declining	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	264	256	212	279	291	258	256	250	284	287	273	324	300

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Information on referrals and timescales are collected on a weekly basis, this will be monitored and reported on monthly for assurance.
The CSWO now has responsibility for the Contact Centre and our aim would be in the first instance to refresh pathways to community teams and reduce workload.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Weekly stats will be collated and sent to Management	October 2025	Closed
Screening process timescales will be confirmed.	October 2025	Closed

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

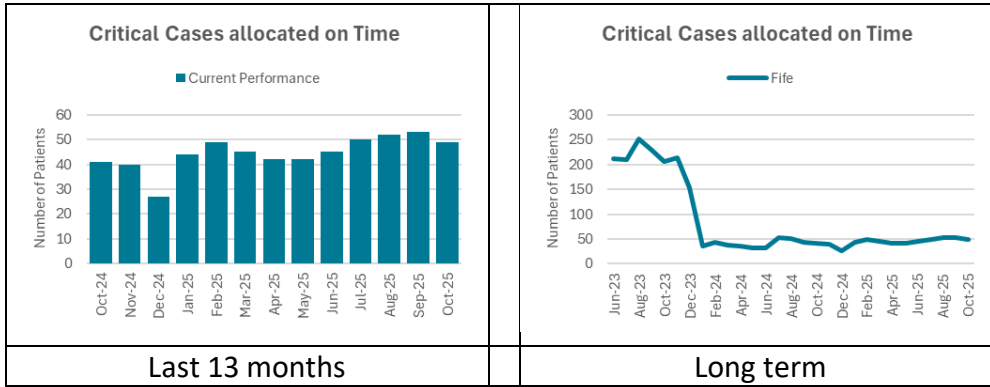
Adult management will liaise with HOS and PSWO as to where the weekly stats and targets will be reviewed.

4. Recommendations for indicator (e.g. change target etc)

Recommend removing indicator as it is not helpful.

Number of SW Critical Cases started within 5 days from point of referral		RAG
Description	Number of service users deemed as in critical need who have an assessment started with a social worker within 5 days of referral.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	49	M	Oct-25	Same	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	41	40	27	44	49	45	42	42	45	50	52	53	49

Work on improving the reporting of this data is ongoing and is subject to change

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

There is no target for this as yet and work is ongoing to see if this is realistic or not.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
A deep dive on caseloads; allocation processes reviewed across all social work (adults and older adults).	November 2025	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

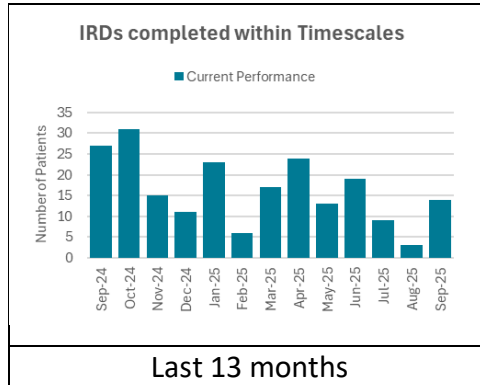
This is a useful target, services need to work on an improvement journey.

4. Recommendations for indicator (e.g. change target etc)

Review to see if this target is realistic or remove it.

No of ASP IRDs completed within 5 days from point of screening		RAG
Description	Number of Adult Support and Protection IRDs completed within 5 days from screening.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	Yes	-	-	14	M	Sep-25	Same	No



Month	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Value	27.00	31.00	15.00	11.00	23.00	6.00	17.00	24.00	13.00	19.00	9.00	3.00	14.00

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Over the financial year of 2024/25, an average of 23 IRDs for ASP inquiries triggered were completed within the 5 working day local Fife timescale. Based on this average, 7 of the last 13 rolling months have reached this average or higher (54%). We have lower numbers, but the results are consistent over the reporting period. As such, whilst target is yet to be set, data remains within expected range. This gives you quantitative data – how many, how much, or how often. The qualitative data that helps us to understand why, how, or what happened can then be identified by the operational staff. It was previously identified within Adults and Older People Social Work that awaiting GP feedback on the 3-point criteria was slowing down completion of IRD’s. As a result, a streamlined template to be used when seeking GP feedback was created by the ASP Coordinator and approved by Fife Local Medical Committee in May 2025. This then went live in June 2025. It is anticipated this will impact on numbers.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Embed and monitor usage of ASP GP Template	December 2025	On Track
Discuss a realistic target with teams and the ASP Co-ordinator	February 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

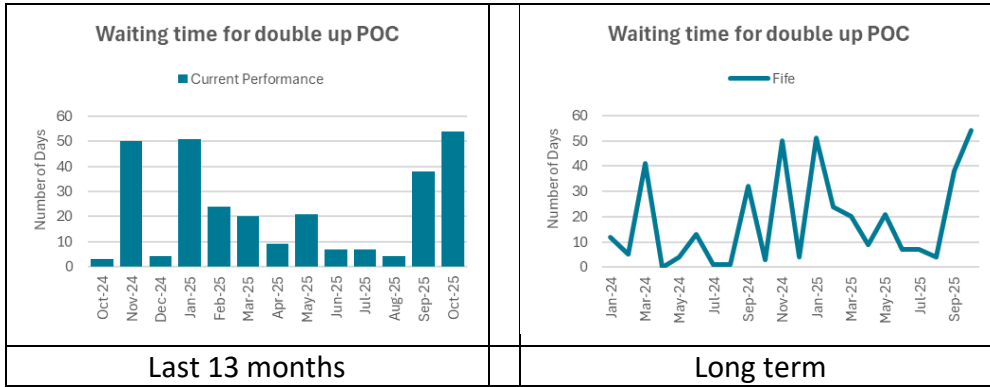
Discuss governance with Managers, HOS, PSWO.

4. Recommendations for indicator (e.g. change target etc)

Target to be set, which can allow monitoring and review.

Waiting time for Double up Package of Care (community) days		RAG
Description	The average number of days service users will wait on a package of care in the community.	
Lead	Chris Conroy	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(T) (B)	No	-	-	54.0	M	Oct-25	Declining	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	3	50	4	51	24	20	9	21	7	7	4	38	54

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

This can fluctuate depending on the individual needs i.e. size of package required. Along with the geographic area the package is required. Internal/external availability also plays a part. Close monitoring of the most critical/complex community waits are prioritised via social work and START. Discussed at weekly panel and referred to START to assess. If no availability withing Internal/START, then sent to commissioning to source externally.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

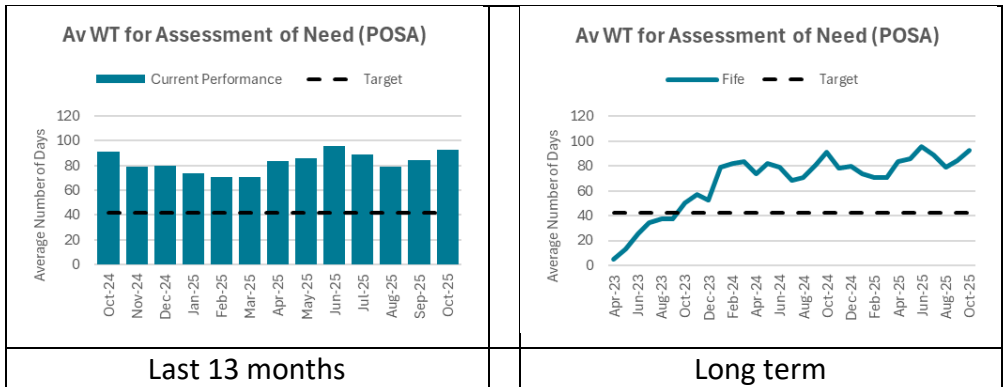
N/A

4. Recommendations for indicator (e.g. change target etc)

Agree, including seeking benchmarking data, what target should be.

Average waiting time for assessment of need (POSA)		RAG
Description	The average number of days a new service user waits between point of contact and assessment of need being started.	
Lead	Karen Marwick	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	42	-	92	M	Oct-25	Declining	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	91.14	78.64	79.56	73.94	70.4	70.47	83.55	85.93	95.57	88.94	79.2	84.59	92.45

Work on improving the reporting of this data is ongoing and is subject to change

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)
 Target is 42 days and clearly there is not one month where we are even close to meeting that, so there can be no assurance given that we will achieve target. Review this target with Managers.

2. What are the smart improvement activities for this indicator?

Improvement Action	Status	Completion Date
Review all caseloads, referrals and timescales.	December 2025	On Track.

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

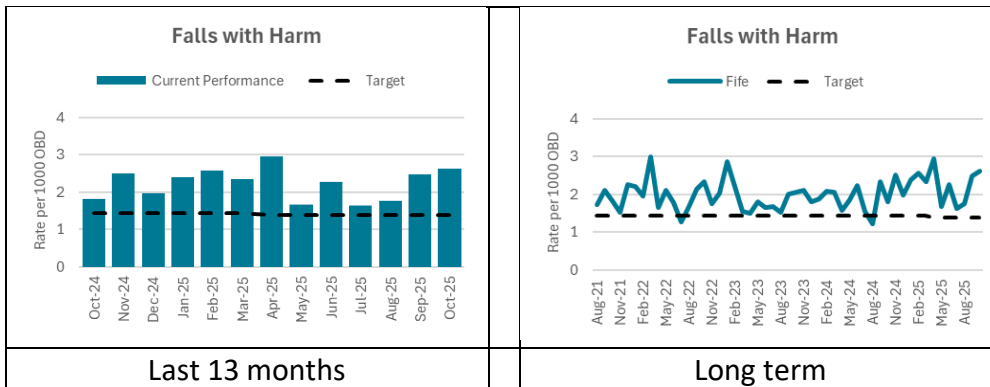
3. Where governance issues identified, how will this be remedied? (Brief)
 Discuss performance monitoring with HOS, Managers and PSWO.

4. Recommendations for indicator (e.g. change target etc)
 If this target is to remain, we need a strategy to ensure it is met and this requires setting a standard on how many assessments each team needs to complete each month, based on their existing staffing establishment and SWS Setting the Bar standard of maximum caseload of 25. If that target is not met, at least we can then have detail on why. There is current work underway to reduce duplication of assessment.

Quality Indicators

Falls with Harm (Rate per 1000 OBD Monthly)		RAG
Description	Inpatient Falls with Harm rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	1.38	-	2.63	M	Oct-25	Declining	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	1.82	2.51	1.98	2.40	2.57	2.35	2.95	1.68	2.27	1.64	1.76	2.48	2.63

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

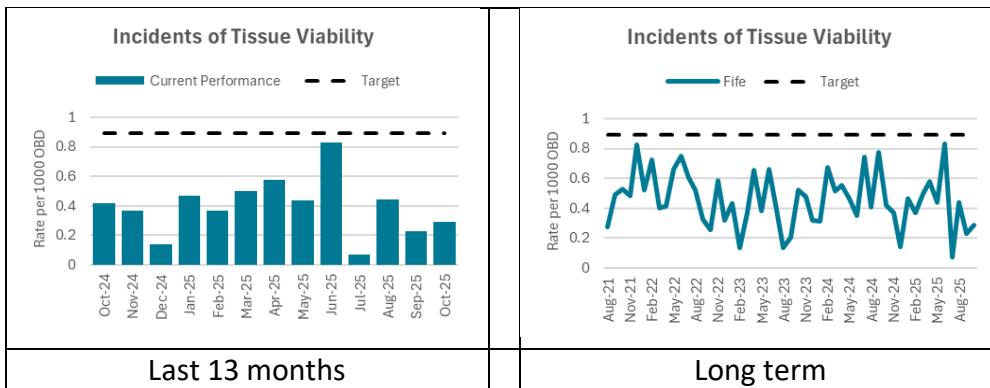
Regular analysis of patient safety data helps identify emerging trends and areas of concerns. Targeted quality improvement efforts focus on inpatient wards with consistently high falls rates (pareto data), including patients who experience repeated falls. The data is shared and discussed at the Quality Matters Assurance Safety Huddle meeting, which has wide representation across HSCP.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Tarvit (Adamson Ward)	November 2025	Complete
<ul style="list-style-type: none"> Weekly MDT reviews of falls incidents using Datix references and safety huddle documentation. Contributing factors are discussed, actions identified to reduce future risk (e.g., mobility reviews, client handling form updates). Risk assessments are updated by nursing staff and reviewed by physiotherapy when needed. A newly appointed ANP conducts robust assessments of all admissions, identifying high-risk patients and implementing mitigation strategies, including medication reviews. Learning from improvement work and adverse events, complaints, is shared across Tarvit and Stratheden, with SCNs collaborating to spread improvements – this action is a planned test of change in current falls QI work - reviewing 	February 2026	On Track

Incidents of TV (Rate per 1000 OBD Monthly)		RAG
Description	Tissue Viability rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	0.89	-	0.29	M	Oct-25	Same	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	0.42	0.37	0.14	0.47	0.37	0.50	0.58	0.44	0.83	0.07	0.44	0.23	0.29

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)
 For context, it should be noted that the median for this indicator is already low and below target of 0.89. This data is monitored at QMASH, TV Improvement group, Portfolio QMAG and reported to HSCP QMAG. MDT cluster review meetings in place to share learning from LAER's and CCRs.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Commence and share Bi-annual TV link practitioner programme	November 2025	Complete
PU education via new NHS Fife induction programme for all Newly Qualified Practitioners (NQP's)	October 2025	Complete
TVN participation and engagement within the cluster review meetings	October 2025	Complete
Full week of interactive staff activities planned across multiple locations during "Stop the Pressure" week in November.	November 2025	Complete
QI work within West DN Teams – Testing Cowdenbeath (Tick list)	November 2025	Complete
Request submitted for 'Pressure Ulcer' report to provided data by DN locality to support prioritised improvement	December 2025	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

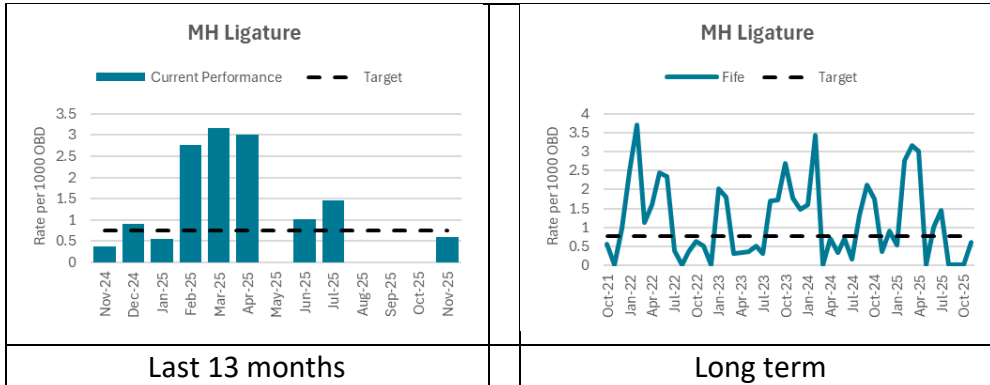
This will be monitored and actioned at the QMASH meeting where data is reviewed. Further escalation will be via the QMAG report to SLTAG

4. Recommendations for indicator (e.g. change target etc)

No recommendation for target.

Mental Health Indicators - Ligature		RAG
Description	Ligature Incidents rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	0.76	-	0.60	M	Nov-25	Same	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Ligature	0.37	0.90	0.54	2.76	3.17	3.01	0.00	1.01	1.46	0.00	0.00	0.00	0.60

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Collated data continues to be provided regularly for ligature and reported through QMASH and QMAG groups. Increased incidents recognised and deep dive completed.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Stakeholder group convened to continue improvement work with observation into practice and supervision policies.	January 2026	On Track
Stakeholder group convened to continue improvement work with Trauma Informed Care.	January 2026	On Track
Development of alternatives to admission, care pathways, inpatient psychology and therapeutic activity, in line with strategy as part of the Clinical Service Review	August 2026	To be started
Anti-Ligature specification upgrade across Mental Health Estate	January 2028	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

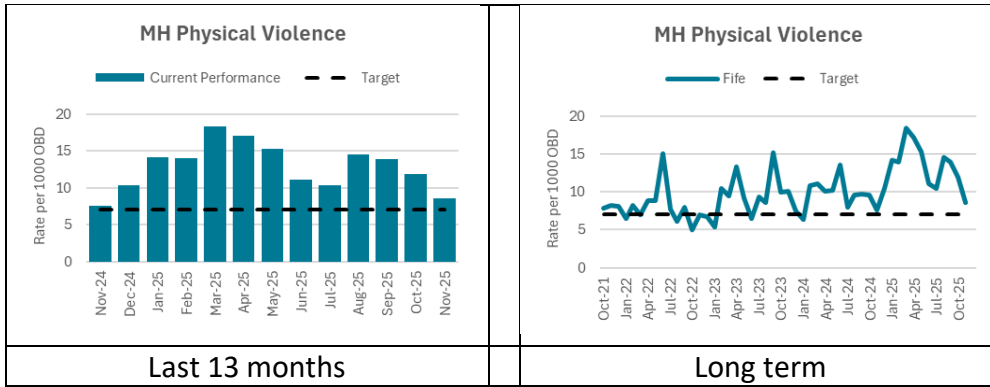
Multiple requests and need for Mental Health and Learning Disabilities data and improving experience outcomes, therefore scoping of internal systems and processes of data collation and action and QI work commissioned

4. Recommendations for indicator (e.g. change target etc)

Continue to work towards meeting current set target and benchmark national rates at this current month of reporting however consideration will be given in due course.

Mental Health Indicators – Physical Violence		RAG
Description	Incidents of Physical Violence rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	7.04	-	8.62	M	Nov-25	Improving	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Physical	7.57	10.43	14.12	13.98	18.40	17.13	15.34	11.11	10.43	14.60	13.93	11.91	8.62

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Incidence data is regularly collated for restraint and reported through HSCP QMASH and QMAG groups.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Stakeholder group convened to continue improvement work with observation into practice and supervision policies.	January 2026	On Track
Stakeholder group convened to continue improvement work with Seclusion practice and policy.	January 2026	On Track
Stakeholder group convened to continue improvement work with Trauma Informed Care.	January 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

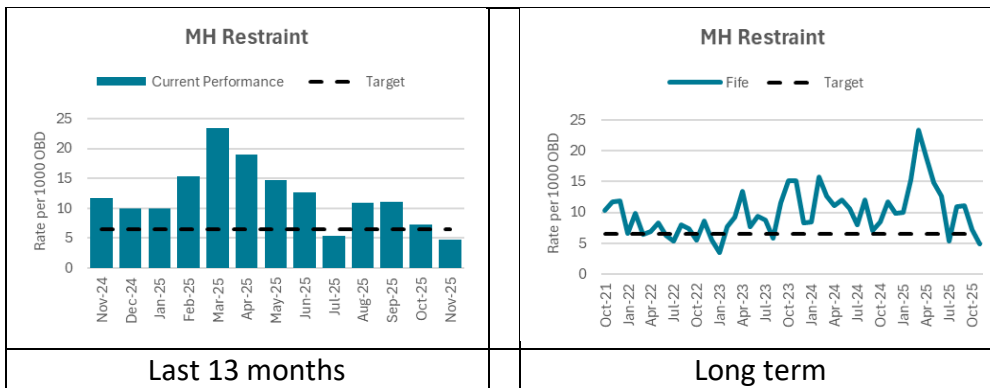
Multiple requests and need for Mental Health and Learning Disabilities data and improving experience outcomes, therefore scoping of internal systems and processes of data collation and action and QI work commissioned.

4. Recommendations for indicator (e.g. change target etc)

Continue to work towards meeting current set target and benchmark national rates at this current month of reporting however consideration will be given in due course.

Mental Health Indicators - Restraint		RAG
Description	Incidents of Restraint rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	6.44	-	4.81	M	Nov-25	Improving	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Restraint	11.64	9.89	9.95	15.36	23.35	19.02	14.74	12.72	5.30	10.95	11.06	7.23	4.81

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Evidence of a lower number of incidents over the last 4 months.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Stakeholder group convened to continue improvement work with observation into practice and supervision policies.	January 2026	On Track
Stakeholder group convened to continue improvement work with Seclusion practice and policy.	January 2026	On Track
Stakeholder group convened to continue improvement work with Trauma Informed Care.	January 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

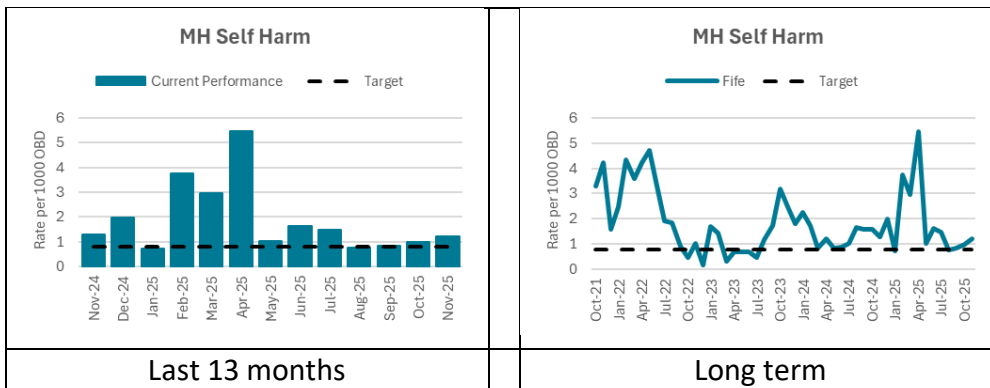
Multiple requests and need for Mental Health and Learning Disabilities data and improving experience outcomes, therefore scoping of internal systems and processes of data collation and action and QI work commissioned. This will be monitored and actioned at the QMASH meeting where data is reviewed. Further escalation will be via the QMAG report to SLTAG.

4. Recommendations for indicator (e.g. change target etc)

Continue to work towards meeting current set target and benchmark national rates at this current month of reporting however consideration will be given in due course.

Mental Health Indicators – Self Harm		RAG
Description	Incidents of Self Harm rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	0.78	-	1.20	M	Nov-25	Declining	No



Month	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Self-Harm	1.29	1.98	0.72	3.74	2.97	5.46	1.01	1.62	1.46	0.77	0.82	0.98	1.20

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Collated data continues to be provided regularly for self-harm and reported through QMASH and QMAG groups. Increased incidents recognised and deep dive completed.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Stakeholder group convened to continue improvement work with observation into practice and supervision policies.	January 2026	On Track
Stakeholder group convened to continue improvement work with Trauma Informed Care.	January 2026	On Track
Development of alternatives to admission, care pathways, inpatient psychology and therapeutic activity.	January 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

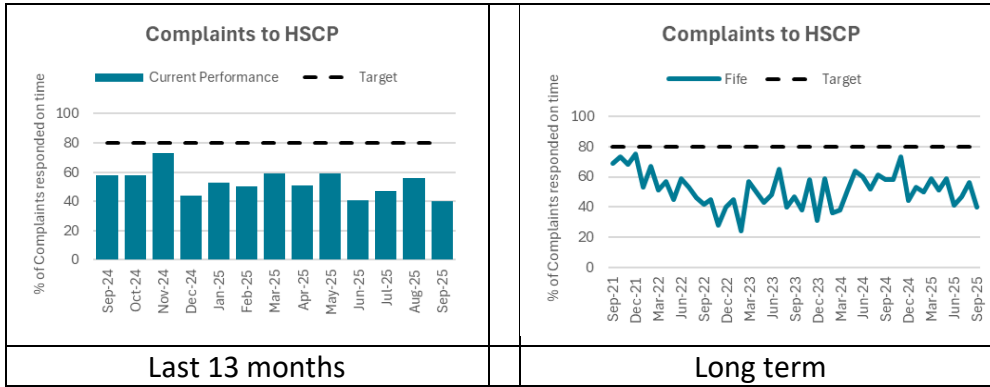
Multiple requests and need for Mental Health and Learning Disabilities data and improving experience outcomes, therefore scoping of internal systems and processes of data collation and action and QI work commissioned.

4. Recommendations for indicator (e.g. change target etc)

Continue to work towards meeting current set target and benchmark national rates at this current month of reporting however consideration will be given in due course.

Complaints to H&SCP responded to within statutory target		RAG
Description	All complaints (Combined Stage 1 and 2) responded to within the required statutory Target	
Lead	Avril Sweeney	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	80	-	40.0%	M	Sep-25	Declining	Yes



Month	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Value	58.00	58.00	73.00	44.00	53.00	50.00	59.00	51.00	59.00	41.00	47.00	56.00	40.00

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)
 Work is ongoing to improve the performance for complaints with regular tracking and monitoring of actions being strengthened.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Additional resource being brought in to the Compliance Team to support the administration of the complaints process	October 2025	Complete
Revised monitoring process is currently being trialled	October 2025	Complete
Complaints training provided to portfolio managers		Complete
Chase up the FC complaints learning outcomes/closure forms.		
Fortnightly SAER/LAER/DOC meetings and shadowing.		
Meet regarding complaints improvement & performance plans and improve quality of drafts.		
Develop a response template similar to PET		
Chase up, daily if required, outstanding complaints.		

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

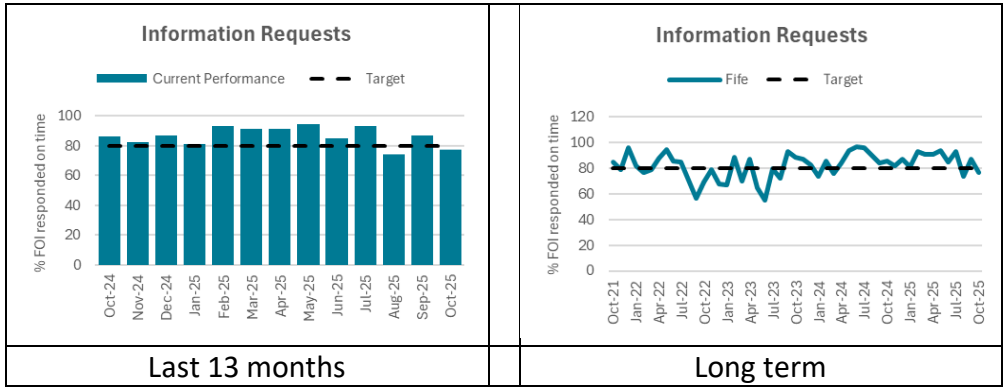
No governance issues identified but focus is on improving compliance.

4. Recommendations for indicator (e.g. change target etc)

Indicator aligns with partner bodies.

Information Requests to H&SCP responded to within statutory target		RAG
Description	All Information Requests received by HSCP responded to within the required statutory Target	
Lead	Avril Sweeney	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	80	-	77	M	Oct-25	Same	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Value	86	82	87	81	93	91	91	94	85	93	74	87	77

Portfolio Comments on the Indicator

- How can we be assured that this indicator will remain or achieve target? (Brief)

The process that has been put in place is continually monitored and reviewed. The target has been achieved consistently over the last year
- What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
A revised monitoring process used for NHS FOIs has been extended to cover Fife Council FOI's		Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)
- Where governance issues identified, how will this be remedied? (Brief)

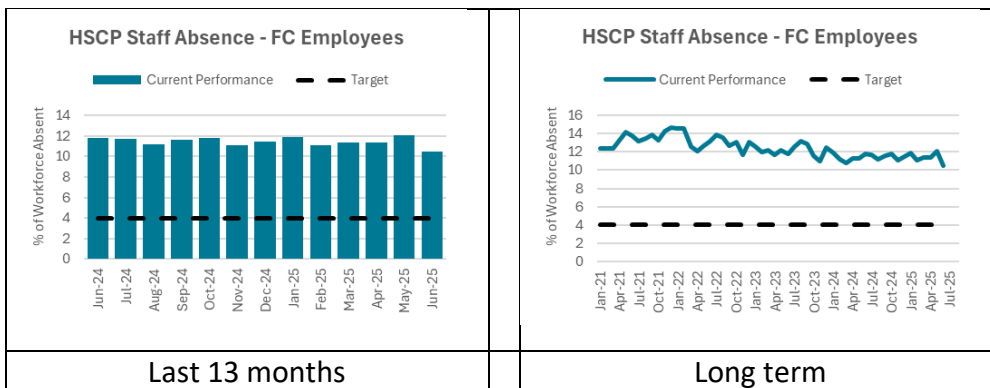
No current issues identified
- Recommendations for indicator (e.g. change target etc)

Target aligns to partner bodies.

Workforce

Staff Absences (Fife Council)		RAG
Description	The percentage of Fife Council HSCP staff with an absence of sickness recorded	
Lead	Lee-Anne French (TBC)	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	4	-	10.5%	M	Jun-25	Improving	No



Month	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
H&SCP	11.8	11.7	11.2	11.6	11.8	11.1	11.5	11.9	11.1	11.4	11.4	12.1	10.5

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status

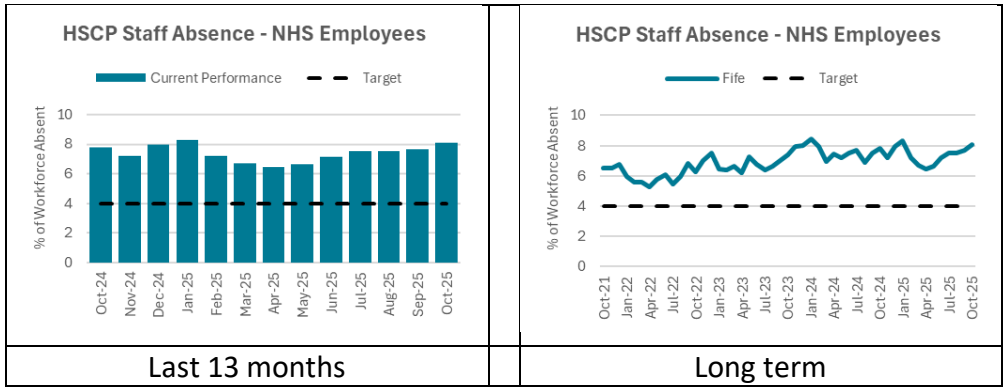
(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

4. Recommendations for indicator (e.g. change target etc)

Staff Absences (NHS)		RAG
Description	The percentage of NHS HSCP staff with an absence of sickness recorded	
Lead	Lee-Anne French (TBC)	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
	(B)	No	4	-	8.1	M	Oct-25	Declining	No



Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
NHS	7.8	7.2	7.96	8.3	7.22	6.7	6.44	6.65	7.17	7.5	7.5	7.68	8.07

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

4. Recommendations for indicator (e.g. change target etc)

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											
Mental Health and Wellbeing Strategy	On Request	Decision	Karen Marwick		Delayed	Presented					Yes
Strategic Plan 2026-2029 Approach	On Request	Decision	Vanessa Salmond								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						
Unscheduled Care Programme Update (Hospital at Home PID)	On Request	Decision	Chris Conroy					Presented			
Reverse Mentoring Programme	On Request	Decision	Roy Lawrence					Presented			
Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Impact Report	On Request	Decision	Lisa Cooper						Scheduled		
GP Walk In Service	On Request	Decision	Lisa Cooper					Presented			
Home First Strategy Update - Community Hospitals Transformation	On Request	Decision	Chris Conroy		Presented						
Strategy Annual Reports											
Strategic Plan - Annual Report	Annual	Assurance	Vanessa Salmond						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	Tracy Hogg	Delayed	Presented						No
Digital Strategy	Annual	Assurance	Tracy Hogg				Delayed	Presented			No
Local Housing Strategy	Annual	Assurance	Paul Short						Scheduled		No
Medium Term Financial Strategy	Annual	Assurance	Tracy Hogg						Scheduled		No
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper				Presented				No
Prevention & Early Intervention Strategy Performance Framework	On Request	Assurance	Lisa Cooper	Scheduled							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
Drug Related Deaths	Standing Item	Assurance	Lynn Barker					Presented			No
INTEGRATED PERFORMANCE & QUALITY											
Finance Update	Standing Item	Decision	Tracy Hogg	Presented	Presented	Presented	Presented	Presented	Scheduled		No
Revised Budget Direction	On Request	Decision	Tracy Hogg		Presented						
Refreshed Performance Report	Quarterly	Assurance	Vanessa Salmond	Presented		Presented		Presented	Scheduled		No
Annual Performance Report 2024-25	Annual	Assurance	Vanessa Salmond		Presented						No
Fife IJB Draft Audited Accounts	Annual	Decision	Tracy Hogg			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	Tracy Hogg						Scheduled		No
GOVERNANCE & OUTCOMES											
Chairs Assurance Statements	Standing Item	Assurance	Vanessa Salmond	Presented	Presented	Presented	Presented	Presented	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	Presented	Scheduled		No
Monitoring Progress of Directions	Quarterly	Decision	Vanessa Salmond	Presented		Presented		Presented			No

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
Review of Integration Scheme	Annual	Assurance	Vanessa Salmond							
Review of Scheme of Delegation	Annual	Assurance	Vanessa Salmond							
Review of Model Code of Conduct	Annual	Assurance	Vanessa Salmond							
Review of Standing Orders	Annual	Assurance	Vanessa Salmond							
Review of Governance Manual (inc. Standing Orders, Scheme of Delegation, Model Code of Conduct etc)	Annual	Assurance	Vanessa Salmond							
LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS										
Annual Risk Management Report	Annual	Assurance	Tracy Hogg	Presented						No
IJB Strategic Risk Register	Annual	Assurance	Tracy Hogg	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	Tracy Hogg			Presented				No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Presented					No
Fife ADP Drug Related Deaths 2024	Annual	Assurance	Lynne Garvey					Presented		
Armed Forces Covenant Duty	Annual	Assurance	Karen Marwick				Delayed	Presented		No
Public Sector Climate Duties Annual Report	Annual	Assurance	Lisa Cooper				Presented			No
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Due Jan 2027)	Biennial	Assurance	Tracy Hogg							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	Caroline Cherry				Presented			Yes
Child Protection Annual Report (Child Protection Committee)	Annual	Assurance	Lisa Cooper						Scheduled	Yes
Pharmaceutical Care Services Report	Annual	Assurance	Lisa Cooper					Delayed	Scheduled	Yes
Adult Protection Report (Biennial) (ASPC)	Biennial	Assurance	Karen Marwick	Presented						
ASP Annual Report (Social Work)	Annual	Assurance	Caroline Cherry					Presented		Yes
Chief Social Worker Officer Report	Annual	Assurance	Caroline Cherry					Presented		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					Presented		Yes



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	28 th January 2026
Report Title:	Monitoring of Directions		
Agenda Item No:	9.2		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Tracy Hogg, Chief Finance Officer		
Report Author:	Vanessa Salmond, Head of Strategic Planning and Performance		

Executive Summary
<ul style="list-style-type: none"> • This report provides assurance on the implementation and monitoring of Directions issued by the Integration Joint Board (IJB) to both Fife Council and NHS Fife, in line with the Integration Scheme. • 2024–25: All Direction are now closed having been fully implemented. • 2025–26 Progress: Of the 13 Directions issued to date in the present financial year, 2 have closed due to being superseded, 7 have been fully delivered, and 4 remain open, with 2 on track for delivery with two at risk due to financial challenges. • The Board can be assured that appropriate governance and monitoring processes are in place and actively followed in relation to the delivery of Directions. • There are no escalations pertaining to this paper from Finance, Performance and Scrutiny Committee.

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

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

Situation/Background (Purpose of Report)

This IJB Direction Progress Report as at January 2026 (Appendix 1) gives an overview of the current status of both NHS Fife and Fife Council IJB Directions pertaining to both 2024-25 and 2025-26 fiscal years.

Assessment (Key Points/Issues and Risks)

As at January 2026, all Directors pertaining to the 2024-25 fiscal year have been closed.

For the 2025-26 fiscal year, a total of 13 Directions has been issued thus far, 2 are closed as they have been superseded, a further 7 have been closed as fully delivered, and 4 remain open with 2 of those 4 progressing as expected with the remaining 2 at risk due to financial challenges.

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

Related Documents/Appendices

Appendix A – IJB Directions Update

Assurance Levels

Level:	Descriptor:
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"/>	14/01/256	<input type="checkbox"/>	<input type="checkbox"/>	No amendments, however, it was agreement to review narrative within future Directions.
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	28/01/26			
Fife Council						
People & Communities Scrutiny	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
NHS Fife						
Finance, Performance & Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13/01/26	<input type="checkbox"/>	<input type="checkbox"/>	

Implications/Impacts

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

Service Users/Carers	<input checked="" type="checkbox"/>	Carer and Service User impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.
Localities/Communities	<input checked="" type="checkbox"/>	Locality and Community impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.
Quality of Care	<input checked="" type="checkbox"/>	Quality, patient and value-based health and care impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.
Workforce	<input checked="" type="checkbox"/>	The workforce is engaged in actively delivering the actions required to successfully implement the desired outcomes described within the Directions.
Legal	<input checked="" type="checkbox"/>	There are no legal issues associated with this paper as there is full compliance with all Directions issued.
Financial	<input checked="" type="checkbox"/>	This report, in conjunction with the Directions Policy, is intended to give assurance that financial considerations are being appropriately monitored in the delivery of Directions.
Performance	<input checked="" type="checkbox"/>	Monitoring will continue on an ongoing basis.
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	There are no legal issues associated with this paper
Communication and Engagement	<input checked="" type="checkbox"/>	Appropriate and proportionate communication and engagement have been undertaken during the decision-making process associated with each individual Direction. There are no further impacts associated with this paper.
Risk & Mitigation	<input checked="" type="checkbox"/>	The revenue budget is currently at risk due to a projected overspend against planned budget allocation. This overspend is driven by increased demand, inflationary pressures, and workforce costs. Mitigatory actions are being progressed to contain this overspend however this may impact the delivery of core services and the achievement of financial sustainability.

Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/>	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	

IJB Directions: 2024-25

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2024-001	Revenue Budget 2024-25	NHS Fife ✓	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £384.710 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme. In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.	CLOSED Outcomes Delivered but not within resources allocated	July 2024 - the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, NHS Fife to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments. May 2025 - the provisional financial outturn position as at 31 March 2025 is £34.017m, the outturn will be validated by External Auditor following completion of Annual Audit process.	Sept 25 - Annual Accounts now validated by External Audit - Direction will be closed pending sign-off by IJB on 29th Sept
2024-002	Revenue Budget 2024-25	Fife Council ✓	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme. In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.	CLOSED Outcomes Delivered but not within resources allocated	July 2024 - the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, Fife Council to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments. May 2025 - the provisional financial outturn position as at 31 March 2025 is £34.017m, the outturn will be validated by External Auditor following completion of Annual Audit process.	Sept 25 - Annual Accounts now validated by External Audit - Direction will be closed pending sign-off by IJB on 29th Sept

IJB Directions: 2025-26

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

IJB Directions: 2025-26

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

IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-006	Revenue Budget 2025-26	Fife Council ✓	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £312.923m million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.	OPEN At Risk	Jan 26 - Budget Transfer of £8.5m is complete. Sept 25 - This Direction Supercedes Direction: 2025.001 Aug 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £8.5m as per Direction issued	Jan 26 - There is a projected overspend as at Nov 2025, management actions are being undertaken to contain the projected overspend, however demand on our services is unprecedented. Discussions with partners will be more frequent over the remaining months.
2025-007	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £10.020m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Sept 25 - Funding received from Scottish Government.	
2025-008	Community Hospitals Transformation Proposals	NHS Fife ✓	Glenrothes Hospital – to be completed by January 2026:- <ul style="list-style-type: none"> Remove 17 community beds from Ward 1; and Remove 20 community beds from Ward 3 Glenrothes Hospital - to be completed by March 2027:- <ul style="list-style-type: none"> Relocation and refurbishment of existing Wards to create site of dedicated expertise for Stroke and Neuro Rehabilitation Cameron Hospital - to be completed by March 2027:- <ul style="list-style-type: none"> Relocation and refurbishment of existing Wards to create site of dedicated expertise for general community rehabilitation 	OPEN Progressing as expected	Jan -26 - Ward 1 closed at end of September.	Jan -26 - Work is progressing to close Ward 3 as scheduled at end of February 2026. Sept 25 - Work progressing via a number of delivery groups with oversight provided to Home First Oversight Group and SLT.
2025-009	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £30.476m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	

IJB Directions: 2025-26

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



Meeting:	Integration Joint Board	Date:	28 th January 2026
Report Title:	Armed Forces Covenant Duty – Annual Report 2025		
Agenda Item No:	10.1		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Karen Marwick, Head of Complex and Critical Care Services		
Report Author:	Lesley Gauld, Team Manager - Strategic Planning		

Executive Summary

This Annual Report provides an overview of the progress made by Fife Health and Social Care Partnership and its partner agencies in fulfilling their statutory obligations under the Armed Forces Covenant Duty during 2025.

The Covenant Duty, introduced by the Armed Forces Act 2021, requires public bodies to have due regard to the unique needs of the Armed Forces Community when planning and delivering services in health and social care, education, and housing.

Key achievements over the past year include:

- Continued development of the Armed Forces Covenant Working Group, which coordinates multi-agency efforts to improve compliance and service delivery.
- Integration of the Forces Connect App, now listing 78 local services across Fife.
- Delivery of awareness training through e-learning modules and online sessions.
- Strengthened housing support for veterans, including a review of allocation policies and a civic reception to enhance service offers.
- Expansion of welfare support through the Defence Medical Welfare Service.
- Continued delivery of suicide prevention support via Veterans Advice Fife, with 137 referrals and 64 active cases.
- Engagement of Fife Voluntary Action to support volunteering, community development, and carer grants.

The report also outlines the planned Work Programme for 2026, including development of a communications plan, workforce survey, gap analysis of services, and increased focus on carers of service families.

Assurance is provided that Fife Health and Social Care Partnership is meeting its statutory requirements, with a **moderate assurance level** assigned.

Recommendations		
This paper is presented to:		
Seek a Decision	<input type="checkbox"/>	
Provide Assurance	<input checked="" type="checkbox"/>	The Integration Joint Board and is also asked to note the progress made over the last year, and be assured that Fife Health and Social Care Partnership is meeting its statutory requirements under the Armed Forces Covenant Duty.
For Discussion	<input checked="" type="checkbox"/>	The Integration Joint Board is asked to review the content of this report, and provide final approval of the Armed Forces Covenant Duty Annual Report 2025.
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>The UK Armed Forces Covenant has been in place since 2011. The aim of the Covenant is to ensure that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. Initially organisations could pledge to support the Armed Forces Covenant, a voluntary commitment made by both Fife Council and NHS Fife.</p> <p>The Armed Forces Act 2021 came into force on 22nd November 2022. The new Act builds on existing legislation (the Armed Forces Act 2006) and reinforces the Armed Forces Covenant by placing legal requirements on some organisations, including:</p> <ul style="list-style-type: none"> • Fife Council - specifically education and housing services. • Fife Health and Social Care Partnership/Fife Integration Joint Board. • NHS Fife. <p>The new Act introduced the Armed Forces Covenant Duty. This makes it a statutory duty for these bodies (whether or not they have already signed the Armed Forces Covenant pledge) to consider the principles of the Armed Forces Covenant and any supporting guidance, when planning, funding and delivering specific functions in health and social care, education and childcare, and housing. This includes having due regard to:</p> <ul style="list-style-type: none"> • the unique obligations of, and sacrifices made by, the armed forces. • the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces; and, • the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces. <p>Further information on the Armed Forces Covenant Duty is available on the Health and Social Care Partnership website here: www.fifehealthandsocialcare.org/your-community/armed-forces-community/</p>

The first Armed Forces Covenant Annual Report was reviewed and approved by Fife Integration Joint Board in November 2023, followed by the second Annual Report in December 2024.

The purpose of this report is to provide an overview of key activities completed by the Armed Forces Covenant Working Group and Fife partner agencies over the last year and highlight some of the activities planned for 2026. The report also provides assurance that the Fife partner agencies are meeting the statutory requirements of the Armed Forces Covenant Duty.

Assessment (Key Points/Issues and Risks)

Armed Forces Community

The Armed Forces Community includes individuals who are:

- currently serving in the armed forces - either regular or reserve.
- veterans who served in the armed forces - either regular or reserve.
- members of the Merchant Navy who served on a commercial vessel in support of legally defined UK military operations.
- dependents - for example, the partner or child of someone who's currently serving in the armed forces, a veteran, or a member of the Merchant Navy.

In Fife, the Armed Forces Community includes approximately:

- 1,000 serving personnel.
- 450 reservists.
- 21,000 veterans (Scotland's Census 2022 identified that 5.6% of the Fife population aged 16 and over are veterans: www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-uk-armed-forces-veterans).
- Partners and family members of serving personnel, reservists and veterans (exact figures are currently unavailable, this group is estimated to include between 20,000 and 40,000 people).

Additional Army Units will move to Leuchars between 2029 and 2032 when it is expected that Leuchars will become the largest Army site in Scotland. During this time the number of serving personnel based in Leuchars is expected to increase to approximately 2,300 people, along with an increase in the number of partners and family members based in Fife. Although exact figures are not available, overall, the Armed Forces Community in Fife may be around 50,000 people.

These changes are part of the British Army restructuring programme (Future Soldier) which will provide a centralised operations hub and enable more Scottish soldiers to serve closer to home. Leuchars Station will be modernised to support the new structure (including living quarters, technical buildings and medical centre).

Armed Forces Covenant Working Group

In February 2023, a multi-agency Working Group was established to support implementation of the Armed Forces Covenant across the Fife partner agencies, and to increase compliance with the Armed Forces Covenant Duty. These are some of the key actions that have been progressed over the last year.

[Fife Health and Social Care Partnership website](#)

In September 2024 a new area was set up for the Armed Forces Community on the Health and Social Care Partnership website. This is a link to the website: <https://www.fifehealthandsocialcare.org/your-community/armed-forces-community/>.

Between January to November 2025, the number of visits to the AFC webpages was 211 (an average of 19 visits each month), and the number of active users was 74.

Forces Connect App

In November 2023, Fife Integration Joint Board approved use of the national Forces Connect App for Fife Health and Social Care Partnership. The App is a free directory of local services that can be accessed with a mobile phone or online using this link: www.forcesconnect.co.uk.

In addition to national services and support the Forces Connect App currently includes details of 78 local services and support across Fife.

Training

The Armed Forces Covenant Sway was published in November 2023:
<https://sway.cloud.microsoft/tV7Mgm37odrIjWUJ?ref=Link>

The number of visits to the Sway is now 255.

In May 2025, three Armed Forces Covenant Awareness Sessions were provided via MS Teams for the Partnership's Extended Leadership Team.

In February 2025 Fife Council published the Armed Forces Covenant e-learning modules in Oracle. The number of employees who have completed the modules since then is 16 (with 6 more 'in progress').

The Armed Forces Covenant e-learning modules are available in Learning Nexus for colleagues in the third and independent sectors: [AFC | Fife Council Partner Organisations VLE](#)

Some technical issues with the transfer of SCORM files to NHS Fife have delayed publication of the AFC e-learning modules in Turas. Work is progressing to resolve this issue.

In December 2025 the Senior Leadership Team discussed the introduction of AFC training for Partnership employees (i.e. Fife Council and NHS Fife employees only). These discussions were informed by recommendations from partner agencies:

- NHS Scotland have recently circulated (14th November 2025) a recommendation from the Chief Medical Officer that all NHS colleagues complete this online training [Scottish Government : Armed Forces and Veterans' Recognition Scheme \(Healthcare\) | Turas | Learn](#).
- Fife Council are currently discussing the roll-out of mandatory training for Fife Council employees. This is likely to include targeted roll-out to statutory services (includes social work and social care), followed by further discussions on wider roll-out to other services.

The Senior Leadership Team agreed that AFC training for health and social care employees within Fife Health and Social Care Partnership (Fife Council and NHS Fife employees only) will be strongly promoted and monitored. Optional training is also available for colleagues in the third and independent sectors through the Council's Learning Nexus platform: [AFC | Fife Council Partner Organisations VLE](#).

Fife Council - Housing Services

- The Fife Housing Register Partnership has reviewed the Armed Forces Protocol to support those leaving forces service into permanent accommodation.
- The Council maintains a commitment to 40 housing allocations per year for veterans.
- The Housing Allocation Policy and associated access arrangements are currently being reviewed with a report going to Cabinet Committee in December 2025 which will strengthen the focus on veterans as a key commitment.
- The Provost and the Presidents of Veterans Housing Scotland are convening a Civic Reception at the Glen Pavillion on 30th October 2025 to a focus on improving the offer to veterans.

These proposals are currently being discussed by Fife Council Housing Services and Veterans Housing Scotland:

1. Commission housing support with Veterans' Housing Scotland dedicated to supporting veterans in housing in Fife.

2. Joint-Agreement with Veterans Housing Scotland to provide nominations to six new build council houses during 2026/2027.
3. Provide a dedicated Housing Advice Case Worker to advise and support veterans and their families.
4. Proactive communications and housing information campaign aimed at veteran and serving personnel

A final report will be provided to Fife Council Cabinet Committee for approval in March/April 2026.

Defence Medical Welfare Service

The Defence Medical Welfare Service continues to be very active across Fife. We currently have a Welfare Officer based at the Victoria Hospital, and another covering Queen Margaret Hospital and all the community hospitals. The Team also manages a growing number of community referrals, many of which successfully help to prevent unnecessary hospital admissions.

DMWS are pleased to be involved in a pilot pathway with the Scottish Ambulance Service in Lothian, which allows ambulance crews to refer veterans directly to DMWS via their App when attending callouts in the community. This initiative is already demonstrating clear benefits by identifying and supporting veterans who may otherwise have fallen through the system. We are optimistic that this pilot will be rolled out in Fife in the near future.

Within the hospitals, DMWS Welfare Officers continue to engage closely with staff to promote the DMWS service and to raise awareness of the Armed Forces Covenant. A key part of this work involves addressing common misconceptions held by both veterans and hospital staff. We remain keen for all patients admitted to hospital to be asked whether they have served in the Armed Forces, in line with the Armed Forces Covenant. Recording this information on Trak as a matter of procedure would enable DMWS to identify veterans more easily and offer timely support.

DMWS are also working with Lindsay Thomson from NHS Fife who works directly with the new Armed Forces Champion to establish 'Brew and Banter' sessions at both the Victoria and Queen Margaret Hospitals. These quarterly gatherings, based on the traditional military NAAFI break, will provide an opportunity for hospital staff with military experience to meet, share stories, and offer mutual support. The DMWS Team are keen to meet and talk with staff groups within NHS Fife on their role within NHS Fife and the Armed Forces Covenant.

Citizens Advice and Rights Fife - Veterans Advice Fife

Veterans Advice Fife is funded by the Armed Forces Covenant Trust for two years until 31st March 2027 as part of their Embedding Suicide Prevention programme - following on from their One Too Many programme.

Veterans Advice Fife provide support for veterans where there is some risk of suicide.

Since 1st April 2025 the service has received 137 referrals; 61 of these have been from other organisations. Veterans Advice Fife have also signposted or referred out to 137 partner organisations.

The largest concentration of cases is 45- 59 age group (36 people) and then 65-79 (19 people).

Veterans Advice Fife currently have 64 active cases.

Fife Voluntary Action

Fife Voluntary Action (FVA) has recently joined the Fife Armed Forces Covenant Working Group and are keen to become more involved in supporting veterans in their local community.

FVA currently supports veterans in different areas including volunteering, community supports, funding, and more. This includes:

1. Community integration through volunteering and getting involved in the work of local community groups. Many veterans volunteer with and receive support from organisations such as Andy's Man Club and Men's Sheds across Fife. This year, a veteran and volunteer from the Soldiers, Sailors and Airmen's Families Association (SSAFA) Fife was shortlisted for our Volunteering and Voluntary Sector Awards, recognising their invaluable contribution to the health and wellbeing of veterans in North East Fife.
2. Signposting to support and local groups in Fife. This includes promoting health and wellbeing groups for veterans such as Knights Templar Goodwill Charity of Scotland's Veterans Section – a space created by veterans to support fellow veterans where they can pop in for a chat and a cuppa as well as picking up care packages and clothing.
3. Promotion of grant funding for veteran charities and community groups, such as Armed Forces Covenant Fund Trust, Veterans' Foundation, and Department of Veterans Affairs. This gives local organisations the opportunity to apply for funding to support their clients.
4. Community support through our health and social care projects, including Kingdom Companions (a short-term befriending service), Footcare Fife (a toenail cutting service), and the opportunity to contribute their lived experience and support other veterans through our Lived Experience work and peer support network.
5. Funding for carers – either veterans themselves who are in a caring role, or their loved ones who are caring for them. We manage two grants that are not means tested – Respite in Fife and Time to Live.
6. Hosting forums for the third sector that veteran groups attend. RAF Benevolent Fund and Sight Scotland Veterans both regularly attend our Health and Social Care and Mental Health forums to network, discuss their work and connect with other organisations.
7. Managing a database of thousands of organisations and community group activities, covering every community in Fife. It's a quick and easy way for veterans to find groups they're interested in and ranges from contact details for groups that provide practical support to veterans such as Oliver's Army and A Veteran's Best Friend, to activities that support mental and physical wellbeing such as gardening clubs, sports, walking groups, and talking/peer support groups.

Substance Support Scotland (Fife Alcohol Support Service)

Substance Support Scotland (SSS) continues to deliver specialist, trauma-informed support to the Armed Forces Community, with a steadily increasing number of veterans, reservists, and military families seeking assistance for alcohol use, prescribed medication issues, and related mental health challenges. Our dedicated Armed Forces Pathway, Project Shield, ensures rapid access to treatment, confidential counselling, wellbeing support, and early intervention triage.

SSS currently provides a blended model of support including one-to-one counselling, crisis triage, family support, outreach through our Community Connect mobile service, and ongoing retention work for individuals requiring longer-term stability. We continue to work closely with armed forces charities, NHS partners, welfare officers from DMWS, and third-sector organisations to ensure appropriate and timely onward support where needed.

Project Shield has seen a noticeable increase in referrals from partner agencies and self-referrals from veterans who have struggled to engage with traditional services. Many of these cases involve complex presentations, including alcohol dependence linked to trauma, medication misuse for chronic pain, isolation following transition, and emotional distress within family units. Early intervention through Project Shield has contributed to lower crisis escalation and improved engagement with wider services.

We also strengthening prevention work by delivering alcohol awareness and wellbeing education sessions tailored for the Armed Forces Community. Additional suicide-prevention training is being offered to community partners and families connected to serving personnel and veterans. This work

contributes to a broader, coordinated effort to improve mental health outcomes across the armed forces population.

We continue to collaborate with partners including Vector24 (a holistic transport support and intelligent signposting charity), DMWS, Veterans First Point, SSAFA (a national tri-service military charity) and Poppyscotland to ensure a joined-up approach. Project Shield actively supports cross-referrals, shared crisis planning, and joint case discussions where appropriate, ensuring individuals receive the right support at the right time.

Since 1st April 2025, Project Shield has recorded a continued upward trend in engagement, with strong take-up from spouses and partners as well as veterans. Demand is particularly high among individuals aged 35–60, reflecting the wider national trend of mid-life veterans experiencing increasing substance-related harm. Our therapists currently hold a significant number of active cases involving both serving personnel and ex-service families, and we expect this demand to grow over the coming year.

SSS remains committed to expanding Project Shield, strengthening referral pathways, and ensuring that no member of the Armed Forces Community faces substance-related harm without accessible, confidential, and timely support.

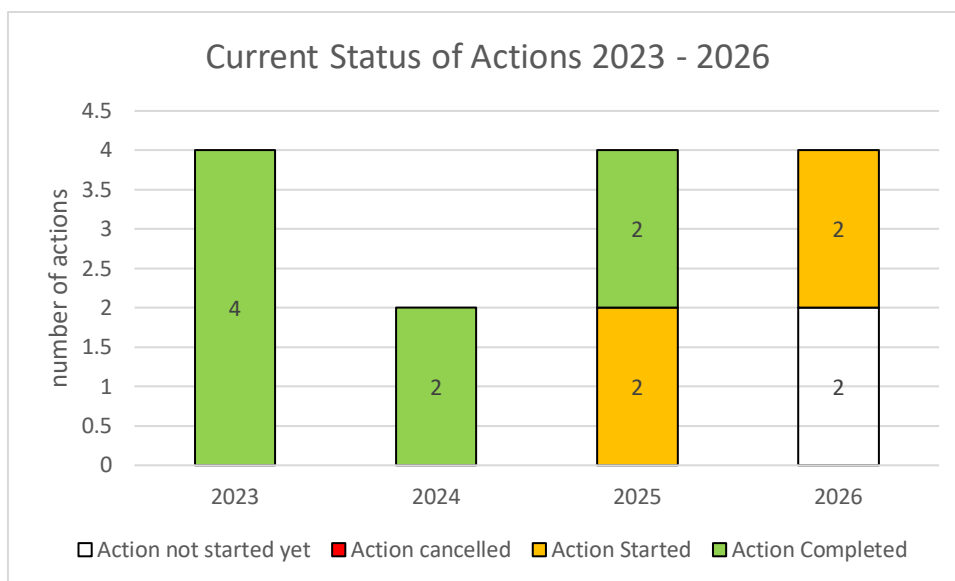
Work Programme

This is a summary of the actions completed since the last Annual Report in December 2024.

1. The Fife AFC e-learning modules have been finalised and uploaded to Fife Council’s Oracle and Learning Nexus platforms. The AFC Sway and the HSCP website have been updated to signpost the new e-learning modules.
2. The Forces Connect App has been updated (now includes details for 78 services and support across Fife).

Work has also started on two further actions:

3. Develop and publish specialist AFC e-learning modules for Housing Services and Customer Facing Staff.
4. Progress identification of individuals within the Armed Forces Community.



Summary of AFC Working Group Work Programme 2023 to 2026

The actions planned for 2026 are:

1. Develop a communications plan to raise awareness among employees, and service providers, of the requirements of the Armed Forces Covenant Duty (work started).
2. Develop and deploy a workforce survey to assess employee understanding of, and compliance with, the Armed Forces Covenant Duty (work started).
3. Raise awareness of the needs of carers of serving and ex-service families (including young carers) in the commissioning of carer's support services.
4. Complete a gap analysis of current service provision, identify any requirements under the Armed Forces Covenant Duty which are not currently covered, and develop services/solutions that will address those potential gaps.

Additional actions will be added to the Work Programme as/when identified by the Armed Forces Covenant Working Group.

Defence Employer Recognition Scheme

The MOD's Defence Employer Recognition Scheme recognises employer support for the Armed Forces Community. There are three tiers Bronze, Silver and Gold; the Gold Award is the highest level and requires employers to become advocates for defence and the Armed Forces Community.

Fife Council have been holders of Gold Award accreditation since August 2022. Revalidation for accreditation will be in March 2027 with notification of award outcome expected in August 2027.

NHS Fife was awarded the Defence Employer Recognition Scheme Gold Award in August 2025.

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						
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15/12/2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/01/2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	28/01/2026			

Implications/Impacts	
Description of any +/- implications/impacts and any suggested actions arising	
Service Users/Carers	<input checked="" type="checkbox"/> The work of the AFC Working Group will increase compliance with the Armed Forces Covenant Duty across Fife, promoting awareness of potential challenges or issues relating to service provision, and improving outcomes for members of the Armed Forces Community.
Localities/Communities	<input checked="" type="checkbox"/>
Quality of Care	<input checked="" type="checkbox"/>
Workforce	<input checked="" type="checkbox"/> Any impact on the Partnership's workforce will be managed through the Partnership's Workforce Strategy.
Legal	<input checked="" type="checkbox"/> The work of the AFC Working Group will increase compliance across the Fife partner agencies with the Armed Forces Act 2021 and the Armed Forces Covenant Duty.
Financial	<input checked="" type="checkbox"/> Financial activities are managed through the Medium-Term Financial Strategy.
Performance	<input checked="" type="checkbox"/> The activities in the Work Programme are regularly monitored and updated by the Armed Forces Covenant Working Group. New actions can be added if/when identified and agreed by the Working Group. Annual progress updates are provided to the Partnership's Senior Leadership Team and the Integration Joint Board. Partner organisations also provide updates through their own governance structures including Fife Council's People and Communities Scrutiny Committee and the NHS Fife Board.
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/> Environmental impacts are considered during strategic planning, budgeting and commissioning, service planning and service delivery. No additional environmental impact is anticipated.
Communication and Engagement	<input checked="" type="checkbox"/> The Armed Forces Covenant Working Group includes colleagues from: Fife Health and Social Care Partnership, Fife Council, NHS Fife, Veterans 1st Point, Leuchars Station HQ, the Defence Medical Welfare Service, Citizens Advice and Rights Fife (CARF), Fife Voluntary Action, Fife Alcohol Support Service (FASS), Veterans, Welfare and Projects, RHQ SCOTS, and the Fife Council Armed Forces and Veterans Champion. The meeting dates for 2025 were: <ul style="list-style-type: none"> • 25th March 2025 • 27th October 2025 The meeting dates arranged for 2026 are: <ul style="list-style-type: none"> • 5th March 2026 • 28th May 2026 • 3rd September 2026 • 5th November 2026
Risk & Mitigation	<input checked="" type="checkbox"/> Increased compliance with the Armed Forces Covenant Duty is expected to have a positive impact for individuals in the Armed Forces Community.
Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/> No Impact/Not Required An equality impact assessment has not been completed because this update does not involve a change to an existing strategy, policy, or practice that could have a negative impact on people who share a protected characteristic. Increased compliance with the Armed Forces Covenant Duty is expected to have a positive

		impact for individuals in the Armed Forces Community.
<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

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date	28 January 2026
Report Title:	Chief Social Work Officer Report		
Agenda Item No:	10.2		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board James Ross, Chief Social Work Officer		
Report Author:	Caroline Cherry, Principal Social Work Officer		

Executive Summary

- The purpose of this report is to share with the Integration Joint Board the CSWO report covering the period 2024-25.
- This report was approved by Fife Council People and Communities Scrutiny Committee in November 2025.
- The CSWO provides an annual report which is approved by Fife Council and submitted to the Scottish Government.
- The Principal Social Work Officer will concentrate on activity, risks and priorities for adult and older people social work and social care.

Recommendations

This paper is presented to:		
Seek a Decision	<input type="checkbox"/>	
Provide Assurance	<input checked="" type="checkbox"/>	
For Discussion	<input type="checkbox"/>	
For Noting	<input checked="" 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)

- 1.1 The purpose of this report is to provide an overview and update to Committee on activity across Social Work services during 2024-25 with a clear concentration on adult and older people. The report provides a comprehensive overview of the challenges facing the profession whilst also showcasing the ongoing transformation taking place to respond to challenges, increasing demands as well as policy and legislative changes.
- 1.2 The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work services, not only those provided directly by the Council or from within the integrated Health and Social Care Partnership (HSCP), but also those commissioned or purchased from the voluntary, private and independent sector. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including particular issues such as corporate parenting, child and adult protection and the management of high-risk offenders. There is also an obligation to ensure partnership understanding of the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.
- 1.3 The CSWO provides scrutiny, support and oversight of social care and social work practices in Adults and Older People services but has no direct line management responsibility for staff practices and day to day decision making. This differs within Children and Families and Justice Social Work where they also hold the role of Head of Service. The Principal Social Work Officer has a key role in the interface between the CSWO and social work and social care risks and issues within the HSCP.
- 1.4 The CSWO report was approved at the Fife Council People and Communities Scrutiny Committee and will therefore be presented to the Integration Joint Board for information. The Chief Social Work Officer Report has been posted on the Council website and will be shared with the Chief Social Work Advisor to the Scottish Government.
- 1.5 The full report is attached at Appendix 1.

Assessment (Key Points/Issues and Risks)

2.1 The CSWO report covers the following aspects: -

- Governance & Accountability
- Service Quality & Performance
- Children and Families
- Adult and Older Adult Social Work and Social Care
- Justice Services
- Quality Assurance & development
- Training, Learning & development
- Challenges & improvements

- 2.2 The social work services across Fife provide a comprehensive range of sector leading services aimed at safeguarding the most vulnerable of Fife. The service offer is significant, striving to manage ever increasing complexity at a time of considerable demand. There is evidence of strong partnership working and collaboration to ensure a whole system approach to care and protection within the community. The impact of social work and social care on the lives of our more vulnerable is known through greater assurance, governance and scrutiny arrangements that have been developing because of the role of the Chief Social Work Officer with support from the Principal Social Work Officer. Greater governance over the coming months will support the Local Authority in understanding areas of best practice and areas that require both investment and improvement.
- 2.3 An area of considerable challenge has been ensuring a stable, confident and competent workforce across social care settings and social work services. Whilst staffing stability is improving across Children and Families and Justice Social Work there are challenges within Adults and Older People. Further work is required to engage with the workforce to understand the practice challenges, the impact of risk on staff wellbeing and to ensure that our staff feel supported, valued and invested in. A workforce that is proud of their professional identity is essential in ensuring a caring compassionate and consistent service. The Principal Social Work Officer has undertaken face to face meetings with all social work teams in the last 6 months and will compile a report on the practice issues and concerns for front line social work staff in January 2026.
- 2.4 Inspection arrangements are likely to move towards Public Protection Inspections soon. The report highlights areas of strength across children and adult protection arrangements. Future change is required to align these services, so we can ensure care and protection across the lifespan, families and households.
- 2.5 The demand for services has increased with fixed or reducing budgets. The complexity of individual and family difficulties has increased requiring significant supports. Transformation of services is at different stages resulting in very different social work thresholds for intervention across children and adult social work. Services have agreed priorities to ensure that social work services can meet the future challenges and expectations of our communities.
- 2.6 Adult and Older People Service priorities include:
- The vision for social work and social care for adults and older adults needs reviewed with direct staff engagement.
 - Ensuring that the Mental Health Officer model currently in place can meet demand.
 - Work to ensure both short and long term that we develop plans for adults with complex needs out of area to return to Fife wherever possible.
 - A clear focus on digital (as part of the development of the HSCP's strategic plan for 2026-2029).
 - Ensure that the bed base for intermediate care, respite and assessment is clear for older adults and that the day service model within adult resources is formally reviewed.
 - Review how we manage risks to those in the community waiting for assessment and services, in effect a community escalation protocol.

- 2.7 Additionally work is progressing on strengthening social work and social care governance for assurance of the CSWO.
- 2.8 Adult and older people social work and social care services have much to be proud of in terms of service delivery over 2024-5 but must be clear on areas of staff engagement, connection and support and areas of transformation given the risk in demand for legislative interventions and social care services.

Related Documents/Appendices

Appendix 1: Chief Social Work Officer Report 2024-2025

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.
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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 checked="" type="checkbox"/>	
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Integration Joint Board (IJB)		<input type="checkbox"/>				
Fife Council						
People & Communities Scrutiny	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Adapted SBAR to concentrate on HSCP delegated services.

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	



**Chief Social Work Officer
Annual Report**

2024 to 2025

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INTRODUCTION

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work services, not only those provided directly by the Council or from within the integrated Health and Social Care Partnership (HSCP), but also those commissioned or purchased from the voluntary and private sector. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including particular issues such as corporate parenting, child and adult protection and the management of high-risk offenders. There is also an obligation to ensure partnership understanding of the key role social work plays in contributing to the achievement of a wide range of national and local outcome.

The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk across the local authority. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value. The purpose of this report is to provide information on the statutory work undertaken on the Council's behalf during the period 1 April 2024 to 31 March 2025.

Whilst social work and social care services experience significant demand on services I am pleased to be able to report the considerable improvements that all sectors have led on to provide sector leading services that are aspirational in transforming the lives of the most vulnerable in Fife. Our workforce are our people, and they make a difference in the hearts of communities daily. This report seeks to provide a window into practice across the sector. A renewed focus on governance and assurance through improved data collection and service user feedback has enabled us to be proud of key areas of practice and allowed us to identify areas for service improvement.

Governance, accountability, and statutory functions

As indicated in the 2023-2024 report, Children and Families and Justice now sit fully within Fife Council and image 1 below demonstrates the structure.

Children, Families and Justice

In 2024 the Children, Families and Justice service moved from the Education to the Communities Directorate. This was a planned move to strengthen relationships with strategic partners across wider welfare-based services. This has supported collective oversight and evaluation of strengths and opportunities for collaborative practice to support similar, vulnerable communities in Fife. In December 2024 it was identified that Children, Families and Justice service was best placed to lead on the implementation of No Wrong Door approach within the Communities Directorate and the implementation of this will begin in July 2025 This system cross- service change will tackle poverty and improve community wellbeing. This structure has enhanced the working practices of Justice Social Work in Fife, supporting holistic and person-centred support for service users and their families.

The Children, Families and Justice service has retained the established strategic and operational relationships with key partners across Fife. The responsibility for the

Children's Services Plan (2023-2024) is held by the continued Fife Children's Partnership (structure chart in image 2), represented by the Children in Fife Group. This partnership binds Fife Council, the voluntary sector, Police Scotland, Scottish Children's Reporter Administration, NHS Fife, and the Health and Social Care Partnership in common purpose. The Children in Fife Group reports to the Fife Partnership. There are four main areas of improvement:

- Health & Wellbeing
- Supporting Families
- Engagement of our Children, Young People and Families
- Equity and Equality

The move into Communities Directorate led to a change in Children, Families and Justice reporting arrangements to elected members. This is being reviewed, and a new scrutiny process will be agreed for the year 2025 -26.

Adult Services

The Adult Service structure has not changed since the 2023-2024 reporting period (and therefore a structure chart is not provided), and all adult and older adult social work and social care registered services sit under the Fife Health and Social Care Partnership governance and delivery framework under the Public Bodies (Joint Working) (Scotland) Act 2014. There are two Heads of Adult Services pertaining to social work and social care with the portfolio of care homes, care at home, adult social work, older adult social work and adult resources services delivered across the 7 localities of Fife within an overall integrated structure. Collaboration with the Independent Sector is key.

There are several key enabling and support services including a Public Engagement and Participation Team, Contracts and Commissioning, Self-Directed Support Team and Community Services (who sit outside social work) but who provide a service for those who needs can be met with community supports, in effect an early intervention community-based service.

In 2024 conversations progressed to consideration of a cross agency public protection management function to better address system wide protection concerns, and this strategic management function will be delivered in 2025-2026 supporting all lead officers with protection functions.

Governance and Accountability Challenges

The CSWO must be assured by the quality and safety of all service delivery. Given the size and scale of services in Fife this creates a challenge.

The Principal Social Work Officer within Adult Services is the key professional assurance link between adult services and the CSWO and there was a gap in this post for much of early 2025 (the postholder did not start until after April 2025).

In 2025, the refreshed governance structure (using the CSWO agreed framework and learning from the inspection on governance and accountability) will be developed to clarify assurance, escalation of risk and oversight.

Workforce Challenges

The vision for workforce in 2025 particularly in social work is that we are better aligned across adults, children and justice to better connect our workforce supports and opportunities. A good example of this is demonstrated in our newly qualified social worker supported first year programme and in 2025 our co-ordinated implementation of Magic Notes after a successful pilot to reduce the administrative burden on all front-line social workers in line with Setting the Bar.

Following evaluation in 2024 a new service structure was developed across Children, Families and Justice social work, creating the capacity to shift the service approach from crisis response to increased early intervention support. While this change process was viewed positively by the workforce, the scale of this did mean that they experienced some disruption as they moved to new teams or roles. To ensure that the workforce is sufficiently supported to deliver this new approach, the Workforce Development Strategy was refreshed in early 2025 and additional funding provided to ensure the service had the capacity to upskill and retain staff. A planner of learning and development activity was developed to support developmental needs, and the impact of this will be reported on in the next CSWO report.

For adults, the better alignment of social work teams for adults and older adults is being reviewed alongside a new Health and Social Care Partnership strategic plan for 2026-2029.

Social work services across Fife continue to be delivered by a workforce with varied levels of experience. While services do not have significant vacancies going into 2025, Fife Council experiences the same issues reported nationally in retaining and recruiting qualified social work staff. In the year 2024-25 there were at times significant staffing absences because of sickness. In social care, the turnover of staff in our internal care homes is an issue that requires further scrutiny.

The widely reported staffing challenges across social work and social care means that the role of the CSWO is more important and ever. There have been many engagement events over the year including walking the floor with staff, staff forums, pride and practice events and engaging the workforce in celebrating World Social Work Day. The workforce is seeking further opportunity to engage with the CSWO and PSWO to share their ideas for the vision of social work and to have their support in ensuring professional identity is recognised within the Local Authority. A key task for the CSWO is to provide an annual timetable of events that recognise the positive impact of social work in communities and families as well as ensuring a strong interface with the workforce.

Image 1: Structure Chat

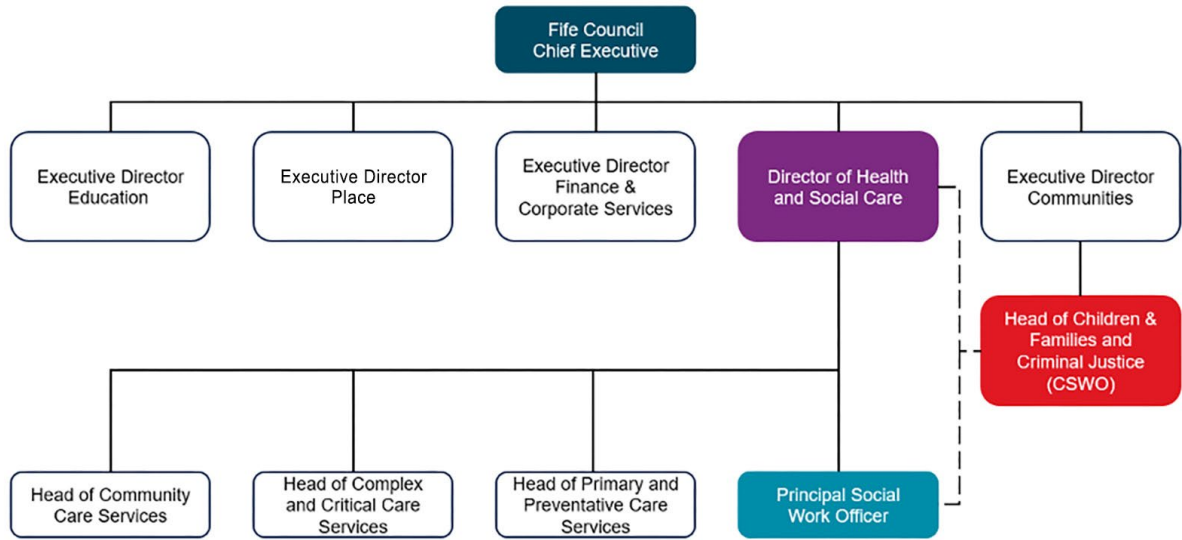
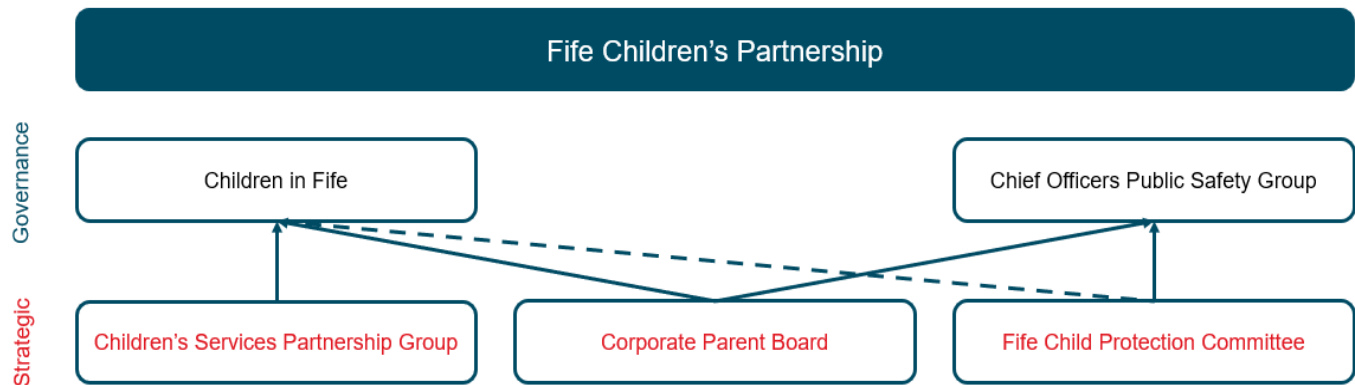


Image 2: Fife Children’s Partnership Structure



Service Quality and Performance

Children and Families

The following pages provide an overview of activity within this reporting period in key areas of practice, including the achievements made and challenges faced.

1. Early Intervention

Achievements:

The Children and Families service continues to hold positive working relationships with partners across the local authority, Police, Health and Social Care Partnership and the Third Sector. The move to the Communities Directorate has enabled the service to become more integrated with wider welfare support services and explore further opportunities for the collaborative delivery of whole family support at the earliest opportunity.

In this reporting period, the progression of planning for the No Wrong Door approach has been a significant achievement, which will transform the way in which early intervention support is provided in Fife. This approach will support all services in Fife including Children and Families, to support household needs collectively, and have only one “front door” to requesting assistance. The assessment of need and support provision should take place in a more co-ordinated and person-centred manner, supporting the implementation of the Promise and Whole Family Wellbeing principles. This transformational change will begin in July 2025, and an evaluation of its impact will be provided in the next CSWO report.

Other service achievements include:

- Delivery of a range of evidence-based interventions to children and families.
- Innovation supported via the Whole Family Wellbeing Fund, with temporary funding provided to enable tests of change in the local area.
- Children and Families re-structure plans progressing to increase resource in the Early Help and Support teams, adding capacity to deliver wider early intervention support including Family Group Decision Making.
- Implementation of multi-agency Practice Development Sessions, supporting increased practitioner awareness of roles, understanding of responsibilities and implementation of the wellbeing pathway.

Challenges:

At a national level, the updated Promise plan 2024 – 2030 noted that while services across Scotland have invested in early intervention supports, there is an ongoing need to strengthen community relationships and collaboration to ensure that service provision is equitable and responsive to the complex needs and challenges that families can experience. This also continues to be an area of ongoing development in Fife where early intervention services have historically been developed or commissioned in separate ways across the Directorates. Research conducted in 2024 (The Together for Change report) heard from people with lived experience, who identified that services are not always available when they are needed most, and that services led by criteria or thresholds for support can be exclusionary for some.

In consideration of this, the Children and Families service is now leading a mapping exercise to better understand the development and commissioning of early intervention support across the local authority, HSCP and Third Sector. An update on this mapping and evaluation will be provided in the next CSWO report.

2. Intensive Family Support and Scaffolding

Achievements:

Fife continues to offer a wide range of intensive family support services offering support to families, which if not addressed timeously could lead to family breakdown. The underlying principle is that children/young people receive support at the right time in the right place.

In the past year the offer of internal intensive services was reviewed and refreshed to respond to emerging gaps in services particularly for children and young people with highly complex needs. Areas of work currently in progress include the development of the following teams:

- Youth Intervention Service (YIS) a team which will work with young people exhibiting high risk behaviour and, in some circumstances, coming into conflict with the law. This approach also responds to the introduction of the Children (Care and Justice) (Scotland) Act 2024. The focus of this team will be to work together in a different way to promote positive outcomes for young people by intervening at an earlier point in their lives.
- Multi Systemic Team Child Abuse and Neglect Adaptation (MST-CAN). This is an adaptation of the MST model designed to treat families where children are at risk of care due to physical abuse and/or neglect. The team will work with the family and professionals to keep children safely at home or to support a rehabilitation plan. It is recognised that working with chronic neglect requires a high level of skill and collaborative approach to maintain children at home.
- Close Support Team - The Emergency Support Team, Close Support Team and Residential Support Team will be streamlined into one Close Support Team to create a flexible and agile workforce that can respond timeously to emerging risk and need. This team will work flexibly with one another to support children and young people, their families and carers when they need it most.

Challenges:

In line with the national context, Fife continues to work with families facing multiple and complex challenges. The Children and Families service continues to work closely with key partners in health, education and police to collaboratively assess risk and work together to improve outcomes for children and young people. A key focus for the partnership is the early identification of the need for intensive family support services, to enable an opportunity to provide whole family scaffolding prior to families experiencing crisis or child protection procedures.

In Fife the current provision of services means that children affected by a disability, particularly children who are neurodiverse, often rely upon intensive support services which are expensive and have limited capacity. In this reporting period the service conducted a mapping exercise to better understand presenting need and available services across Fife. The service will now work with partners to progress a shift away from intensive services, to developing a more diverse

range of supports to enable a more proportionate and sustainable approach moving forward.

3. Looked After Children:

Achievements:

The Belonging to Fife strategy continued to provide the vision and direction for our work with children and their families. The strategy, underpinned by the principles of the Promise and GIRFEC, focused on a strength based and outcome focused approach, supporting children to remain living with their families or within their communities where safe to do so. Over the past 6 years this strategy has supported positive outcomes for looked after children in Fife by:

- Shifting the balance of care, supporting more children to live in community-based placements.
- Reducing the use of High-Cost Residential Placements and supporting children to stay in and remain active members of their community.
- Increasing the use of Kinship Care and developing the scaffolding supports to sustain kinship care in the longer term.

Type of Placement	Number of children in placement type April 2019	Number of children in placement type April 2025
Looked after at home	186	155
Foster Care	484	253
Kinship Care	598	793
Residential care	147	42
Supported Lodgings	22	3
Continuing Care	37	67

The strategy assisted the service to become sector leading by promoting creativity and innovation, moving away from traditional case management practice. This led to the development of:

- Additional residential houses including a solo placement and house for children affected by disability and with complex care needs.
- A House Project, supporting care leavers to sustain permanent tenancies and secure employment and access further education.
- The This is Us support service to parents who had lost their children to permanence care. After successful pilot this service has now been embedded into the core establishment.

- Trialling new engagement support to care experienced young people such as Embrace and Participation and Engagement Officers.
- Developing homes of multiple occupancy for Unaccompanied Asylum-Seeking Children (UASC) transferred to Fife under the National Transfer Scheme (NTS). This provided a more suitable living environment for young people with shared life experiences and created increased capacity in other resources to enable young people to return to Fife.
- A Permanence Lead Officer post to increase oversight of practice in all areas of permanence, and effectively co-ordinating practice and learning activities to address improvement areas.

Challenges:

While the number of children in foster care within Fife is decreasing, the demand for foster placements remains a challenge. This is because there continues to be a notable shortage of carers for older children, siblings, children with additional needs, children with disabilities and short break carers. Fife has been actively involved in the design of the Scottish Government's national recruitment campaign and continues to work with local partners to develop creative recruitment opportunities.

In 2024 Fife experienced an increase in the use of residential care resulting from the unique complex care needs of specific young people. Our service met these challenges with a co-ordinated action plan. This included reviewing the offer from intensive services to scaffold teams to meet the demands of multiple complex risks and needs in the community. One residential house was also re-designed to offer close support and an intensive wraparound of support through a short-term singleton placement option. This improvement work supported a more proportionate use of residential care, however the next year will bring additional challenges for all local authorities due to the increasing cost of care, fewer available placements nationally, and new legislative and policy changes.

Adult Services

Adult social work and social care services are organised as follows within the HSCP structures:

- Complex and critical care-includes adult resources with a range of services including accommodation, day support and outreach services and social work services including locality adult and older adult teams and the MHO function. This also includes the front facing Social Work Contact Centre and Compass (Alcohol and Drugs team).
- Community care-includes care at home, care homes and hospital discharge social work teams.

Key Performance and Legislative Overview

Our data capture of performance is extensive and will not be replicated in full. The participation and engagement team have a wealth of experience and resource in terms of engaging in service change and developments, however systematic understanding of whether outcomes are improving needs greater thought.

Adult performance as an overview suggests that the last two years have seen a substantial increase in the number of calls to the Social Work Contact Centre with 8522 more calls received in 24/25 compared to 23/24. This is an increase of 22%

(38,403 v 46,925). In short demand is growing. About 68% of referrals are allocated as an assessment of need, with the other third working with our community resources, the Wells. The Wells is an embedded community resource model as opposed to solely signposting and this service area is growing for those who do not meet critical need and therefore funded services.

Adult Support and Protection Referrals have risen considerably from 2002-2023 and although numbers peaked at the start of 2024, numbers of referrals remain higher than two years ago which has put significant pressure on front facing teams. Inquiries using powers display the same pattern as referrals.

Inquiries using powers peaked in Quarter 2, decreased in Quarter 3 and climbed again in Quarter 4. This continues to place considerable pressure on teams in terms of time and resources including the number of LSI IRD meetings for care homes which exceeds other LSI IRD demands.

Over the past year, the Adult Support and Protection team supported:

- A focused programme of work on hoarding, including the development of hoarding guidance, the creation of an Interagency Hoarding Clinic to support cross-agency discussions, and awareness-raising campaigns delivered via radio and other media.
- Introduction and review of non-ASP case conference guidance, which enables professionals to come together to discuss and respond to risk in situations where ASP criteria are not met.
- Completion of the Annual Learning Review Thematic Report, identifying key themes and actions for system-wide improvement. Learning themes identified included:
 - 44% drop in Learning Review referrals which included hoarding as a theme this year compared to last year.
 - Importance of effective information sharing during transitions (between services)
 - Adults Non engagement with services
 - Effective inter-professional communication
 - Fire Deaths
 - Increased the numbers of Learning Review referrals
 - The new ASP Strategic Plan for 2025–27 is currently in progress.
 - Enhancement of our established quarterly ASP Interagency Practitioner Forum to promote reflective practice, interagency learning, and continuous improvement.
 - Improvement in transitions

Supporting vulnerable young people, including those transitioning from Children's Services continues to be a priority across all agencies. In response, the team have developed the Vulnerable Young Persons Protocol alongside Child Protection colleagues to provide clearer guidance. The single agency Social Work Guidance was approved and rolled out in November 2024, with the multi-agency version approved in May 2025 before rolling out in July 2025. Future developments and priorities for improvement in the upcoming eighteen months are captured in the

Strategic Improvement Plan, under the four strategic priorities of stakeholder engagement, outcome focused improvements, improving procedures and workforce development.

Mental Health Officers Team continue to experience a steady increase in demand of their workload. Examples of this demand can be demonstrated by the increase in the number of Guardianship orders (below) and in particular emergency detentions which have risen month on month. Data started to be provided on emergency detentions to the CSWO for oversight in November 2024. The model in Fife is a dedicated MHO service (with two teams) with satellite MHOs in locality services. It is recognised that there is insufficient MHO cover and in 2025 the commitment of satellite MHOs will be required to be assessed to ensure sufficient cover.

Mental Health Officers Team	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Trend	Variance to same Qtr last year
	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25		
Guardianship Orders	948	966	978	974	1006	1046	1065	1095	1118	1189	1227	1271		↑ 176
Legal Orders - Average	61	61	68	57	53	58	66	71	69	79	72	61		↓ -10

The dedicated MHO teams continue to offer daily duty systems and education and awareness sessions with all social work and health colleagues. In 2025-vacant posts were changed to create a social worker and two part time social work assistant to carry out assessments of adults within the MHO service to provide a more holistic service. This has been a positive development. Nevertheless, the pressure on the MHO function requires greater scrutiny.

In 2025, the CSWO asked for better oversight of the implementation of Adults with Incapacity given the growing number of Guardianships referrals, and as such an oversight group was established which is developing both performance measures, audit and an overview of training.

The role of social work within hospital discharge is key and the pace of demand increased from 2024. The hospital discharge social work teams have developed strategic priorities for 2025-2026 and key to development will be ensuring the guiding principles of discharge without delay are embedded and clarifying the interface with community teams.

A key challenge is to improve performance in relation to the delivery of adult carer support plans from within the HSCP, delivered in a mixed model from staff within the HSCP and staff with carers organisations. The delivery model was reviewed in 2024-2025 and the provision of funding for ten social work assistants was made available. Strengthening the interface between social work and unpaid carers services will be a key feature in 2025 within the Carers Strategy Group.

The provision of independent advocacy is contained within the HSCP advocacy strategy for 2023-2026. In 2024, the commissioning team commissioned a new advocacy service. This was a significant piece of work conducted during April 2024 to September 2024 when the new contract commenced. Fife Advocacy Forum works in partnership with Fife Health and Social Care Partnership to support delivery of the Advocacy Strategy 2023 – 2026.

Operationally, all our front facing adult and older adult social work teams are under great pressure, but all have excellent links with key partners and their focus on outcomes for service users and their families is consistent with their social work values. Adult services have focused on those with most complex needs, on the Dynamic Support Register and have worked with partners to effect positive moves which can be life changing. There are challenges with suitable accommodation for those with most complex needs.

Appropriate Adults

Self-evaluation following the Care Inspectorate template indicates a need to develop clearer governance, recruitment and oversight of this function. This will be a development area in 2025.

Lived Experience examples

Self-Directed Support has a dedicated team in Fife and has been working on understanding the experiences of those in receipt of support. The survey has been distributed to over 1200 individuals in receipt of support over the age of 18 years. It is hoped this will help us understand the SDS customer experience in Fife. The comments and suggestions will be used to inform our new SDS training for staff. The training will include a mandatory e-learning module for all staff across the authority who are involved in all aspects of self-directed support as well as a face-to-face module for assessing practitioners which will focus on the legal duties, the good conversation and how best we can support individuals and their families to meet their identified personal outcomes.

The Fife BSL plan for 2024-2030 was signed off in 2024 and this involved extensive involvement of BSL users in the development of the action plan.

The dementia strategy group has been benchmarking plans against the national dementia strategy and as such engagement will take place in 2025-26 on the experiences of people with dementia and their carers accessing and experiencing services which will assist with priorities for the local action plan.

Unpaid Carers

Considerable engagement took place in 2024-2025 in terms of the key deliverables of the Carers Strategy which runs from 2023 - 2026. This work has been ongoing since 2022, involved many unpaid carers and has involved the establishment of the Fife Carers Forum and Fife Carers Provider Forum. The focus of this work was to ensure that the voice of unpaid carers is embedded not just within the carer's strategy but also wider strategic developments and service changes.

Audit

In March 2025, Fife Social Work Service undertook a comprehensive case file audit to evaluate the quality of adult social work practice and case recording across key service areas. A total of 230 cases were sampled, covering a range of service areas including locality teams, hospital discharge, transitions, and Adult Support & Protection. A mixed-methods approach was adopted, combining detailed file reviews, multidisciplinary team (MDT) discussions, and direct feedback from adults and carers.

Examples of good practice were:

- Positive relationships: Many adults and carers described feeling listened to, supported, and respected by social workers.
- Effective multi-agency working: In some cases, co-location and regular MDT meetings supported timely, collaborative responses.
- Good practice examples: Evidence of person-centred planning, appropriate use of legislation, and clear risk analysis was noted in several cases. Some assessments and reviews demonstrated collaborative planning and effective documentation of service user and carer views.

Key improvement themes are carer identification and support, service user and family involvement in care planning, and the quality of case recording. Full results and recommendations are outlined in the audit report, with feedback sessions to take place. Social Work will be developing a clearer shorter audit programme to be more focused for example around the quality of supervision practice.

Strategic Developments

Overall, the new strategic plan for the HSCP will be developed through 2025-2026 and will build on the themes of home first and locality models of delivery alongside greater integration where positive outcomes can be demonstrated. Developments of the closer alignment of adult social work and older adult social work teams has been in consideration but requires to be aligned with locality integrated arrangements as part of the HSCP refreshed strategic plan in 2026.

The social work service for those with alcohol and drug problems, Compass, is on a positive journey of integration with NHS colleagues and this will continue.

Registered Services

Care Homes and Housing

Fife Council has a commitment to replace care homes for older people and a replacement build for the care home in Cupar is well underway and will be opened in 2026. This build includes housing on site and a day service. In 2025-2026, we expect a clearer developed model of both intermediate care and assessment beds, including a consolidation of such models within a small number of Fife Council homes (linked to the Home First strategy). A further replacement care home is also planned in Northeast Fife. There has been a focus in 2024-25 on developing a quality improvement and involvement Plan, ensuring regular reviews and stakeholder feedback drive continuous improvements.

There are well established models of collaboration for care homes in Fife. The Fife Care Home Collaborative (the Collaborative) has continued to thrive as a Partnership of Independent and Third Sector Organisations supported by Fife HSCP and Scottish Care. Throughout 2024 and continuing into 2025, the Collaborative has maintained high levels of participation and engagement, meeting fortnightly to discuss both strategic and operational interests. The work of the Collaborative covers a broad agenda that aligns

to the strategic priorities of the Fife Integration Joint Board. The common purpose and intent of the Collaborative is underpinned by a Terms of Reference and Memorandum of Understanding which were reviewed and updated in 2024 and to coincide with the growth of the Collaborative on the renewal of the Fife Care at Home Framework Contract. A 3-Year strategy supports the work of the Collaborative to ensure that the delivery of strategic intent of local priorities of interest such as Home First, Prevention and Early Intervention, Workforce Strategy, and others are met.

Adult Resources

Adult resources have a diverse and unique portfolio of services. Changes in services, particularly community services (day services) took place during the pandemic and a review in 2024 suggested a refreshed model. The vision and model of care will be developed in 2025, taking into account the changing needs of service users and care models.

A replacement build for the Fife Council respite unit for those with complex needs has been agreed and work will develop in 2025-2026 on the respite model.

Innovative services like Deaf Connections and Shared Lives are also housed within the resources service.

Shared Lives Fife provides family-based care in the homes of carers across Fife to adults with a learning disability, physical disability, mental health or other sensory disabilities. It aims to match carers who are willing to share their homes, lives, experiences and skills with adults who need support to live their lives to the fullest. In Fife we offer long term, short break and day support provision. In 2024-2025 the service provision increased from 93 to 110 individual placements across Fife, with the service being motivated to continue to expand.

A collaborative approach to Supported Living providers will be developed in 2025.

Care at Home

The Fife Care at Home Collaborative (the Collaborative) has continued to thrive as a Partnership of Independent and Third Sector Organisations supported by the Fife HSCP and Scottish Care. Throughout 2024 and continuing into 2025, the Collaborative has maintained high levels of participation and engagement, meeting fortnightly to discuss both strategic and operational interests. The work of the Collaborative covers a broad agenda that aligns to the strategic priorities of the Fife Integration Joint Board. The common purpose and intent of the Collaborative is underpinned by a Terms of Reference and Memorandum of Understanding which were reviewed and updated in 2024 and to coincide with the growth of the Collaborative on the renewal of the Fife Care at Home Framework Contract. A 3-Year strategy supports the work of the Collaborative to ensure that the delivery of strategic intent of local priorities of interest such as Home First, Prevention and Early Intervention, Workforce Strategy, and others are met.

The Fife Council care at home service continues to develop innovations around technology and training for staff. Access to updated shortened care plans for carers on their mobile devices and the role of the assessment function within the service is key.

Identified Challenges

Visibility with Social Work Staff

The HSCP has a clear engagement structure involving senior leaders across the partnership on cross cutting developments, this includes a locality model of engagement. The visibility of senior leadership and understanding of the pressures and challenges of front-line adult social work staff has not been consistent. A social work and social care development programme of sessions will be in place from 2025-2026 for adult, older adult social work, social care, (resources, care homes and care at home), Heads of Service and the Principal Social Work Officer, to develop key development themes, management of risk, with professional developments in social work and social care and communication fed back to the CSWO. The PSWO has been asked to meet all social work teams in 2025 and will provide feedback on challenges, methods of communication on professional issues and the visibility of professional leadership. The CSWO needs to be assured that social work teams have the capacity to deliver statutory functions.

Financial Pressures

Financial pressures are affecting all HSCPs across Scotland. There are programmes of transformation, but it is essential that pressures on social work and social care staff are identified and that staff are supported to identify need, risks and outcomes with adults and their carers. We expect this to be a feature of the next few years. Transforming care with a focus on modernising our assessment and review processes, with a focus on digital first, if at all possible, will be prominent in 2025-26.

Transitions

Transitions of young people to adult services has been evidenced as a key challenge from a number of learning reviews. A system wide transitions group to look at protocols, practice and assurance will be established in 2025 with the CSWO taking the lead.

Governance

As indicated in the report by the Care Inspectorate, arrangements for understanding social work and social care risks can be complicated within an integrated arrangement of services. The PSWO in 2024, developed a professional assurance framework which was approved by the Integration Joint Board. The social work and social care assurance function needs to be refreshed and importantly needs to be understood by front line staff.

Community Risks

Unmet need for those awaiting assessments and for an increase to their care at home package in the community is rising and although there is a protocol developed for care at home escalations for older adults, more formalised work needs to be undertaken on a wider community escalation protocol recognising the risks for adults waiting for an assessment and adults waiting for suitable accommodation. This protocol and guidance will be developed in 2025-26.

Equipment

Long waits for the provision of equipment for particularly older adults in their homes remains a significant pressure, a review of the current model needs advanced in 2025.

Justice

The National strategy, Vision for Justice in Scotland sets out the Scottish Government's transformative vision of the future justice system for Scotland. Fife Justice Social Work produced an Outcome Improvement Plan 2024-27 in May 2024 which encapsulates the key principles of this strategy, alongside the National Strategy for Community Justice. Our local strategy mirrors the five national aims and aligns to the priority actions, allowing us to consider how progress achieved in Fife works towards the wider community justice agenda.

The first priority relates to promoting the use of diversion as an early intervention. This is an area of work which has been a focus over the reporting period and Key Performance Indicators evidence an 89% successful completion rate for Diversion from Prosecution cases. This exceeded our target of 85% for this period. As a Service, a range of tailored programmes have been developed to consider flexible and creative ways of supporting individuals to access support. An example of this is the Road Traffic Safety Programme which was co-produced with colleagues from Safer Communities. This programme provides targeted and consistent intervention, promoting confidence with those within the judiciary that early intervention and diversion from the Court system can be effective and reduce recidivism. Another example is the development of the Healthy Relationships Programme, developed by Social Workers within the Groupwork Team who have extensive experience of working with perpetrators of domestic abuse, however acknowledging that an early intervention programme would be beneficial for those who are perhaps evidencing early indicators of controlling and/or abusive behaviour. This programme is delivered as part of diversionary work, however, can also be delivered to those who are subject to statutory supervision, who self-identify or are assessed as potentially facing challenges within intimate relationships.

A significant development in our work with care experienced young people in the Justice System is the creation of NexTURN for this service user group. Research into internal provision evidence a high prevalence of care experienced young people within the Justice Service and it was acknowledged anecdotally by workers that there was a significant gap in confidence, self-esteem and living skills for this group of young people. NexTURN focuses on these areas incorporating a range of physical activity to engage young people, whilst raising themes such as employability, living skills and education to support young people to explore opportunities often unknown or unachievable due to their circumstances. During the reporting period, over 12 young people had engaged with NexTURN and this project continues to grow.

The second national priority which aligns to our service delivery model is the promotion of community-based interventions. During the reporting period, successful completions of Enhanced Bail Supervision in Fife was 89% evidencing the pro-active and welfare orientated work undertaken by practitioners in this service. In Fife, all individuals appearing from custody are assessed for bail supervision, with anyone not suitable, immediately signposted to SACRO Navigation Service. This ensures that all individuals who wish to be supported, are provided with an opportunity to engage at an acute time of need/crisis. This pre-sentence support also promotes compliance with Court processes such as report writing, increasingly the likelihood of the Sheriff accessing the

appropriate information to inform sentencing in a timely manner. In addition to this, also reduces likelihood of remand, which impacts on the prison population crisis. The support and development of report writing within the Service is an area of focus with regular report writing training, facilitated by experienced practitioners and enforcement of 'peer checking' of any reports prior to submission to Court. Investment in this area is reflected positively with 68% of reports where a Community Payback Order was recommended by the report writer, was imposed by the Sheriff.

One area of practice which requires further development is the immediacy of Unpaid Work starting within seven working days. This result has decreased from the previous reporting year (46%-30%) and with a full review of Unpaid Work ongoing, the data supports exploration of this process and consideration of alternative approaches to support service users commencing unpaid work without delay. In contrast to this, service users being seen within one working day, promoting immediacy after Court appearance, increased 3% to 71% evidencing the Service's priority in engaging those where a community-based disposal is imposed, at the earliest opportunity, promoting engagement and compliance.

The provision of robust, high quality, trauma informed services is the third priority action which we would determine as an area of strength within Fife Justice Service. With the development and promotion of various initiatives relating to a trauma informed approach, our commitment to this has matured further during this reporting period. With 139 staff members trained to Trauma Enhanced level 3, confidence and understanding regarding people's circumstances and experiences, which was evidenced through a recent trauma audit project undertaken within the Women's Justice Team. This approach has also been applied to the delivery of our Unpaid Work Service, creating person-centred opportunities for those who face barriers to engaging with standard unpaid work activities. This provides a wider range of options for those where Unpaid Work may have not been a community-based disposal available previously.

Priority four details the importance of partnership working and promoting connections across Community Justice partners. An example of this practice in Fife is the development of the Liberation Meeting in response to the emergency release of short-term prisoners. This model involved multi-agency discussions of all individuals released early under the emergency legislation and ensured that partner agencies were aware of the release and support pro-active engagement wherever possible. In relation to promoting awareness, the Service continues to engage with partner agencies and the wider community via social media platforms. This exposure has been beneficial in many ways, raising the profile of the work undertaken in Justice Social Work and dispelling misconceptions. Engagement with external agencies has created opportunities and connections which supports benchmarking and sharing positive practice across the country and beyond.

The final priority details the importance of service user engagement and involvement. As Justice Social Work is an involuntary service, it is more crucial than ever that service user's views on the services they receive are gathered and considered. Despite individuals being subject to mandatory interventions, the ethos of choice and participation is strongly supported throughout the Service. In February 2025, a group of thirteen service users volunteered to meet with Care Inspectorate inspectors and share their own experiences of receiving a service from Fife Justice Service. The feedback from this visit was positive and aligned with the feedback provided by practitioners,

evidencing transparency and positive working environments. This validation exercise was beneficial to the Service and has supported development and growth in a number of areas.

The delivery of high-quality interventions is part of both the National Strategy for Community Justice and Fife's Justice Outcome Improvement Plan. During 24-25, a review of Unpaid Work services commenced, led by a strategy detailing the importance of reducing barriers to engagement, robust assessment of those made subject to unpaid work and promoting employability options to those who evidence skills, attitudes and values during unpaid work which could be utilised in other ways. The development of a UPW Hub for Fife is underway, with a vision of delivering unpaid work services from a single location and utilising transport to connect with service users in their local communities. The UPW Hub will also accommodate equipment and activities which will support the development of lifelong skills and in some instances, completion of certifications. We will support service users to enhance skills/confidence/learning which they may not have had an opportunity to do so previously, reducing the stigma and supporting growth, with the ultimate goal of reducing re-offending.

Overall, the main challenge faced by the Service throughout 24-25 was the recording system limitations and the impact this then had on recording of data and quality assurance. With system issues continuing from 2023-24 reporting period, the challenge of analysing performance become increasingly frustrating, especially due to the lack of support from the system provider. With senior management focused on supporting staff to undertake day to day tasks, the resource to re-establish reporting functions was not readily available. We have worked hard with other local authorities and internally to support adoption of the system operationally, whilst also considering solutions to capturing key data and ensuring reporting requirements to the Scottish Government were fulfilled. During the period, this has had to be undertaken manually which placed significant pressure on key staff members. We are confident, moving forward, that performance, data reports and quality assurance measures will be available in the upcoming reporting year, which will be a significant improvement for the Service.

Resources

Children and Families

Children and Families continue to operate within budget. Robust financial management using date to predict future need is enabling the service to respond to significant demand and provide care for almost all children and young people within the Local Authority. The main challenges within the Children and Families service continue to be managing the increasing demand and ensuring the workforce resource is aligned and sufficiently skilled to respond to need.

Through a process of self-evaluation, the service identified several key change plans to take place throughout 2025/26. In working with key partners in the Communities Directorate and Third Sector, these plans could lead to more efficient delivery of services and possible savings. These include:

- Exploring a more integrated support approach for adolescents with Communities and Justice.
- Reviewing the continued need for ringfenced provision of legal support to the service.
- Reviewing the use of taxi services for looked after children and developing more sustainable approaches.
- Reviewing the establishment and management needs across the Communities Directorate following the introduction of the integrated No Wrong Door approach.
- Reducing the budget for commissioned services to be proportionate to need in alignment with the new Children and Families structure and No Wrong Door approach.
- Transformational change in the delivery of residential care in Fife.

The service re-structure planning identified the need to shift the Children and Families establishment and structure, deploying more workforce resource to early intervention and practical support posts as vacancies arose across the service. This approach supported better alignment of resource to meet service priorities within the existing budget and led to some efficiencies overall with minimal impact on the remaining workforce.

Inspections throughout our residential houses in 2024 – 2025 saw improved grades, recognising the delivery of trauma informed and therapeutic care. The service has been able to reduce the number of children placed in houses together to provide an intensive and high quality of care. However, this approach has seen an increase in the average cost of an internal residential placement, and reduced capacity to care for children in our internal resources. The sustainability of this approach is being explored in the transformational review of this aspect of the service.

In the next year the service anticipates a range of new budgetary pressures because of possible legislative changes. This includes the responsibility for managing the cost of secure care placements and transport without ongoing government support, supporting the right to breaks for all carers and increased support for care leavers.

Adults

HSCP Social Work and Social Care budget pressures featured heavily throughout 2024-2025 within Fife Health and Social Care Partnership in terms of a worsening financial situation from 2023-2024. Service demand is outstripping available resource and there remains high pressure to support discharge from hospital with services in the community whether care at home or long-term care and balancing risks in the community. There is considerable pressure to recruit and retain adult social care professionals with significant pressures because of vacancies.

In 2024–25, the Health and Social Care Partnership (HSCP) faced a significant financial overspend of £34.017m. This was primarily driven by sustained demand across key service areas including prescribing, hospital and long-term care, and adult social care services such as care at home, care homes, and adult placements. The overspend reflects the growing complexity of care needs, particularly among older adults, and the increasing costs associated with delivering high-quality, person-centred care.

To address these financial challenges, the Integration Joint Board (IJB) approved a savings plan targeting £39.033m. By year-end, 52% of these savings were successfully delivered, demonstrating a commitment to financial recovery and service efficiency. These savings were achieved through a combination of service redesign, vacancy management, and targeted cost reductions. The remaining savings have been rolled forward and are embedded in the 2025–26 budget planning process. A specific saving in relation to limiting respite was advanced in 2024 and this oversight will continue in 2025, noting the potential implications of the Care Reform (Scotland) Act.

Areas of Ongoing Pressure

Despite progress, several areas continue to exert financial pressure. These go across health, social work and social care and include prescribing costs: rising volumes and prices remain a concern, although oversight mechanisms are in place; workforce challenges: recruitment difficulties, especially in mental health and specialist roles, have led to increased reliance on locum and agency staff, driving up costs and the cost-of-living impact. The ageing population and increasing complexity of care needs continue to drive demand for care at home and residential services. These pressures are expected to persist into 2025–26, requiring ongoing monitoring and responsive planning.

Areas of Transformation

To ensure long-term sustainability, the HSCP is progressing several transformational initiatives:

- **Transforming Care:** Redesigning care pathways to promote independence.
- **Business Administration and Digital:** Streamlining administrative processes and investing in digital solutions to improve efficiency.
- **Home First:** Prioritising community-based care and early intervention.
- **Community Rehabilitation and Care:** Enhancing rehabilitation services to support recovery in the community.

These programmes are tracked through weekly progress meetings and are central to achieving the £29.424 million savings required in 2025–26.

In terms of positive transformation, Fife co-ordinated a highly successful multi-agency single handed care initiative including use of external care at home services as well as Fife Council. This was a focus on transformation and real partnership that delivered service change and efficiencies of staff rather than a sole focus on efficiencies. Feedback from service users was highly positive.

The eligibility criteria for Fife Council for adult services, was reviewed with a small life working group, an EQUIA and associated engagement leading to the Supporting People Framework being approved by Fife Council in January 2025, with the associated Carers Support Framework being approved by the Integration Joint Board a few months later. Both documents more clearly lay out the framework by which decisions are made but need further work to embed and communicate them publicly in 2025-2026.

While transformation and savings are essential, there is a risk of service impact and associated risks if financial pressures are not adequately managed. Reduced staffing levels, increased waiting times, and limited-service availability could affect outcomes for

vulnerable people. It is therefore critical that financial recovery is balanced with a commitment to quality, equity, and person-centred care. Professional leadership is embedded into any vacancy consideration and service redesign process.

A community escalation process was put in place for service users at risk of their situation deteriorating whilst they wait for a care at home service, however it is essential that we extend this to community escalation guidance for those waiting for an assessment (numbers are growing) and those waiting for a long-term care placement in the community. This will be a key piece of work in 2025-2026.

Transforming care will be enhanced in 2025-2026 to include a greater focus on digital and service redesign as well as on-going reviews of care in the community. Interface with providers on changing models of care is essential.

Justice

Budgetary pressures from a Justice Social Work perspective, have improved since the last CSWO report. The anticipated budget figure being provided in December 2024, confirming that COVID consequential funding was being baselined for future years. This allowed for workforce planning to take place ahead of the budget allocation for 2025-26 and provide permanent contracts for staff members who had remained on temporary contracts since 2020. Despite the service not being significantly impacted by turnover of staff in the initial years, there had been concerns that staff members subject to COVID Consequential funding were starting to explore vacancies elsewhere due to the uncertainty attached to the funding. With the confirmation of funding provided in early 2025, 20 members of staff were provided with permanent contracts as a result.

Additional funding was provided as part of this budget to build capacity within justice social work services. The decision to baseline recovery and bail funding was also welcomed to support service provision and sustainability in this area, ensuring we can continue to assess all individuals appearing from custody for Enhanced Supervised Bail. The focus on the potential release of short term and long-term prisoners continues to be in scope for the Scottish Government, therefore ensuring access to relevant funding to resource demand is essential to service delivery and to manage any significant increase in workload for those providing throughcare services.

In terms of service challenges, the complexity of cases being held by justice social workers has been acknowledged over the reporting period. Those with additional needs leaving prison and the requirement to liaise with colleagues within health and social care partnership has increased. As a response to this increase, a short life working group was established to create a protocol for practitioners across Justice and Adults/Older People Social Work to undertake a multi-agency discussion at the earliest opportunity to proactively identify complex cases as soon as possible to support a planned transition into the community. There has been a particular challenge around the release of older people with convictions of a sexual nature, with care homes assessing them as unsuitable due to the perceived risk by the individual. Again, to increase the knowledge of staff within care establishments, visits have been carried out to provide input in the function of MAPPA alongside the monitoring and management involved with registered sex offenders. It is hoped this will increase the offering of appropriate care facilities for those who require this upon release.

Workforce

Strategic Workforce Planning

Adult Social Work and Social Care are part of the HSCP workforce plan. From 2025, there is no longer a requirement to submit a 3-year strategy with short- and medium-term plans, instead HSCP's will develop the plans at a local level. An interim 1-Year Workforce Plan using Annex A from the guidance for 2025-26 was submitted by 17 March 2025.

Fife Council Care at Home service initiated a review of social care staffing scheduling to enhance working patterns offering greater flexibility for the workforce, thereby increasing capacity in accordance with the Health, Care Staffing Act (Scotland) 2019 requirements. A review of the operating model for older adult care homes is planned which will include an evaluation of the staffing structure to build resilience in response to high demand.

Key staffing and workforce issues-Recruitment and Retention

In adult social care and social work, there are challenges to recruitment across all localities, however the most challenging is Northeast Fife, partly because of its location, the cost of property and the lack of transport infrastructure because there is no rail service.

Job role wise, for adult social care, following changes in 2023, specifically the immigration rules impacting on Health and Social Care visas, people holding a Health and Social Care visa for social care roles being unable to bring dependents to the UK has created disparity in the system as these rules only apply to social care and have the potential to make social care careers less attractive as a result, thus compounding existing workforce challenges in the sector. This is felt within Council services but more especially across the Independent Sector.

Formal ways to 'Attract Back' in Social Care and Social Work are promoted including:

- A flexible approach to registrable qualifications to enable social care staff to move from children's services to social care without needing to gain two different qualifications.
- Introduction of return to practice requirements for social workers who have been out of practice and off the SSSC Register for more than two years.

We would see attracting young people into roles a key strength in Fife. A programme of improvement for care apprenticeships for care assistants and home carers started in January 2025. The programme now includes a choice of access to higher national certificate or vocational qualifications to support academic and career progression. Previously apprenticeships were advertised as single positions, with limited success in both attraction and retention introducing a 'campaign' recruitment model with significant social media exposure and direct links to employability websites including Opportunities Fife, we have increased applications by 80%. Progress on this programme will be reported in the 2025/26 report. The HSCP / Care Academy career events continue to be popular with events held in November 2024 and March 2025, with Fife Council, Third and Independent sector employers attending representing Social Care and Social Work careers. We continue to promote with employers and sector leads the value in gathering conversions to employment where possible. Having the events regularly is a benefit to employers who promote the services and showcase talent pipelines to the public. There

are several successful employability programmes in Fife including the Life Chances Alternative Recruitment Framework. It seeks to enable services / employers to provide a paid 13-week placement to a person on the employability pathway. There was one successful recruitment to care in 2024-25 with the expansion of this in 25-26 to 28 places.

All services engaged with local schools to attract young individuals to careers in health, social work and social care, additionally, we ensure our presence at career events to promote opportunities. We continue to collaborate with our anchor institutions to develop clear access pathways and leverage alternative recruitment programmes, such as the Fife Council Life Chances Alternative Recruitment model and the King's Trust Get into Health and Social Care programme. Justice Social Work have also provided PowerPoint presentations to high schools throughout Fife, raising the profile of the profession within the Advance Higher Modern Studies Module 'Law and Order'. This has been well received by teachers and pupils, sparking an interest in an area of social work, relatively unknown to the wider community.

Over the last two years, Senior Practitioners from Justice Social Work provided inputs to University of Stirling, Edinburgh, Dundee and Robert Gordon University. This provides students completing the social work degree with an overview of the profession through a practitioner's lens. It provides a platform for the good work taking place in the service to be shared with prospective employees, establishing recruitment pathways. Fife Justice Social Work have also actively recruited several social work students who undertook their final social work placement within the service, providing both the employer and employee with the opportunity to explore whether a career in Justice Social Work suited to them.

Within Justice Social Work, there continues to be an emphasis on shared decision making through the facilitation of practitioner groups. These groups allow work-based issues to be highlighted and addressed, providing a forum for the wider Service to contribute to.

As part of the children and families service re-design, a workforce survey was completed to inform planning around workforce development. This survey identified:

- 63% of respondents have 5 years or more experience, demonstrating that Fife Council has a good ability to support and retain experienced practitioners.
- The age range of the workforce is balanced, with 40% of respondents aged 39 years or younger, demonstrating good capacity for sustainable service delivery and succession planning.
- While supervision was viewed as supportive and covered a range of key areas, only 67% of respondents received this every 4 week in line with service standards.
- 40% of respondents did not have experience of delivering groupwork, an important area of practice in the service's new model which commenced on the 21st of April 2025. Respondents shared a wish for further learning and development activity focused on a range of areas including multi-agency meeting chairing skills; groupwork facilitation; report writing skills; leadership and management and dealing with conflict.

In the past year Children and Families, Justice and Adult social work services have worked closely with colleagues in the Workforce Development to develop and implement a new support approach for Newly Qualified Social Workers Supported Year. Temporary funding was used to create a post in lead on this work in the Workforce Development Service. Fife Council has received positive feedback from the SSSC about the high

quality of evidence produced and support provided in the first year of implementation. This temporary post has been extended until March 2026 to enable all service to transition the approach into practice as usual.

Wellbeing

Fife Council Attendance Support Unit assists services in addressing challenges, removing barriers, and finding solutions to manage absences effectively. The service offers a variety of support services available to employees, including wellbeing support, mental health first aiders, counselling, physiotherapy, and external services and supports. Training for managers and employees on fostering a mentally healthy workplace and managing attendance is provided. We conduct multi-factorial reviews in areas with high absence levels and continue to support our workforce through individual supervision, staff support services, and wellbeing hubs. We widely promote i-Matter and workforce surveys and align responses that influence our Workforce and Wellbeing strategic plans. The Health Promotion Service produce the annual Prevention and Early Intervention Training programme as part of Fife's Health and Social Care Partnership to provide our workforce with the skills and knowledge to improve their health and wellbeing.

The Stress Indicator Survey undertaken in late 2024 by the HSCP provided valuable insight into the workplace pressures currently affecting staff. The survey was issued to those employed by NHS Fife and Fife Council and received 1544 responses.

Key themes emerging include workload demands, incidents of aggression or harassment, and concerns around civility, support, and change. This evidence forms a foundation for targeted actions to prevent and reduce work-related stress and will be integrated into workforce planning. Exit interviews have not been well utilised and following a pilot we intend to focus on potentially targeted approaches in areas of high staff turnover.

To tackle workloads pressures and ensure that practitioner's skills and expertise are fully utilised, the promotion of technology is a priority. In 24 -25 there was the introduction of Near Me technology which enables video calls to take place to HMP Stirling. This has enabled staff to 'keep connected' with service users who are remanded or serving custodial sentences. The technology has promoted relationship-based practice and the benefits of this for both service user and staff can be significant. In Fife, we continue to be creative with the use of Near Me, engaging with partner agencies to utilise the technology to address outstanding issues such as housing and health issues. The use of AI solutions is expected to become a more consistent feature of reducing administrative burdens on staff.

Equality, Diversity and Inclusion

Between April 2024 and March 2025, the Fife Health and Social Care Partnership advanced its commitment to tackling racism and wider discrimination through the implementation of Year 1 of our three-year Equality, Diversity, and Inclusion (EDI) Action Plan. A central principle of the plan is the recognition that while racism remains a critical issue, discrimination is complex and multifaceted. Our approach reflects a broader ambition to systematically address all forms of inequality and bias, whether based on race, disability, gender identity, sexuality, or other protected characteristics through sustainable, structural change.

This ethos has shaped all aspects of our work. The EDI Steering Group was restructured to include inclusive, cross-portfolio representation at senior levels, ensuring that diverse perspectives inform decision-making and increase accountability. Campaigns throughout the year focused on hidden inequalities, such as non-visible disabilities and LGBTQI+ inclusion, based directly on staff feedback, with the extension of the NHS Fife LGBT+ Network to all FHSCP staff creating safer, more visible spaces for peer support and advocacy.

Recognising that lived experience must drive change, our staff-led Partnership Equality Network (PEN) launched the first Neurodiversity Natter event. This provided a vital platform for neurodivergent colleagues to share experiences and generate recommendations 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.

In the Children, Families and Justice service the re-structure provides the structural support to create the conditions required for value-based practice. The senior leadership team is working hard to remove the perceived barriers for the workforce, encouraging creative and person-centred approaches which are rooted in trauma informed practice, a non-stigmatizing and relationship-based approach across the whole system. This supports the service to further embed the principles of the Promise, Whole Family Wellbeing and Vision for Justice in Scotland.

Taken together, these measures demonstrate our active commitment to addressing racism within a wider framework that acknowledges the interconnected nature of discrimination and our resolve to foster a culture where every individual feels safe, respected, and able to thrive.

We were awarded a 'Bronze Level Pathfinder' award in 2024 for our EDI work in the Partnership and aim to achieve Silver in 2025.

Training and Development

Fife Social Work Service supported 7 Social Work Assistants to complete their qualification in Social Work over the past 12 months. This was a competitive process, with workers across services provided with the opportunity to complete the degree pathway, supported by the local authority, undertaking placements within different areas of social work, ensuring the best possible learning experience for the staff members. The most recent cohort completed the social work degree course at Robert Gordon University, with the expectation that this investment provides the service with a future staff group who are experienced and motivated to embark in a social work career in Fife.

For existing staff, the annual offering of Post Qualifying Awards continues to be a priority for the service, supporting the service wide training plan , the range of Post Qualifying Awards supports staff to attain additional qualifications in their area of practice, such as Child Protection Certificate or Mental Health Officer Award, or a qualification which supports the development of the future workforce through the Practice Educator Award. (Adults)

To enable the service to respond effectively to identified training needs, Children and Families received an additional £400,000 from the whole family wellbeing fund for additional learning and developmental activity. A planner of activity has been created and the impact of this will be reported in the next CSWO report.

Children and Families continue to work closely with the Workforce Development Service to support wider learning. This includes the post ringfenced to support multi agency learning activity identified by the Child Protection Committee, and a temporary post ringfenced to support multi agency whole family wellbeing learning and development.

Within the HSCP, the cross-service systems leadership programme includes formal workshops and informal lunchtime sessions to deliver an Action Learning Set format set to run throughout 2025. There is a full suite of training and workshops in relation to Adult Support and Protection which evaluates very positively. Adult and Older People Social Work Service introduced a one protected learning day per month to support frontline staff to maintain compliance with mandatory training and ensure opportunity to expand learning and development in relevant areas of practice. These protected learning days have seen mandatory compliance increase to approximately 75%. It is essential that this learning time is prioritised amid operational challenges.

There is a dedicated stand-alone training section in care at home but consistent training within internal care homes needs to be refreshed.

As detailed within Fife Justice Social work Improvement Plan, there is a commitment to workforce training, planning and development, including the annual Service Training Plan. This sets out expectations and opportunities for staff in various roles across the Service to support continuous professional development and consider other areas of work which they would wish to progress. As of the 31 March 2025, 77% of staff members were trained, with feedback from staff detailing the positive impact this specialised training has provided when working with service users. The training plan is developed in conjunction with front-line staff, actively encouraging contributions, especially relating to training which is required due to emerging practice or considerations for the workforce.

Looking Forward

The year ahead provides us the opportunity to progress at pace with exciting service transformation through strategic planning and capital investment. I am excited and energised about the scale of possible change through the 'No Wrong Door' programme that will allow system transformation to support the most vulnerable through localised multi agency working. The scale of the proposed change across Children and Families showcases innovation and sector leading practices and the Unpaid Work Hub in Justice creates endless opportunities for all. We know that there will be challenges, but as a professional we work with challenge daily and we meet challenge with innovation and optimism with a passion for change.

A key area of priority over 2025-2026 is to ensure a high level of visibility of senior leadership across the workforce. Our leaders are key to understanding the workforce pressures and demands as well as learning about the successes staff achieve daily. The CSWO must have greater visibility and the role better understood which can only be achieved through a structured programme of connectedness with staff. A shared vision

for the workforce that are underpinned by social work values is key to aspiring staff and ensuring that the unique skills and knowledge of the profession are recognised and understood by all of our partners. A stable workforce ensures continuity of care and support to the most vulnerable people in Fife.

Changing the Public Protection structures and re-aligning leads across all protection functions will be a structural change that requires our attention in 2025-2026 as a cross-sector leadership team. An effective protection service working across all areas allows us to ensure that we keep everyone safe and develop more robust practice and guidance across in key areas of transitions, domestic violence, substance misuse and mental health. We know poverty is often at the heart of risk and therefore the ability to further embed prevention and early intervention services within services such as Children and Families and Justice is essential. This service is underpinned by a revised 3-year strategy. We do however need to aspire for this investment within adults social work services.

Developing the use of data to demonstrate impact and change is key, we need to know what is working well and where areas of concern, risk and improvement are. Whilst we have seen considerable improvement in this area a new care and practice scrutiny group chaired by the CSWO is to be implemented so that oversight is enhanced by the CSWO across all aspects of the social work and social care profession in Fife.

The policy, regulatory and legislative landscape is changing and moving at pace across social work and social care, and we must find a way to ensure that staff remain connected and engaged with a focus on social work values. As indicated the Professional Social Work Officer will engage with social work and social care staff and look to review our arrangements in 2025 based on that feedback.

We anticipate that significant budget and resource challenges will be remain for adult services placing pressure on staff and services whilst we try to mitigate risks to service users and carers. Expansion of the appropriate use of digital will continue to be essential across all social work and social care and the appropriate best use of capital assets and clearer models of intermediate care beds and resources will be a priority for 25-26. There are capital developments for adults and young people with complex needs that need to ensure we move people who are out of area back to Fife if possible and make best use of the resources we have both buildings, staff and finances.

Assuring that we can deliver on statutory functions is key and part of this will include a review of the MHO function, capacity and oversight.

As Chief Social Work Officer, I would like to thank all social work and social care staff for the work they carry out daily to care, support and protect children, young people, adults and families across the communities of Fife. We know that our profession gains access to people and their families at the most vulnerable time of their lives and it is our professional values of empathy, care, dignity and promotion of rights that provides person centred empathic support when needed the most.



Meeting:	Integration Joint Board	Date:	28 January 2026
Report Title:	Social Work Adult Support and Protection Annual Report 2024/25		
Agenda Item No:	10.3		
Responsible Owner:	Lynne Garvey, Director, HSCP & Chief Officer, Integration Joint Board Caroline Cherry, Principal Social Work Officer		
Report Authors:	Astrid Jentas/Ronan Burke, Data Analyst/Adult Support and Protection Co-ordinator.		

Executive Summary

Referral Increase

Adult Support Protection (ASP) referrals rose by **26%** (5,580 reports for 3,173 individuals), with no increase in staffing, highlighting growing demand and pressure on resources.

Workforce Competence

100% of social workers completed Council Officer training within their first year, ensuring strong ASP practice capability.

Managerial Oversight

98% of Initial Referral Discussions (IRD) and **100%** of investigations demonstrated clear managerial governance, supporting defensible decision-making.

Improved Use of Chronologies

Inclusion of chronologies in inquiries increased to **96%** (up from 80%), aiding risk assessment and case clarity.

Quality Investigations & Planning

- **88%** of investigations involved all relevant parties.
- **93%** of protection plans were current and aligned with inquiry findings.
- **90%** of reports showed actions to manage risk.

Positive Outcomes for Adults

- **73%** of cases showed improved circumstances due to ASP involvement.
- Multi-agency collaboration and adult engagement were key success factors.

Commitment to Learning & Development

Ongoing audits, monthly ASP manager meetings, bespoke training (e.g., Hoarding, Protection Orders), and LAS system enhancements support continuous improvement.

Future Training & Workforce Development

- Dedicated ASP training officer appointed; training suite expanding.
- Monthly **7-minute briefings** to keep staff updated on trends and policy.

System & Data Improvements

Protected funding for Liquid Logic (LAS recording system) support role to improve recording consistency and enable robust performance monitoring, including IRDs, case conferences, Large Scale Investigations (LSIs), and advocacy offer.

Focus Areas for 2026

- Review IRD timescales for effectiveness.
- Enhance advocacy recording (target: 100% offer).
- Strengthen service user feedback mechanisms.
- Complete thematic learning reviews and LSI biennial plan.

Recommendations

This paper is presented to:

Seek a Decision

Provide Assurance

For Discussion

For Noting

Directions

No Direction Required

Fife Council

NHS Fife

Situation/Background (Purpose of Report)

The Adult Support and Protection (Scotland) Act (ASPA) was passed by the Scottish Parliament in February 2007. The Act places a duty on councils to make inquiries about an individual's wellbeing, property or financial affairs where the council knows or believes that the person is an adult at risk and that it may need to intervene to protect him or her from being harmed.

Social Work Services have a lead role within Adult Support and Protection (ASP) legislation and this SBAR provides a summary and a high-level analysis of social work ASP activity between **1st April 2024 and 31st March 2025**. A lower level of information is illustrated in graphical and tabular format within supporting Appendix 1 to allow for deeper analysis, identification of areas of strength and of improvement actions and future aspirations.

The Fife Adult Support and Protection Committees (ASPC) Strategic Improvement Plan 2025-27 sets out the actions we will take over the next two years (2025-27) to work towards achieving our shared vision to ensure that adults at risk feel safe, supported and protected from harm. These will be measured through an outcome focused performance framework driven forward by the ASPCs Self-Evaluation and Improvement (SE+I) subgroup. The aim of the SE+I subgroup is to continuously evaluate and improve ASP procedures and practice. Over the next two years, we have set a programme of self-evaluation activity alongside a programme of reporting results to ASPC (Appendix 2). This activity will be driven by using internal and external sources available to the group whilst covering various reporting periods ranging from quarterly, biannual, annual, and biennial.

Assessment (Key Points/Issues and Risks)

Using a combination of self-evaluation tools including Performance Data, Single Agency Audits and Inter-agency Audits in addition to ASP Team Manager minutes, ASP Training data and Learning Reviews, the following key points from the reporting year are noted below followed by future planning and improvement actions.

Key Strengths Across 2024/25

Throughout 2024/25 there has been a continued trend in increased ASP referrals with 5,580 reports of harm recorded for 3,173 individuals. The unique count of adults in 2023/24 recorded a total of 2,815 for 4,435 referrals, indicating a 26% increase in referrals. Despite this increasing workload, with no increase in staffing capacity, there is clear evidence of many strengths in our Social Work ASP practice, including:

High Council Officer Training Completion

- 100% of social workers in Fife HSCP completed Council Officer training within their first year of qualification.
- This reflects a strong commitment to competent and confident ASP practice across the workforce.

Strong Managerial Oversight and Governance

- 98% of Inter-agency Referral Discussions (IRDs) and 100% of investigations showed clear evidence of managerial oversight, ensuring accountability and defensible decision-making.

Effective Use of Chronologies

- 96% of inquiries included a chronology, up from 80% in the previous year.
- Chronologies were described as clear, concise, comprehensive, and detailed, aiding risk assessment and decision-making.

Quality Investigations and Protection Planning

- 88% of investigations involved all appropriate parties.
- 83% of adults were spoken to during investigations, supporting empowerment and inclusion.
- 93% of protection plans were up to date and aligned with inquiry findings.
- 90% of Council Officer reports showed actions taken to reduce or manage risk.

Positive Outcomes for Adults

- 73% of cases evidenced an improvement in the individual's circumstances due to ASP involvement.
- 64% showed positive outcomes from social work involvement.
- Feedback highlighted multi-agency working, adult involvement, and clear actions as key contributors to success.

Commitment to Continuous Learning and Improvement

- Active participation in audits (e.g., No Further Action (NFA) IRD, Reclassification, Case Conferences, Large Scale Investigations (LSIs).
- Monthly ASP Team Manager Meetings foster shared learning, policy updates, and practice consistency.
- Use of 7-minute briefings and bespoke training (e.g., Hoarding, Protection Orders, Case Conference Chairing).
- Ongoing development of LiquidLogic (LAS) to improve data recording and analysis.

Future Planning and Improvement Actions

LAS

- Adult and Older People Social Work Services have protected funding to secure an 18-month post to support frontline staff with face-to-face training and support, which will allow us to improve consistency of recording and in turn evidence areas of improvement.

ASP Training

- Inhouse ASP training officer post has been recruited to, with excellent feedback being received thus far. Inhouse access to ASP training suite continues to expand and focus on target areas for learning based on audit activity and frontline Social Worker Feedback.
- Continue to build upon our suite of robust ASP Training and create new material for our workforce based upon practice experience and need.
- Monitor workforce ASP training to ensure our practitioners are fully skilled and equipped to progress ASP practice.

7-minute briefings

- 7-minute briefings will be progressed on a monthly basis, ensuring that practitioners are up to date on new trends, policy, procedures and ASP themes and allowing a suite of 7-minute briefings to be available to new staff.

Social Work ASP Team Managers Meeting

- Continues to be held monthly and to focus on: highlighting and sharing good practice; identifying new trends and themes and ensure we approach these consistently; discussing difficult cases and collectively considering what alternate/additional steps we can take to support; analysis of data; staying abreast of policy change/update; managing learning and improvement plans.

Referrals

- Where reclassifications identify themes in referrals, these will be raised with partner agencies to support mutual understanding of ASP referral threshold and practice improvement.

IRDs

- Time scales relating to IRDs have not been consistently met. IRD timescales will be reviewed to establish if the current timescales are optimal in ensuring best outcomes for the people we work with. We will do this by identifying the key reasons timescales are not met (consulting with the workforce), reviewing a sample of IRDs out with timescale and the impact on the ASP journey, analysing the benefit of timescale extension and the potential consequences of this.

Investigations

- Continuation of working group and regular meetings between ASP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LAS system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations. This will allow us to continue to focus our learning and target improvement areas. This will also allow us to monitor and review our compliance in the offer of advocacy and take improvement action where required.
- Continue to extend the inclusion of second officers from across services.

ASP Case Conferences

- Concise guidance sheet for use by team managers to be created relating to which information to record about case conferences. This can be used to ensure consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LAS discussions. This

should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting. Q1 2024/25 captured through MS Forms.

- Ways to enable the consistent and accurate recording and extraction of case conferences on the new LAS case recording system will be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring.

Outcomes

- Actions will be taken to further promote the capture of service user/Power of Attorney (POA)/proxy feedback on ASP process. This will include the embedding of our feedback questionnaire, contact with adults/POA/proxy during audit activity to ensure they have a variety of opportunities to engage and share their experiences.

Advocacy

- Improve recording of advocacy being offered, aiming to achieve the offer of advocacy for 100% of adults who experience ASP journeys.

LSIs

- Ways to enable the consistent and accurate recording and extraction of LSIs on LAS are being considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring. This will improve our ability to identify themes, trends and occurrences within individual settings or services.
- Continued awareness and embedding of the use of Community LSI procedure with an audit activity relating to outcomes and effectiveness.
- LSI Biennial Learning Plan will be supported and brought to conclusion.

Learning Reviews

- Thematic Learning Review 2024 learning plan will be supported and brought to conclusion.

Social Work Services ASP Procedures

- Will continually be reviewed and monitored with addendums as required to ensure practice is continually supported to improve.

Social Work ASP Audit activity

- Inter-agency annual audit
- NFA IRD
- Reclassification

Related Documents/Appendices

Appendix 1 - Social Work Adult Support and Protection Annual Report 2024/25

Appendix 2 - Self-evaluation and Improvement Sub-group - Performance Framework 2025-27

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"/>	
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Abbreviations provided with explanation
Integration Joint Board (IJB)		<input type="checkbox"/>				
Fife Council						
People & Communities Scrutiny	<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 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	

Appendix 1

Social Work Adult Support and Protection Annual Report 2024/25

**Report Author: Astrid Jentas and Danielle Archibald
Report Date: 23rd September 2025**

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GLOSSARY	
ASP	Adult Support and Protection
ASPC	Adult Support and Protection Committee
ASPP	Adult Support and Protection Plan
HSCP	Health and Social Care Partnership
IRD	Inter-agency Referral Discussion
LAS	LiquidLogic Adults System (Case Management)
LSI	Large Scale Investigation
MHCTA	Mental Health (Care and Treatment) (Scotland) Act 2003
MHO	Mental Health Officer
NFA	No further action
NHS	National Health Service
OPG	Office of the Public Guardian
POA	Power of Attorney
QMAG	Quality Measurement Action Group
SAS	Scottish Ambulance Service
SLWG	Short Life Working Group
SW	Social Work
SWCC	Social Work Contact Centre
SWS	Social Work Service

Introduction

The Adult Support and Protection (Scotland) Act was passed by the Scottish Parliament in February 2007. The Act places a duty on councils to make inquiries about an individual's wellbeing, property or financial affairs where the council knows or believes that the person is an adult at risk and that it may need to intervene to protect him or her from being harmed.

This is commonly known as the three-point criteria.

Definition of adult at risk (the 3-point criteria):

The Act defines 'adults at risk' as individuals, aged 16 years or over, who:

1. are unable to safeguard their own well-being, property, rights or other interests;
2. are at risk of harm; and
3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

(Source: [Adult Support and Protection \(Scotland\) Act Codes of Practice 2022](#))

Social Work Services have a lead role within Adult Support and Protection legislation and this report provides a summary and analysis of social work ASP activity between **1st April 2024 and 31st March 2025**. Information is illustrated in graphical and tabular format with supporting analysis, identification of areas of strength and of improvement actions and future aspirations.

Throughout 2024/25 there has been a continued trend in increased ASP referrals with 5580 reports of harm recorded for 3173 individuals. The unique count of adults in 2023/24 recorded a total of 2815 for 4435 referrals, indicating a 26% increase in referrals. Despite this increasing workload, with no increase in staffing capacity, there is clear evidence of many strengths in our Social Work ASP practice, including:

1. High Council Officer Training Completion

- **100%** of social workers in Fife HSCP completed Council Officer training within their first year of qualification.
- This reflects a strong commitment to **competent and confident ASP practice** across the workforce.

2. Strong Managerial Oversight and Governance

- **98%** of IRDs and **100%** of investigations showed clear evidence of **managerial oversight**, ensuring accountability and defensible decision-making.

3. Effective Use of Chronologies

- **96%** of inquiries included a chronology, up from 80% in the previous year.
- Chronologies were described as **clear, concise, comprehensive, and detailed**, aiding risk assessment and decision-making.

4. Quality Investigations and Protection Planning

- **88%** of investigations involved all appropriate parties.
- **83%** of adults were spoken to during investigations, supporting **empowerment and inclusion**.
- **93%** of protection plans were up to date and aligned with inquiry findings.
- **90%** of Council Officer reports showed actions taken to reduce or manage risk.

5. Positive Outcomes for Adults

- **73%** of cases evidenced an improvement in the individual's circumstances due to ASP involvement.
- **64%** showed positive outcomes from social work involvement.
- Feedback highlighted **multi-agency working, adult involvement, and clear actions** as key contributors to success.

6. Commitment to Continuous Learning and Improvement

- Active participation in audits (e.g., NFA IRD, Reclassification, Case Conferences, LSIs).

- Monthly **ASP Team Manager Meetings** foster shared learning, policy updates, and practice consistency.
- Use of **7-minute briefings** and bespoke training (e.g., Hoarding, Protection Orders, Case Conference Chairing).
- Ongoing development of **LiquidLogic (LAS)** to improve data recording and analysis

The Social Work Role in ASP

All adults at risk of harm have the right to be safe and protected. The [Adult Support and Protection \(Scotland\) Act 2007](#) is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by:

- disability
- mental disorder
- illness
- physical or mental infirmity

The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

Fife HSCP Social Work Services have lead responsibility for responding and co-ordinating all adult support and protection activity. Social Work practitioners are required to understand and adhere to their legal duties under the Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2014, revised 2022) and are required to be fully trained Council Officers.

These duties include:

- to make inquiries without powers if we know or believe that a person is an adult at risk of harm and that social work might need to intervene under the Act or otherwise to protect the person's wellbeing, property or financial affairs (Section 4). Inquiries without powers conclude at IRD and are undertaken or supervised by Council Officers.
- undertake inquiries with powers (inquiries that progress beyond IRD to investigation), involving Council Officers who have certain powers under the Act (Sections 7-10).
- make visits, with right of entry, for the purpose of conducting interviews and arranging medical examinations (sections 7, 8, 9 & 36 - 40).
- If, following inquiries a Council Officer determines that action is required, the Council can apply to the Sheriff for a Protection Order. The range of Protection Orders include:
 - Assessment Orders (which may be to carry out an interview or medical examination of a person).
 - Removal Orders (removal of an adult at risk) and

- Banning Orders or temporary banning orders (banning of the person causing, or likely to cause, the harm from being in a specified place) (Sections 11-22).
- protect property owned or controlled by an adult who is removed from a place under a Removal Order (Section 18).

Council Officers

The Adult Support and Protection Act identifies that the duty to progress adult support and protection inquiries with powers (beyond IRD), following conclusion of initial inquiries, must be progressed by a suitably qualified council officer. In Fife, all initial inquiries without powers are progressed by qualified social workers, though not all will have completed their Council Officer Training. A council officer is defined as an individual appointed by a council under Section 64 of the [Local Government \(Scotland\) Act 1973](#). The individual must be:

- registered in the part of the SSSC register maintained in respect of social workers or social service workers or is the subject of an equivalent registration; or
- registered as an occupational therapist in the register maintained under article 5(1) (establishment and maintenance of register) of the Health Professions Order 2001; or
- is a nurse; and
- the person has at least 12 months' post qualifying experience of identifying, assessing and managing adults at risk.

In Fife the duties of the Council Officer are progressed by social work practitioners only. Where a second person is required to assist with investigation, this person can be appointed from across any partner service.

At present we can confirm that all social workers in the HSCP have completed their Council Officer training by their first year of qualifying as a social worker. This is an outstanding achievement for our Social Work Service and evidences our frontline workforce commitment to confident and competent practice in ASP and the mutual understanding of the priority of ASP responsibilities across our service. We currently have 96 fully qualified and active Council Officers across our SWCC, MHO Team, Locality Teams and Compass. Council Officers within the SWCC take forward inquiries without powers. If it is established that inquiries with powers are required, the inquiry is progressed by the Locality Social Work Teams, MHO Team and within Compass. This means that there are approximately 90 Council Officers who actively take forward the full duties under ASP legislation. Our MHO Team have extended their ASP activity from inquiries only and now progress the full range of ASP duties under the act. This action has been taken in cognisance of the increasing demand of ASP activity on locality teams.

The workforce report to observing and experiencing significant increase and pressure in relation to ASP activity and the data available across 2024/25 aligns with this feedback. Adult Support and Protection activity is a statutory duty and prioritised within our business continuity plans. The current data indicates a significant increase in ASP activity over the past year, with no increase in staffing capacity to progress this. This demand and capacity will be monitored and reported on going forward, with risks and mitigations identified as appropriate.

Fife Hospital Discharge Social Work Team and Shared Lives Fife Team do not progress ASP duties out with the identification and reporting of harm. There is potential for discussion in relation to this as all members of the teams are qualified Council Officers.

Liquidlogic (LAS)

In April 2023 Fife HSCP introduced a new Social Work management information system, Liquidlogic. Whilst this is an excellent step forward and offers an abundance of opportunities relating to our recording and analysis, it has come with its challenges including data migration, training, embedding of new processes and a transition period for workers. This had an impact on recording practices and the ability to collect data across 2023/24. We continue to work on and develop use of this recording tool to aid the quality of our data, however it should remain of note that there remain some areas where our data has been impacted.

ASP Training Suite

Fife Social Work Service have access to an extensive range of Adult Support and Protection Training, supported by Fife HSCP Workforce Development and the Adult Support and Protection Committee. The training suite ensures regular opportunities for Council Officer Training to be progressed, as well as Council Officer Refresher Courses and Advanced Practitioner Council Officer Training. Council Officers can also access Chairing the Adult Case Conference and Across the Acts Training.

A number of important and bespoke training developments have been included in the 2024/25 training suite including:

- Hoarding Interventions
- Vulnerable Young Persons
- Professional Curiosity
- Self-Neglect and Non-Engagement

All of which have been identified as important learning areas for the social work service and all of which have seen maximum attendance.

The following training is also being introduced in 2025/2026:

- Protection Orders
- Large Scale Investigations
- Disguised Compliance
- Second/ Supporting Officer

Fife Social Work Service remains committed to prioritising ASP Training across the workforce throughout 2025/26, with a current lens on our eLearning opportunities, which focus on Undue Pressure, Professional Curiosity and Substance use and ASP. We aim to ensure our full workforce have completed these modules throughout 2024/25.

7-Minute Briefings

Historically 7-minute briefings have been used by the Adult Support and Protection Committee to encourage continuous learning and maintain a skilled workforce where work pressures mean it can be difficult to attend as many face to face training opportunities as practitioners would like. The 7-minute briefing is a quick and simple way to share learning on a range of protection topics and has been reintroduced to our social work services as a key route to ensure our workforce remain abreast of all new themes and trends in Adult Support and Protection practice.

Following the identification of a new trend, theme, policy or procedure in relation to ASP practice our Team Managers take responsibility for designing and developing the content of 7-minute briefings. These briefings are then shared across our service with a request that they are discussed in Team Meetings and key learning points agreed, with a return to the ASP lead Service Manager to acknowledge the work that has been undertaken. Throughout 2024/25 we can confirm that all social work teams have completed the following 7-minute briefings:

- Personality Disorders
- Dementia in prisons
- Case Recording
- National CP Guidance
- Non ASP Case Conference Protocol
- Young Vulnerable Persons Protocol
- Capacity Pathway
- Remember my name
- Non engagement

Our programme of 7 minute briefings will continue across 2025/26.

ASP Team Managers Meetings

Fife Adult Support and Protection Team Manager Meetings have been in existence for 7 years. Initially a bimonthly meeting of all Social Work Team Managers, this meeting has extended its participation in recent years to include Team Managers from Care at Home Service, Adult Resources, Shared Lives Fife and Compass, and has increased to a monthly frequency.

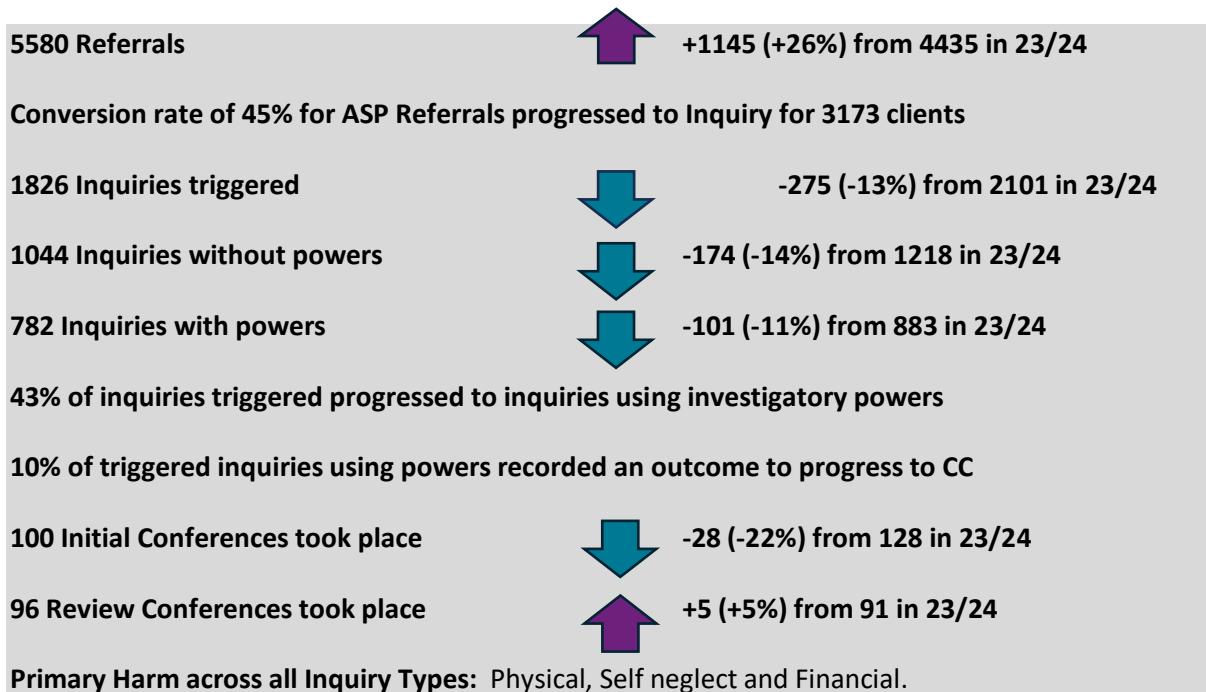
The purpose of this meeting is to:

- Review and analyse social work ASP data, identifying themes and trends and resultant improvement actions.
- A two-way route of communication with the ASPC and associated working groups to ensure consistent information is shared relating to ASP policy or procedural changes, new or changed trends and themes, new or changed risks and learning.
- To raise awareness of good practice.
- To discuss challenging circumstances and possibilities.
- Invite speakers to raise awareness of particular areas of practice e.g., National CP changes, Office of Public Guardian.
- To monitor learning and identify new learning needs.
- Ensure consistent application of guidance and practice.
- To ensure we understand the role of the ASPC and are connected.

There have been 10 ASP Team manager meetings throughout 2024/25, all of which have been well attended, with a wealth of contribution from all members creating a positive environment for continuous learning and improvement within our ASP practice.

Headline Statistics

Data for the period 1st April 2024 to 31st March 2025 shows the following:



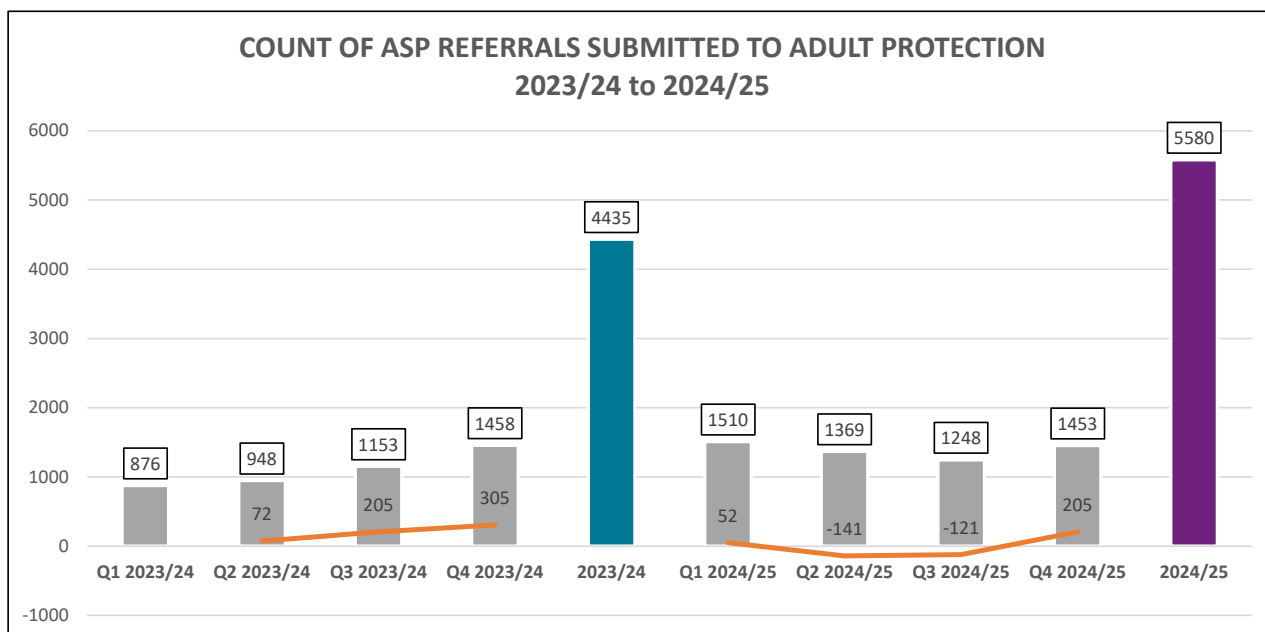
ASP Referrals

(Source LAS)

While social work has the lead role in Adult Support and Protection, effective intervention is only achieved as a result of inter-agency working. Section 5(3) of the ASP Act places a duty

on public bodies to identify and report harm. ASP Referrals are received into the SWCC as Reports of Harm from partner agencies, other social work services, family/friends or self-referrals. In Fife, we have an Adult Support and Protection phone line and any calls made to this line are recorded and progressed as Adult Protection Referrals until they are fully screened.

In 2024/25 there were 5580 ASP referrals in Fife. This is an increase of 26% when compared to 2023/24 (up from 4,435 to 5580). The movement from year to year is displayed by the plotted line in the below chart.



As noted above, the social work workforce has observed an increase in ASP activity across the year and the data available supports a significant increase in ASP work during 2024/25 in comparison to the previous four years and a continued trend of increase with no increased workforce capacity.

It is important to note that an adult can be referred multiple times by different agencies for the same incident or the same individual can be referred but for separate incidents. During 2024/25, the 5580 referrals recorded related to 3,173 adults.

There are a number of hypotheses pertaining to the increase in ASP referrals across the year, including, but not limited to:

- Current economic challenges facing individuals and communities.
- The impact of the COVID period on people’s resilience and mental health.

- Current challenges facing the social care sector in terms of recruitment and retention, impacting on the availability of resources to support people in the community.
- The impact of Fife ASPC's awareness raising campaigns.
- Collective improvement in our identification and reporting of harm.
- The impact of our single and inter-agency training suite.

None of these hypotheses are conclusive, however they correlate with the observation of our frontline social work service.

Referral Sources

The detail of our referral sources has been extracted from the ASP National Minimum Dataset 2024/25. NHS Acute Services made the highest number of referrals during 2024/25 (16% or 900 of 5580), followed by Police Scotland (15% or 857 of 5580), and Family/Friend (10% or 584 of 5580).

This is a change from 2023/24 where Police were our highest referrer followed by NHS Acute. Nationally Police remain the highest referrers with NHS Acute following. In 2023/34 changes to referral trends included a significant increase in referrals from family and friends and over a 400% increase in self referrals. This has continued into 24/25 with family and friends remaining the third highest referrer. This detail indicates that individuals have a greater understanding of harm and may support the reach of the ASPC communication campaigns. Other agencies evidencing considerable increase in referrals include SAS and Housing. It may also indicate a deterioration of people's health, well-being and ability to safeguard in communities.

Of note is the considerable increase in ASP referrals being received from Care Homes. There was some concern about the low level of ASP referrals from Care Homes in 23/24 and it is positive to see that there has been improvement in this area. This may be as a result of the ongoing, and now permanent work, being progressed by the Adult Support and Protection Lead Officer and the Independent Sector Lead of Scottish Care.

Indicator 1 Table 1: (MINIMUM DATASET extract)	Apr-Mar 2023/24	Apr-Mar 2024/25	Movement
Mental Welfare Commission for Scotland	0	0	0
Care Inspectorate	32	38	6
Healthcare Improvement Scotland	1	1	0
Office of the Public Guardian	0	6	6
Police Scotland	627	857	230
NHS 24	0	3	3
NHS Primary Care	159	193	34
NHS Acute Services	565	900	335
NHS Specialist Drug and Alcohol Services	0	2	2
NHS Community Health Services	0	4	4
Mental Health Services – Hospital and Community	0	14	14
Other health (eg public health, private healthcare, prison healthcare)	21	12	-9
Social Work - Adults (including MHOs)	352	350	-2
Social work - Children and Families	0	2	2
Out of region social work / other (external) local authority	0	47	47
Other local authority service (internal) excluding social work	0	186	186
Scottish Ambulance Service	197	266	69
Scottish Fire and Rescue	106	103	-3
Scottish Prison Service	0	1	1
Care Home	74	309	235
Care at home provider	33	91	58
Housing	276	343	67
Education	14	16	2
Children's Services	0	1	1
Self (adult at risk)	265	456	191
Unpaid carer	0	0	0
Family, friend or neighbour (who is not an unpaid carer)	460	584	124
Other member of the public (not covered by 20 or 21)	0	26	26
Third sector organisation (not covered by the above)	5	65	60
Financial institution	0	5	5
Anonymous	53	37	-16
Other	1195	662	-533
Total	4435	5580	1145

Reclassifications

Reclassification is the term used when referrals are initially screened, and it is identified that either:

- An ASP referral has been received and it is clear that ASP is not the most appropriate legislative framework to support (e.g. the MHCTA may be most appropriate to the needs of the person), or the referral is clearly not ASP (e.g. someone has called the ASP phone line by accident looking for an assessment). In this circumstance the case would be discussed with the referrer and reclassified, with no ASP actions taken.
- A referral for assessment/support indicates that harm has occurred, and the case is reclassified to ASP to allow initial inquiries without powers (IRD) to be progressed.

This process allows the social work service to apply ASP legislation proportionately and as the least restrictive approach. In order to provide assurance of a robust social work approach to reclassification, the first reclassification audit took place on 13th June 2024. The findings of this report positively indicated that:

- 76% of referrers were contacted to discuss reclassification.
- Auditors reported 92% of case notes evidenced clear decision making, justifying the reclassification.
- 76% were supported under alternative legislation
- Auditors agreed that 92% of reclassified referrals were appropriate and in line with ASP legislation.
- 72% did not record a further ASP referral after reclassification within the year period of cases considered.

A short improvement plan was created and this is being actively brought to conclusion, with actions including:

- Continue to improve communication with referrer when considering reclassification. This is underpinned by the fact that within this audit, In 24% of cases the referrer was not contacted to discuss the re-classification.
- Action to improve recording reasons when reclassification progresses, to ensure clear and defensible decision making. This is underpinned by the fact 8% of cases within this audit did not evidence clear defensible decision making for the reclassification
- Continue to discuss reclassifications in ASP TM Meeting to ensure mutually understood thresholds
- Council Officer training to include clear case recording input regarding clear and defensible decision making throughout the ASP journey.

The reclassification audit will be progressed annually as part of a suite of ASP audit activity.

ASP Inquiries

(source LAS)

In alignment with the revised Code of Practice (July 2022), inquiries are recorded as a type.

ASP Inquiries without powers (concluded at IRD)

Where an inquiry begins and concludes with the collation and consideration of relevant materials (an IRD), including consideration of previous records relating to the individual and seeking the views of other agencies and professionals, then this inquiry does not necessarily need to be undertaken by a council officer and is recorded as an inquiry without powers. In Fife, all IRDs are progressed by fully qualified social workers, with the majority progressed by Council Officers. All IRDs are signed off by Team Managers.

We would expect to see a lower number of inquiries without powers progressing than referrals received due to reclassification activity and the use of alternative legislation. As noted above, an audit of reclassification activity has taken place and analysis of this audit activity shows robust actions taken in compliance with the reclassification criteria.

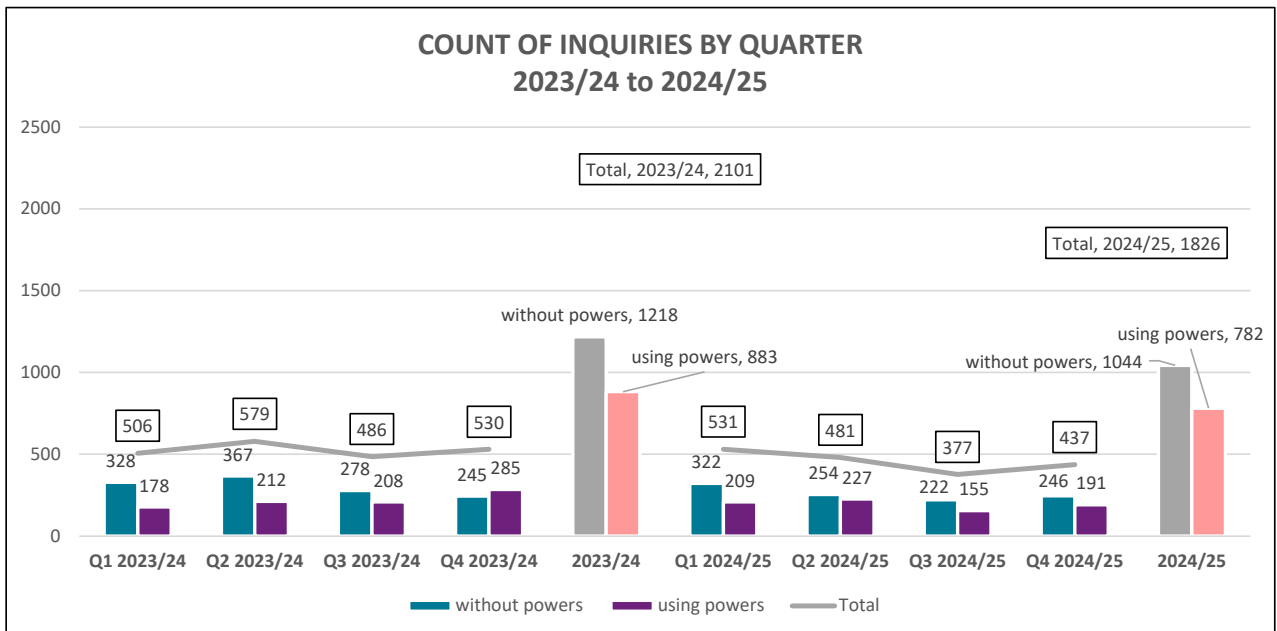
ASP Inquiries with powers

Where an initial inquiry cannot establish that the 3-point criteria was met, then an investigation must be progressed. Where the 3-point criteria is met, an investigation is likely to progress, unless the inquiry identifies that there is another, less restrictive or more proportionate legislation, whereby the ASP activity will cease, and actions will progress via alternative routes. These inquiries are recorded as with powers.

Investigatory powers are required to be progressed by a council officer where there is a need for a visit and direct contact with the adult for interview or medical examination, or for the examination of records (S7-10 Activities).

This chart displays the count of inquiries by type over the last 2 years, broken down by quarter.

- 2024/25 recorded 1826 inquiries with a start date within the reporting period.
- During the reporting year, there were 1044 inquiries relating to 939 adults where investigatory powers were not used. This is a 14% decrease when compared to 2023/24 (-174, 1044-1218).
- During the reporting year, there were 782 inquiries using investigatory powers relating to 723 adults. This is an 11% decrease when compared to 2023/24 (-101, 782-883).
- 2024/25 reports a split of 57% of inquiries without powers and 43% with powers. Minimal movement to the 58% and 42% reported in 2023/24.

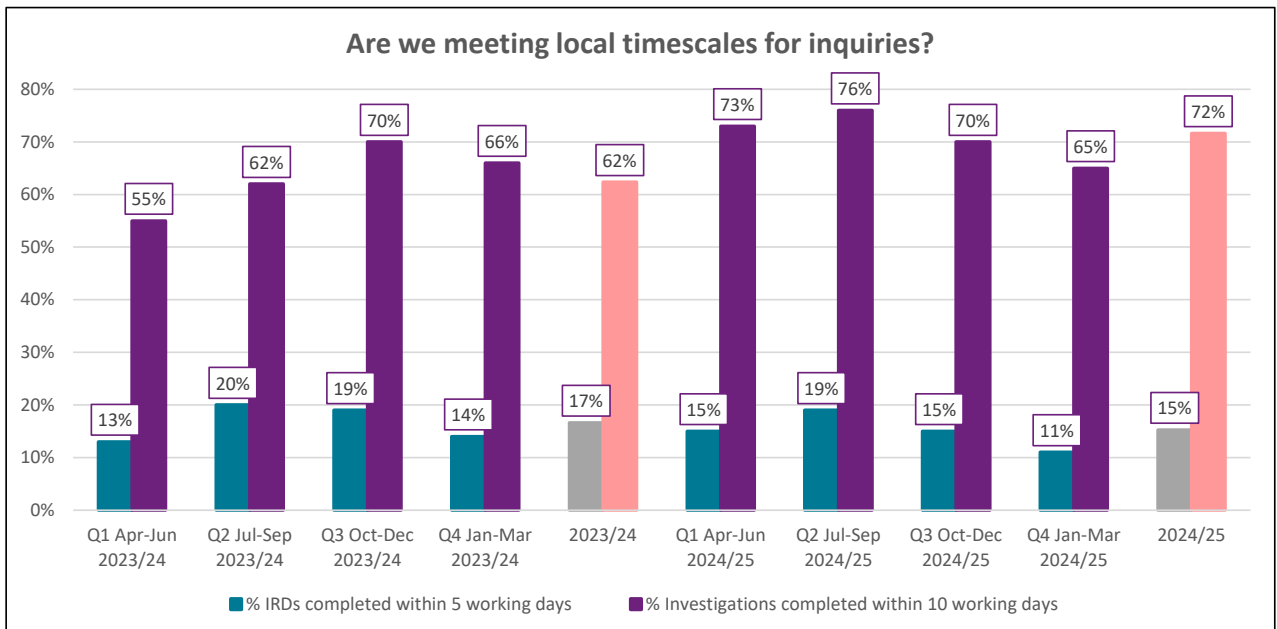


Local Timescales (source LAS)

To report on timescales we return to the terminology of IRD and Investigation and count them as a separate activity. Fife HSCP Social Work Adult Support and Protection Guidance indicates that IRDs should be carried out within 5 days of the report of harm being received. The target in Fife for an Investigation is completion within ten working days from the start date of investigation to the reviewer’s end date. This is a local timescale, rather than a national timescale.

The chart below displays the % of IRDs and Investigations with an inquiry start date and completed date over the last 2 years, broken down by quarter.

- Of the 1826 inquiries that commenced in 2024/25, 15% of IRDs completed were within their target whilst 72% of completed investigations were within their target.
- IRD targets met have fluctuated over the last two years whilst Investigation targets met peaked in Q2 2024/25 before declining over the remainder of 2024/25.
- Timescales are not reported nationally with Local Authorities setting their own internal targets.



This is an indication of the impact of the increasing ASP workload on our social work workforce, alongside considerable recruitment, sickness and retention challenges. For our adults this means that our teams are robustly screening ASP referrals and prioritising based on risk and progressing all required safety actions as soon as they are identified. However, the formal write up of the IRD on Liquidlogic is not being concluded within the 5-day timescale. This matter is discussed with the Social Work Team Managers during our ASP Team Manager Meetings and Team Managers consistently acknowledge the priority of screening and allocation of risk. Reasons for delays are regularly reviewed and include:

- Access to the required information from inter-agency partners
- Complexity of the inquiry
- Workforce capacity

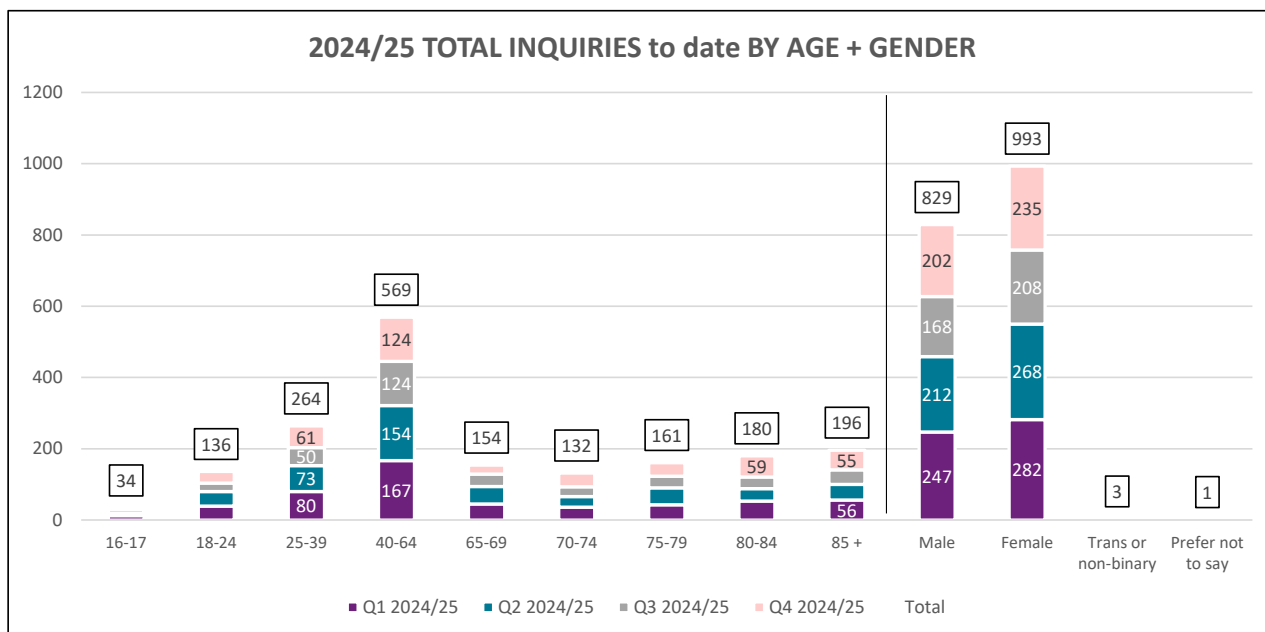
This data evidences the workforce commitment to prioritise investigation activity and practitioners can escalate to Team Managers/Service Managers when there is a risk associated to the investigation not being completed within the timescales. Reasons for delays are regularly monitored and include:

- Suitable date and time to meet the adult/carer/proxy.
- Access to the required information from inter-agency partners
- Complexity of the investigation
- Workforce capacity

Demographic and descriptive data is collected across the population of ASP inquiries triggered in a reporting year.

Age Group and Gender:

Age band 40-64 leads in 2024/25 with a count of 569 (31%) whilst grouping 65+ bandings totals 823 (45%). Females record the majority of inquires with a total of 55% while 45% involved males.



Ethnicity:

2024/25 demographic data records 82% as white for ethnicity, followed by 16% for not known and 1% for Other ethnic groups.

Primary Type of Harm:

When analysing by type of inquiry, those without powers primarily report Physical harm, Self neglect, and Psychological harm whilst inquiries using powers report Financial harm, Self neglect, and Physical harm.

Physical harm is evident across all four quarters for inquiries without powers.

Financial harm and Self neglect are evident across all four quarters for inquiries using powers. During 2023/24, the most notable primary types of harm were financial harm, physical harm and psychological harm, accounting for a total of 55% of inquiries with powers. There is no change in this trend.

Indicator 15a - without powers	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Table 3: (MINIMUM DATASET extract)	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Physical harm	80	64	54	61
Sexual harm	12	7	12	12
Psychological harm	50	31	33	44
Financial harm	40	26	27	23
Neglect	40	39	34	30
Discriminatory harm	0	0	0	0
Self Harm	39	32	20	22
Self neglect	41	45	29	44
Domestic abuse	18	10	12	9
Human trafficking and/or Exploitation	2	0	1	1
Other	0	0	0	0
Total	322	254	222	246

Indicator 15b - using powers	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Table 4: (MINIMUM DATASET extract)	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Physical harm	38	35	26	25
Sexual harm	2	6	4	6
Psychological harm	26	39	25	25
Financial harm	50	46	34	46
Neglect	10	9	11	18
Discriminatory harm	2	1	0	0
Self Harm	26	24	9	8
Self neglect	36	47	30	46
Domestic abuse	18	18	13	15
Human trafficking and/or Exploitation	1	2	3	2
Other	0	0	0	0
Total	209	227	155	191

Indicator 15 - all inquiries	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Table 5: (MINIMUM DATASET extract)	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Physical harm	118	99	80	86
Sexual harm	14	13	16	18
Psychological harm	76	70	58	69
Financial harm	90	72	61	69
Neglect	50	48	45	48
Discriminatory harm	2	1	0	0
Self Harm	65	56	29	30
Self neglect	77	92	59	90
Domestic abuse	36	28	25	24
Human trafficking and/or Exploitation	3	2	4	3
Other	0	0	0	0
Total	531	481	377	437

Social Work Services have observed a significant increase in hoarding as a primary harm type and this will be closely monitored and reviewed across 2024/25 with appropriate learning actions being identified.

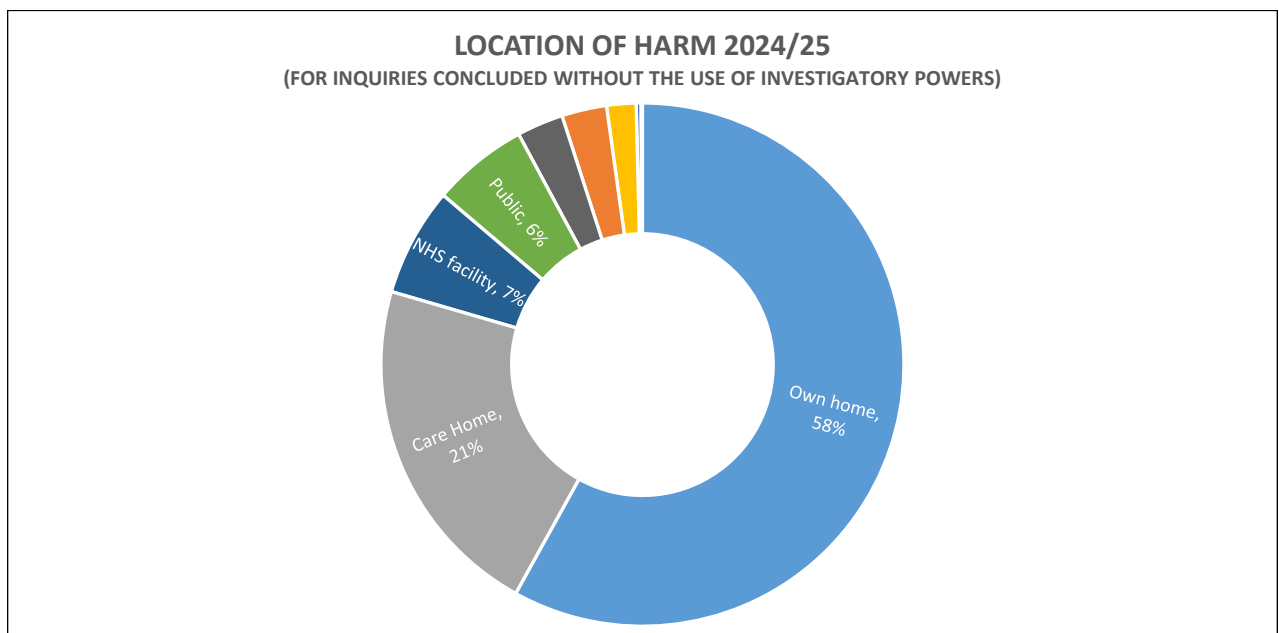
Social Work play a key role within inter-agency hoarding related ASP activity through attendance and participation at the Adult Support and Protection Committee Hoarding and Self-neglect sub-group. The single agency social work Hoarding guidance being updated to support this work in 2025 alongside an updated multi-agency ASP hoarding guidance

Location of Harm

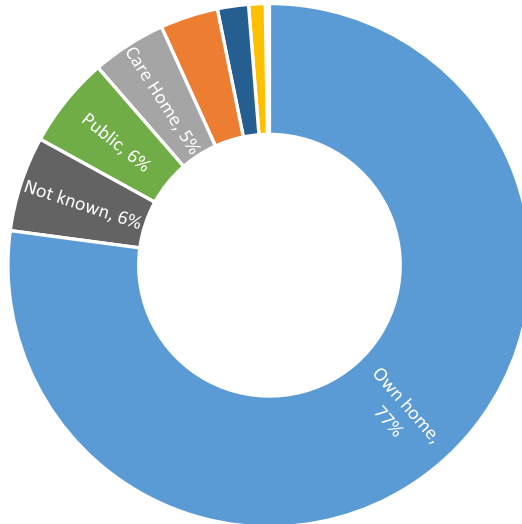
Location of Harm:

When analysing by type of inquiry, those without powers primarily report the location of harm as Own home, followed by Care Home and NHS facility whilst inquiries using powers also report Own home but followed jointly by Not known and Public place.

Of all 1826 inquiries in 2024/25, the location of harm is ranked from 1 to 3 for harm in the Own Home at 66% (1209), harm in a Care Home at 14% (260) and harm in a Public place at 6% (106).



LOCATION OF HARM 2024/25
(FOR INQUIRIES USING INVESTIGATORY POWERS)

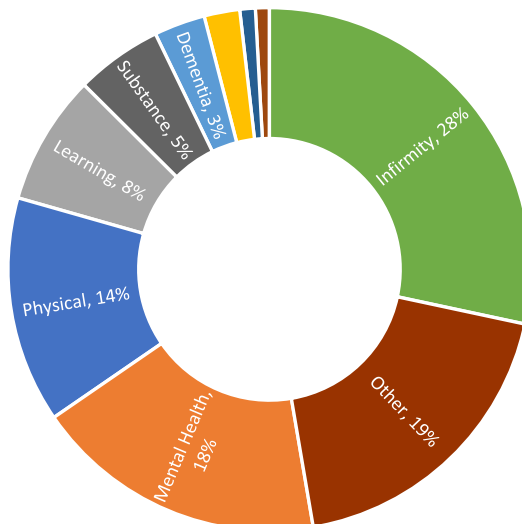


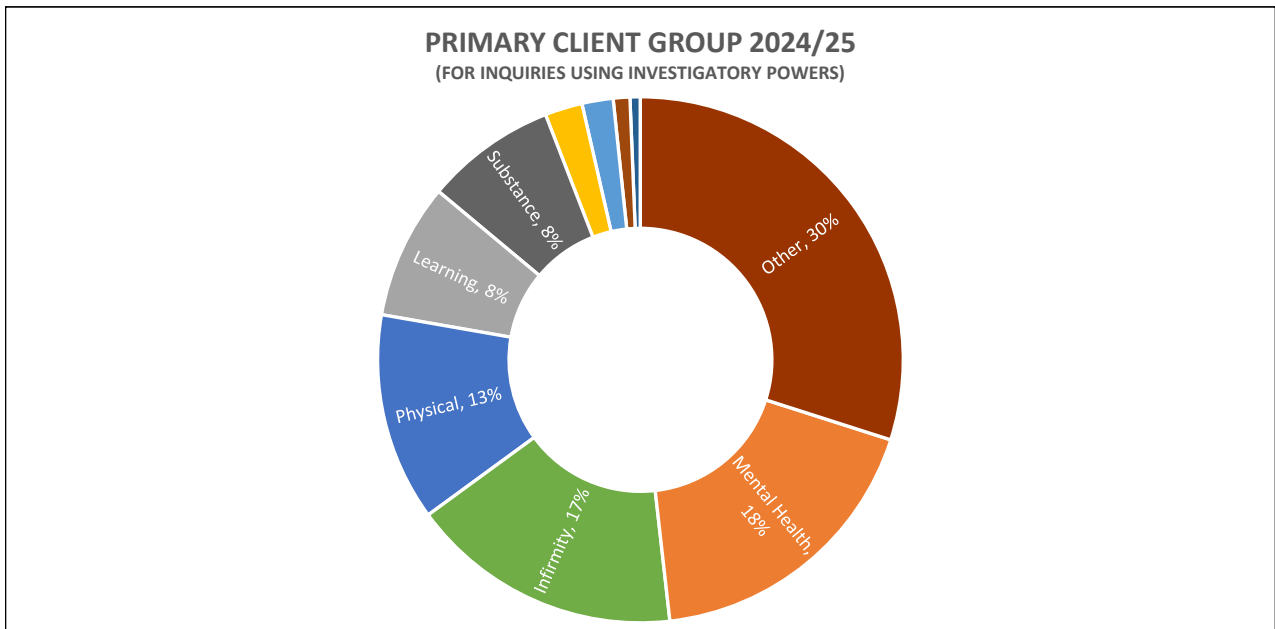
Primary Client Group:

When analysing by type of inquiry, those without powers primarily report Infirmity, followed by Other and Mental Health whilst inquiries using powers report Other followed by Mental Health and Infirmity.

Of all 1826 inquiries in 2024/25, the primary client group is ranked from 1 to 3 for Other at 24% (432), Infirmity at 23% (427) and Mental Health at 18% (332).

PRIMARY CLIENT GROUP 2024/25
(FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS)





Inquiries where no further ASP action is taken (source NFA audit May 2024)

In order to provide assurance of a robust social work approach to inquiries where no further ASP actions were taken, the first NFA IRD audit took place in May 2024. The findings of this report indicate that:

- The 3-point criteria was correctly applied in 82% of IRDs analysed.
- Auditors reported 82% of IRDs evidenced no further action under ASP was required and that this was an appropriate and proportionate outcome.
- Auditors reported 89% of IRDs evidenced clear and ongoing actions following the no further action, evidencing that NFA in relation to IRD did not mean that the adult was unsupported. The sample population recorded a total of 72 remaining involvements with services after the no further action. 35% of cases had ongoing SW involvement.

An improvement plan has been created based on the themes that emerged from the audit and will be managed and reviewed with the ASP Team Managers Meetings and reported on via QMAG. The improvement plan focuses on:

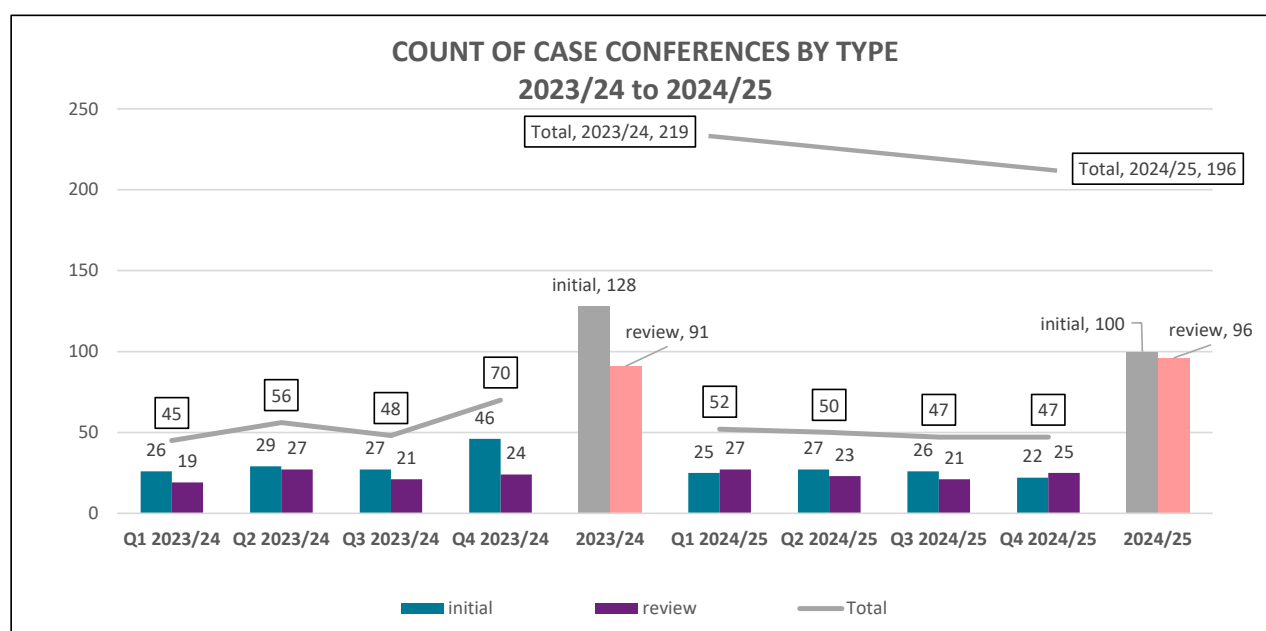
ASP Case Conferences (Source: SW Service)

Where inquiries with powers conclude that the 3-point criteria is met, and it is least restrictive for the adult, an ASP Case Conference can be convened to bring partners together, along with the adult and/or their proxy, to discuss how best to offer support to increase the adults safety within their home/community.

Initial and review case conferences should be as inclusive of multi-agencies as relevant. There is a presumption that the adults themselves will be in attendance (unless it is considered not to be in their interests) or the adult freely chooses not to attend with no undue pressure from others. (Source: ASP national minimum dataset Guidance for recording and submission of data, November 2024).

The below charts provide detail on the quarterly count of case conferences taking place and details on adults and advocates invited and attending.

- A total of 196 Case Conferences were reported in 2024/25, a decrease of 23 compared to 219 in 2023/24.
- 2024/25 reports a split of 51% initials and 49% reviews, a small movement when compared to the split in 2023/24 of 58% for initials and 42% for reviews.
- 2024/25 reports an attendance uptake with 37% of adults invited attending their case conference whilst 72% of advocates invited were in attendance. (2024/25 only)



The quality of decision making, in terms of whether a case progresses to case conference, the quality of the case conferences and the decision making within these are all considered within existing auditing measures. This year bespoke audit activity was progressed in relation to Case Conferences and an Interagency Case Conference Audit took place in May 2025. The key outcomes from the audit were:

- **36% of** case conference minutes were distributed within 10 workings days and a further **36%** were distributed out with the timescale. A balance of **28%** did not evidence distribution.

- **40%** files were rated as sharing information effectively and **20%** noted as shared appropriately, **32%** cases record an auditor rating of paperwork being shared both effectively and appropriately whilst a balance of 8% did not receive a rating on information sharing.
- Overall, the quality of paperwork and minutes rate **96%** as Excellent / Very Good or Good / Adequate.
- 76% of files report an improvement in the individual's circumstances whilst **no cases provide evidence of poor related outcomes.**
- Improvements identified include **'Adult support and protection process delivered improved wellbeing'**.

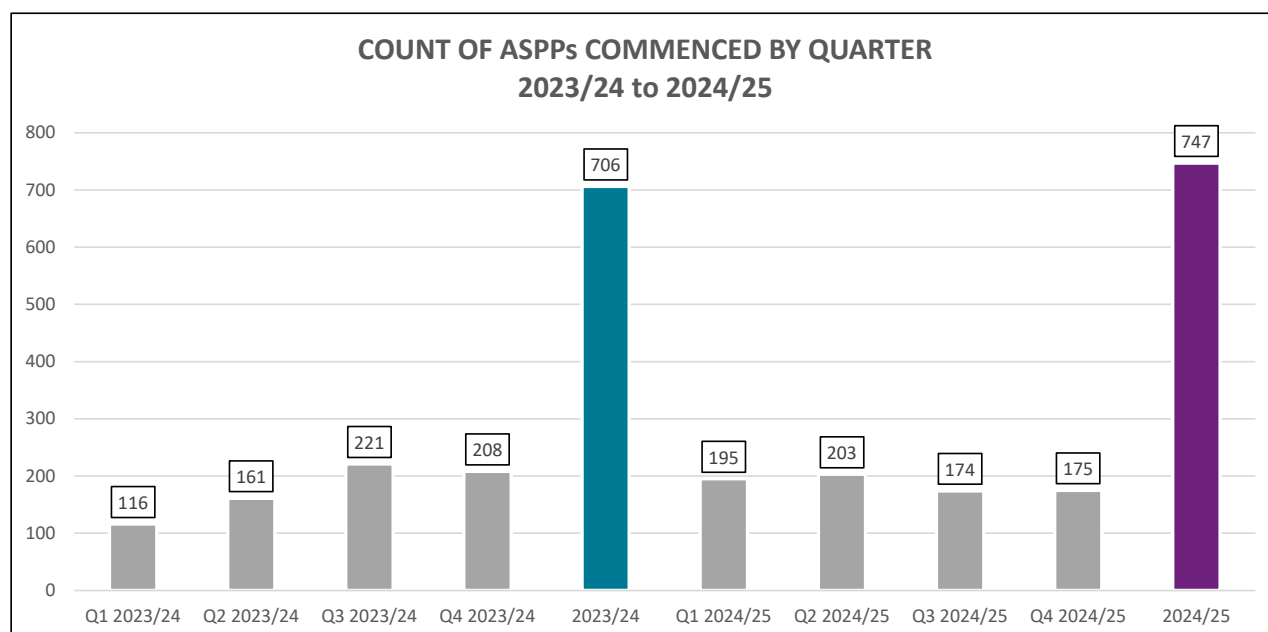
An further addition this the audit calendar 2024/25 was the Non ASP Case Conference Audit, which took place in tandem with the ASP Case Conference audit. The Non ASP Case Conference Guidance was introduced to ensure inter-agency opportunities to meet to discuss, assess and mitigate risk for adults where the three point criteria is not met. Any named agency may plan and convene a case conference to consider the adult's circumstances in a multi-disciplinary way. This agency is known as 'the lead agency'. The Case Conference would normally be scheduled, convened, and chaired by a manager in 'the lead agency', informed through relevant other agencies information and participation and Informed by the attendance and participation of the adult. *(Source: Fife Inter-agency ASP Guidance v4.5 pg58).*

- 11 Non-ASP case conferences took place in the audit period.
- **91%** evidence relevant professionals were invited.
- **73%** adults are recorded as invited.
- Overall, the quality of paperwork and minutes rate **82%** as Excellent / Very Good or Good / Adequate.
- Overall, the quality of ASPPs rate **80%** as Excellent / Very Good or Good / Adequate.
- Key strengths in respect of the protection plan include **clear actions and responsibilities.**
- Areas for plan **development record the inclusion of a plan with adult contribution and timescales.**

Whilst the Non ASP Case Conference Guidance remains in its infancy, it is extremely positive to see an increase in Conferences across 2024/25 and it will be an ongoing action of the Social Work Service to promote use of this guidance to ensure adults who do not meet with three point criteria under ASP legislation are robustly supported to live safely within their communities.

An ASPP can be completed at any point in the adults ASP journey, in Fife plans are actioned at the investigation stage. An ASPP is a set of actions and strategies agreed with the adult, their proxy and the multi-disciplinary team involved and put in place to support the adult and reduce their risk of harm.

The number of adults being supported by an ASPP during 2024/25 was 747 an increase from 2023/24 of 41. Of the 782 inquiries with powers, it is excellent to see that 96% of these adults were supported by protection plans. This conversion rate is an approximate figure - plans with a start date at the beginning of the reporting period may be linked to an inquiry that began at the end of the previous year.



Protection Orders

The introduction of the ASP National Minimum Dataset in 2023/24 did not include the collection of protection orders due to the phased nature of the new quarterly returns. However, there were 4 ASP protection orders granted in 2023/24 in Fife, 2 Assessment Orders and 2 Removal Orders.

There were no ASP protection orders granted in 2024/25 in Fife. Fife Social Work Services are proactively working to ensure that we do not miss opportunities to support adults who are at risk of harm by progressing protection orders. Temporary banning orders with power of arrest and banning orders with power of arrest were the two most common protection orders used in Scotland in 2021/22, 38% and 32% respectively (ASP Scotland Experimental Statistics 2021/22).

To support workforce confidence and learning in this area we purchased bespoke Protection Training across 2023/24 and a further two sessions across 2024/25.

Advocacy

There is a duty for social work to ensure advocacy is offered to 100% of adults who are supported to go through an ASP investigation.

Our Inter-agency Case Conference Audit indicated the following outcomes in relation to the use of Advocacy during at Case Conference stage:

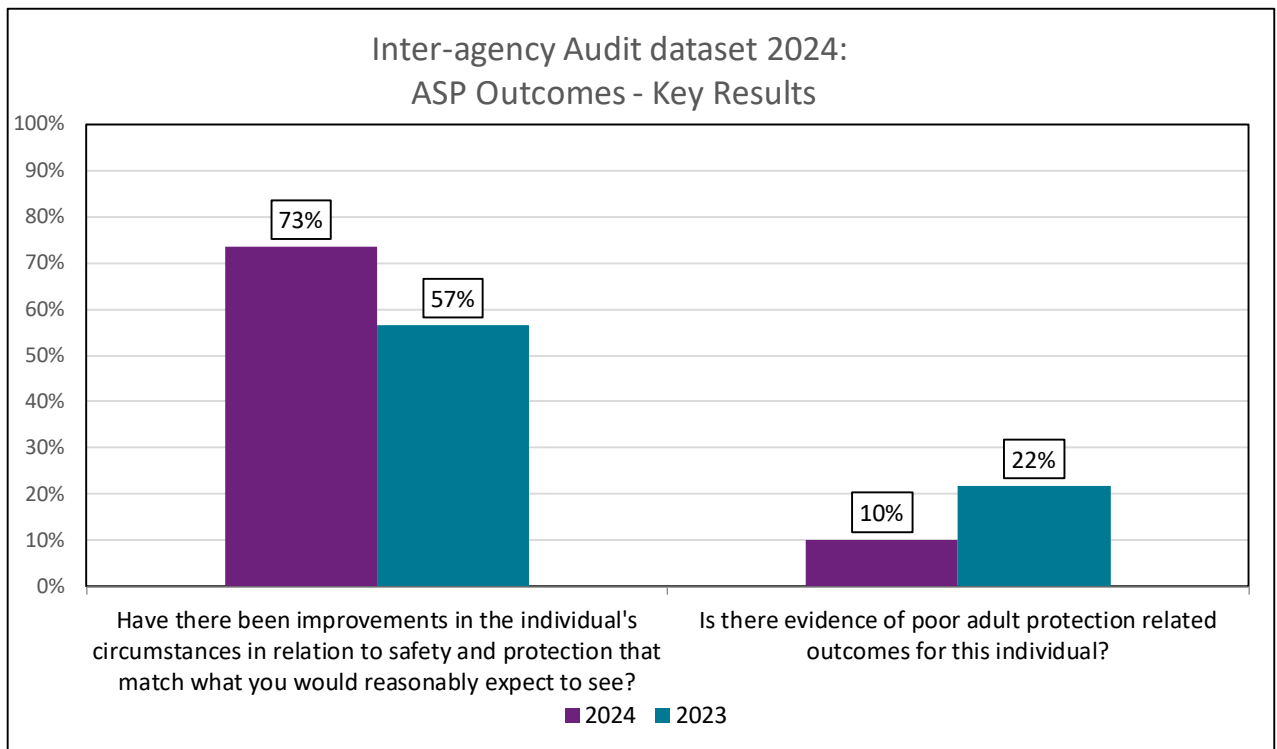
- **73%** offerings of advocacy are evidenced.
- Of the total count of adults recording the offering of advocacy, 55% can evidence advocacy being received while 45% record the adult declined.

Improvement actions will be included to ensure that advocacy is offered to 100% of adults.

Outcomes

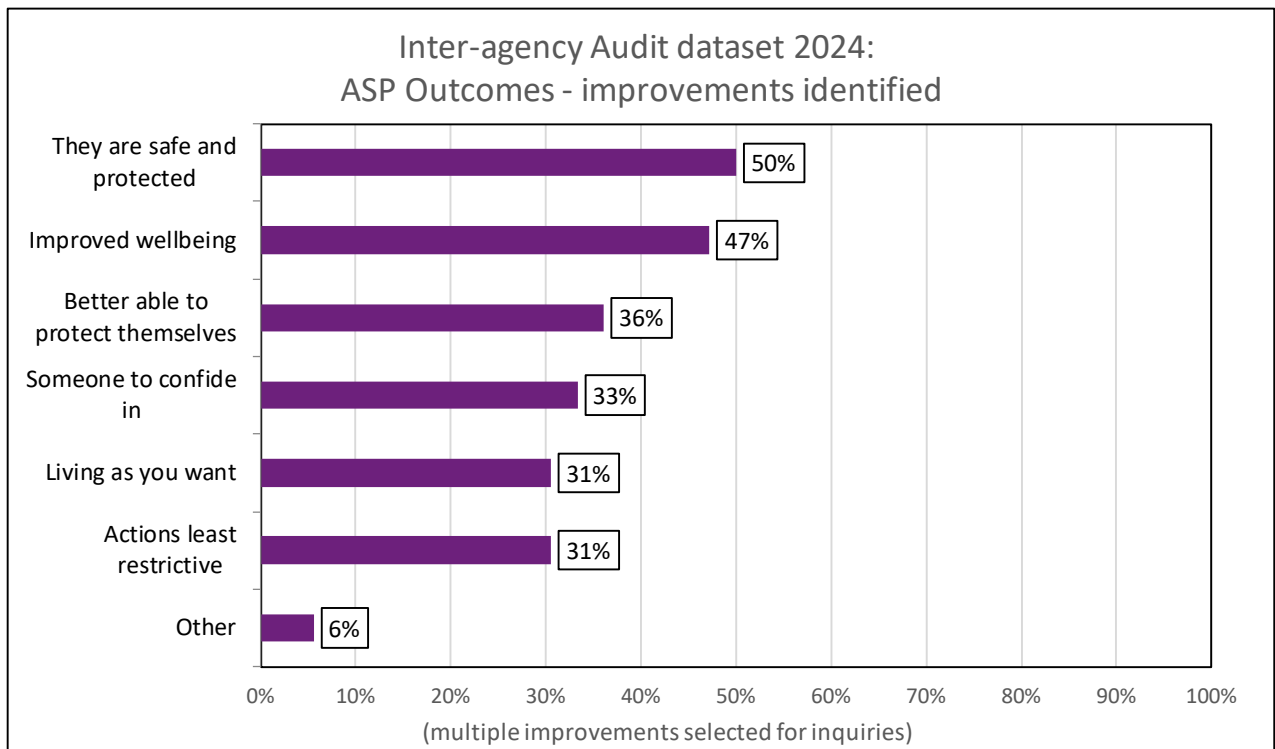
OUTCOMES

The 2024 Inter-agency audit, which reviewed 50 adults who have gone through an ASP journey progressing to investigation, reported 73% of the cases sampled evidenced an improvement in the individual's circumstances because of their journey, an increase of 16% from 2023, which is excellent evidence of the positive impact of the use of ASP legislation for the adults we support.



Key outcomes from the audit indicate that:

- **73%** evidenced an improvement in the individual’s circumstances because of their journey. This is a positive increase of 16% when compared to 57% in 2023.
- Individuals primarily feel they are safe and protected (**50%**) and the ASP process delivered improved wellbeing (**47%**).
- Multiple positive outcomes have been recorded for Social Work Involvement (**64%**) and multi-agency working (**56%**).
- Key strengths recorded for 44 inquiries ranging from ‘multi-agency working, adult involvement, clear actions, least restrictive and relevant information gathered’.



Work is ongoing to continue to enhance and explore all opportunities for feedback from people with lived experience of the ASP journey, to ensure that we take all possible actions to achieve best outcomes, alongside the people we work with. The detail of this feedback will be contained in next years report, along with actions we have progressed or plan to progress to act on the feedback provided.

Large Scale Investigations (Source: SW Service)

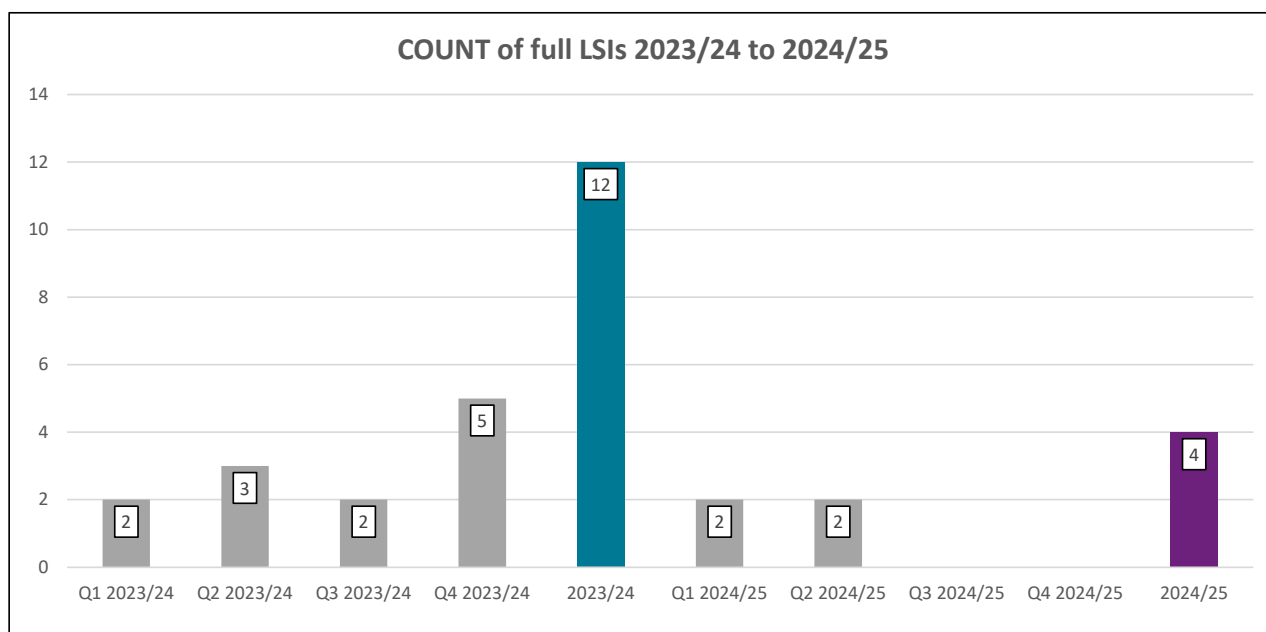
An LSI is conducted when it is suspected that more than one adult in a given service may be at risk of harm. This may relate to adult residents in a care home, supported accommodation, an NHS hospital or other facility, or those who receive services in their own home. The risk of harm may be due to another resident, a member of staff, some failing or deficit in the management regime or in the environment of the establishment or service.

In 2023/24 improvements were made to the LSI Guidance to include a group of adults who may be at risk of harm in the community as a result of one individual or a group of individuals, thus giving a forum for consideration of LSI actions that can be taken to reduce this risk. This addition to the LSI guidance has had a significant positive impact and has

enabled a number of LSI's to be progressed to allow a framework to support and reduce harm in the community setting.

The below chart displays the count of LSIs over the last 2 years, broken down by quarter.

- 2024/25 reports four full LSI outcome meetings – 1 Care Home, 1 Community Group and 2 Individual harmers.
- 2023/24 reports twelve full LSI outcome meetings – 7 Care Homes, 1 Support service, 1 Community Group and 3 Individual harmers.



The data will continue to be monitored and compared to the national data going forward.

The Biennial LSI Audit took place in August 2024 and key strengths include:

1. Strong Multi-Agency Collaboration

- Across various stages of the LSI process, there was consistent evidence of **multi-agency decision-making**:
 - **90%** of LSI IRD meetings showed decisions made collaboratively.
 - **93%** recorded an agreed outcome.
 - **58%** of LSI Outcome meetings also evidenced multi-agency approaches.
- General observations praised the **clear multi-agency working**, with agencies carrying out duties and recording appropriately.

2. Effective Risk Mitigation

- In cases that concluded at the LSI IRD or Outcome Meeting stages:

- **79%** of IRD cases and **80%** of Outcome Meeting cases showed agencies had **reduced risk prior to closure**.
- **76%** and **90%** respectively reassessed the original risk to ensure it had been mitigated.
- This demonstrates a proactive approach to safeguarding and harm reduction.

3. Improvement in Chronology Use

- **37%** of cases included chronologies, up from **26%** in the previous audit.
- **87%** of those chronologies showed **multi-agency involvement**, supporting better understanding and tracking of risk.

4. Clear Action Planning

- Auditors noted examples of **well-structured action plans** with timescales and responsibilities:
 - “A clear action plan was created with timescales.”
 - “Core group set up to meet weekly ensuring all action plans are achieved.”
- These plans were instrumental in addressing harm and guiding interventions.

5. Evidence of Service User Engagement

- While advocacy involvement was low, there was a **positive increase** in the consideration of **service user, PoA, or guardian views** compared to the previous audit.
- Observations included:
 - “Evidence SU were contacted by both HSCP and provider.”
 - “Mention of family views included.”

With key areas for improvement being captured in a learning plan and including:

1. Inconsistent Documentation and Data Storage

2. Poor Recording on Case Files

3. Weak Adherence to Timescales

4. Limited Use of Chronologies

5. Inadequate Advocacy and Service User Involvement

6. Incomplete or Unclear Meeting Records

Learning Reviews

Learning Reviews are carried out when there is suspected multi agency learning after a significant event involving someone who may be identified as at risk of harm or involved in

ASP procedures at the time of the significant event. During the course of 2024/25, social work services have taken part, via ASPC Case Review Working Group, in 10 Learning Review Trigger discussions.

1 of these discussions have progressed to full Learning Review. 8 of these have resulted in a learning plan, which social work services have contributed to. Of these learning plans 7 are completed, 2 required no learning plan due to positive practice being identified and 1 continues to be progressed. Key learning themes include:

- Transitions
- Application of ASP legislation
- Non-engagement
- Missed opportunities

In addition to this the Thematic Review of Learning Reviews 2024 has been completed by the Adult Support and Protection Lead Officer and key findings include:

Key Strengths

1. Increased Awareness and Engagement with the Learning Review Process

- A **43% increase** in annual Learning Review referrals compared to the previous period.
- Majority of referrals now come from **Social Work**, with continued representation from Police and Fire Services.
- Indicates successful awareness-raising and interagency understanding of the Learning Review protocol.

2. Effective Multi-Agency Learning and Risk Mitigation

- All Learning Review referrals resulted in **robust multi-agency learning plans**.
- **Support actions to mitigate risk were completed** in all identified learning themes.
- Good practice examples include:
 - Persistent engagement with hard-to-reach adults.
 - Clear application of ASP legislation.
 - Positive interagency communication and shared risk management.

3. Reduction in Hoarding and Self-Neglect Related Referrals

- Referrals involving hoarding/self-neglect dropped from **64% to 20%**.
- Attributed to targeted awareness campaigns, specialist training, and the establishment of a permanent **Hoarding and Self-Neglect Working Group**.

Key Areas for Improvement

1. Transitions Between Services

- **30%** of cases highlighted issues with transitions (e.g., between Children’s and Adult Services, hospital discharge).
- Recommendation: Develop a **cross-Committee and multi-agency response** to improve transition planning and communication.

2. Non-Engagement with Services

- **50%** of adults in referrals were historically non-engaging.
- Although reduced from the previous report, this remains a **complex and recurring issue**.
- Continued focus recommended via training, protocols, and “Spotlight Sessions.”

3. Self-Neglect

- **80%** of referrals involved self-neglect, up from 64%.
- Despite improvements in awareness, this remains a **challenging area** requiring holistic, trauma-informed responses.

Social Work ASP Procedures

The Social Work ASP Procedures have received a number of key additions over the year 2024/25 to ensure best ASP practice and incorporate learning. The enhancements include:

- Enhanced LSI procedures
- Hoarding Guidance
- Adult Case Conference Guidance
- Embedding use of Protection Orders through use of training
- ASP Inquiry with use of Powers paperwork refreshed

The full Social Work ASP Procedure has been reviewed and updated in line with the biennial review. Key additions and improvements will relate to:

- The inclusion of the adult at the earliest stage in the ASP journey, in line with the updated codes of practice
- Vulnerable Young Persons Guidance
- Review of Multiple Report of Harm Guidance
- Review of Escalation and Engagement Guidance
- Consideration of our local timescales
- Aide memoire on use of chronologies
- Review of IRD Aide memoire

Social Work ASP Audit Activity

Fife HSCP social work services take forward a suite of ASP audit activity annually. Social work services progressed single agency audits relating to 2024/25 data for:

- NFA IRD
- Reclassification

And inter-agency audits relating to:

- Inter-agency ASP audit
- The thematic review of Learning Review's Triggered across 2023/24
- Audit of the use of Adult Case Conference Guidance (Quarter 1 2024/25)
- Biennial Audit of LSI (2022/24)

Audit activity planned for 2025/26 includes:

- Inter-agency annual audit – October 2025
- NFA IRD
- Reclassification

Our audit activity has identified strengths in our social work practice relating to:

1. High Compliance with Duty to Inquire and Risk Identification

- **96%** correctly applied the three-point criteria for identifying adults at risk of harm.
- **100%** of IRDs recorded risk issues, showing strong initial assessment and safeguarding awareness.

2. Strong Managerial Oversight

- **98%** of IRDs and **100%** of investigations showed clear evidence of **managerial oversight**, indicating robust governance and accountability within social work processes.

3. Effective Use of Chronologies

- **96%** of inquiries included a chronology of events, up from 80%.
- Chronologies were described as **clear, concise, comprehensive, and detailed**, supporting informed decision-making.

4. Quality Investigations and Protection Planning

- **88%** of investigations involved all appropriate parties.
- **83%** of adults were spoken to during investigations, supporting empowerment and inclusion.
- **90%** of Council Officer reports showed actions taken to reduce or manage risk.
- **93%** of protection plans were up to date and aligned with inquiry findings.

5. Positive Outcomes for Adults

- **73%** of records evidenced an improvement in the adult's circumstances due to ASP involvement.
- **64%** of cases showed positive outcomes from social work involvement.
- Feedback highlighted **multi-agency working, adult involvement, and clear actions** as key contributors to success.

6. Effective Response to Financial Harm

- In cases involving financial harm:
 - **86%** of incidents were acted upon.

- **67%** of harmful acts were successfully stopped.

7. Commitment to Continuous Improvement

- Social Work contributed to the development and implementation of the **LiquidLogic Adults System (LAS)**.
- Staff adapted to new recording systems and templates, with ongoing improvements planned.
- Participation in inter-agency audits and working groups reflects a proactive approach to learning and development.

And area for improvement in our social work practice relating to:

Timeliness of ASP Processes

- Only **43%** of IRDs were completed within the **5 working day** target.
- Only **44%** of investigations were completed within the **10 working day** target.
- This marks a decline from the previous year and suggests a need to review local timescales and address workload pressures.

2. Information Sharing and Documentation

- **73%** of cases showed evidence of file sharing, but this was a **decrease** from 2023.
- Effective and appropriate sharing dropped significantly (from **91% and 94%** in 2023 to **73% and 69%**)

3. Use and Quality of Chronologies

- Although **96%** of inquiries included a chronology, the **dedicated chronology section in LAS** was introduced mid-year and is still under development.
- Some chronologies lacked outcome recording and standalone documentation, suggesting a need for **training and system refinement**.

5. Advocacy and Representation

- Independent advocacy was offered in only **58%** of applicable cases
- This highlights a gap in ensuring vulnerable adults have access to representation during critical decision-making.

We have active improvement plans for:

- Inter-agency ASP
- Biennial LSI
- Thematic Learning Review

During 2023/24 we have successfully concluded social work action plans in relation to:

- NFA
- Reclassification

Future Planning and Improvement Actions

Based on the information and data contained within this report, Fife Social Work Services intend to take forward a number of actions to support best practice and improve outcomes for the adults we work with. These actions include:

Liquidlogic

- Adult and OP Social Work Services have protected funding to secure an 18-month post to support frontline staff with face to face training and support, which will allow us to improve consistency of recording and in turn evidence areas of improvement.

ASP Training

- Inhouse ASP training officer post has been recruited to, with excellent feedback being received thus far. Inhouse access to ASP training suite continues to expand and focus on target areas for learning based on audit activity and frontline Social Worker Feedback.
- Continue to build upon our suite of robust ASP Training and create new material for our workforce based upon practice experience and need.
- Monitor workforce ASP training to ensure our practitioners are fully skilled and equipped to progress ASP practice.

7-minute briefings

- 7-minute briefings will be progressed on a monthly basis, ensuring that practitioners are up to date on new trends, policy, procedures and ASP themes and allowing a suite of 7-minute briefings to be available to new staff.

Social Work ASP Team Managers Meeting

- Continues to be held monthly and to focus on: highlighting and sharing good practice; identifying new trends and themes and ensure we approach these consistently; discussing difficult cases and collectively considering what alternate/additional steps we can take to support; analysis data; staying abreast of policy change/update; managing learning and improvement plans.

Referrals

- Where reclassifications identify themes in referrals, these will be raised with partner agencies to support mutual understanding of ASP referral threshold and practice improvement.

IRDs

- Time scales relating to IRDs have not been consistently met. IRD timescales will be reviewed to establish if the current timescales are optimal in ensuring best outcomes for the people we work with. We will do this by identifying the key reasons timescales are not met (consulting with the workforce), reviewing a sample of IRDs out with timescale and the impact on the ASP journey, analysing the benefit of timescale extension and the potential consequences of this.

Investigations

- Continuation of working group and regular meetings between ASP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LAS system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations. This will allow us to continue to focus our learning and target improvement areas. This will also allow us to monitor and review our compliance in the offer of advocacy and take improvement action where required.
- Continue to extend the inclusion of second officers from across services.

ASP Case Conferences

- Concise guidance sheet for use by team managers to be created relating to which information to record about case conferences. This can be used to ensure consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LAS discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting. Q1 2024/25 captured through MS Forms.
- Ways to enable the consistent and accurate recording and extraction of case conferences on the new LAS case recording system will be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring.

Outcomes

- Actions will be taken to further promote the capture of service user/POA/proxy feedback on ASP process. This will include the embedding of our feedback questionnaire, contact with adults/POA/proxy during audit activity to ensure they have a variety of opportunities to engage and share their experiences.

Advocacy

- Improve recording of advocacy being offered, aiming to achieve the offer of advocacy for 100% of adults who experience ASP journeys.

Large Scale Investigations

- Ways to enable the consistent and accurate recording and extraction of LSIs on LAS are being considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring. This will improve our ability to identify themes, trends and occurrences within individual settings or services.
- Continued awareness and embedding of the use of Community LSI procedure with an audit activity relating to outcomes and effectiveness.
- LSI Biennial Learning Plan will be supported and brought to conclusion

Learning Reviews

- Thematic Learning Review 2024 learning plan will be supported and brought to conclusion.

SWS ASP Procedures

- Will continually be reviewed and monitored with addendums as required to ensure practice is continually supported to improve.

Social Work ASP Audit activity

- Inter-agency annual audit
- NFA IRD
- Reclassification

Fife Adult Support & Protection  **Committee**

**Self-evaluation and Improvement Sub-group
Performance Framework 2025-27**

(Report Date: 27/01/25)

Introduction

“A regular programme of multi-agency audit, self-evaluation and review should be part of the routine work of APCs, directly influencing strategic development and practice improvement.”

(Source – Adult Support and Protection Guidance for Adult Protection Committees 2022)

The aim of the Self-evaluation and Improvement Sub-group is to continuously evaluate and improve adult support and protection procedures and practice.

The Groups responsibilities include:

- Supporting and overseeing single and multi-agency self-evaluation activity and make recommendations to support continuous improvement.
- Collect and analyse feedback data and implementation of action plans.
- Scrutinise performance data and report findings.
- Support approaches to measure outcomes and experiences of adults at risk, carers, and staff.

To fulfil these responsibilities, we need to define how to Self-evaluate.

The Care Inspectorate ‘Self-evaluation for Improvement Guide’ is based on three questions:

1. How are we doing?
2. How do we know?
3. What are we going to do now?

The question of ‘how we are doing’ provides us with our baseline and this is where the cycle of self-evaluation begins. The question of ‘how do we know’ is evidenced through a range of sources. The final question of ‘what are we going to do now’ allows for the creation of an improvement plan.

ASP activity can be evaluated using the sources below:



What Success Will Look Like

The ASPC Strategic Improvement Plan 2025-27 identifies four outcomes, as shown below:



These can be measured through an outcome focused performance framework.

Performance Framework

As a self-evaluation group with representation from all partners, we will undertake a cycle of planning; measuring; analysing and using our data to report strengths and weaknesses and identify areas for improvement and plan for improvement. This activity will evidence the achievement of our shared vision for adults at risk of harm whilst fully supporting the staff involved.

Over the next two years, we have set a programme of self-evaluation activity alongside a programme of reporting results to ASPC. This activity will be driven by using internal and external sources available to the group whilst covering various reporting periods ranging from quarterly, biannual, annual, and biennial.

Self-evaluation and Improvement Activity

Strategic Improvement Plan 2025-27 (Year 1)			
Q1	Q2	Q3	Q4
(Jan-Mar)	(Apr-Jun)	(Jul-Sep)	(Oct-Dec)
Single Agency Audits	Single Agency Audits	Single Agency Audits	Single Agency Audits
ASP National Minimum Dataset Q3 2024/25 collation and submission	ASP National Minimum Dataset Q4 2024/25 collation and submission	ASP National Minimum Dataset Q1 2025/26 collation and submission	ASP National Minimum Dataset Q2 2025/26 collation and submission
ASP Inter-agency Staff Training	ASP Inter-agency Staff Training	ASP Inter-agency Staff Training	ASP Inter-agency Staff Training
Practitioner Forums	Practitioner Forums	Practitioner Forums	Practitioner Forums
National 6 Monthly Benchmarking Analysis Q1 + 2 2024/25			
	ASP Annual Performance Analysis 2024/25		
		National Annual Benchmarking Analysis 2024/25	
			Annual Inter-agency Audit and Staff Survey
			Annual Strategic Outcomes Analysis
	Targeted Self-evaluation Activity - ASP and Non-ASP Case Conference Audit		

Strategic Improvement Plan 2025-27 (Year 2)			
Q1	Q2	Q3	Q4
(Jan-Mar)	(Apr-Jun)	(Jul-Sep)	(Oct-Dec)
Single Agency Audits	Single Agency Audits	Single Agency Audits	Single Agency Audits
ASP National Minimum Dataset Q3 2025/26 collation and submission	ASP National Minimum Dataset Q4 2025/26 collation and submission	ASP National Minimum Dataset Q1 2026/27 collation and submission	ASP National Minimum Dataset Q2 2026/27 collation and submission
ASP Inter-agency Staff Training	ASP Inter-agency Staff Training	ASP Inter-agency Staff Training	ASP Inter-agency Staff Training
Practitioner Forums	Practitioner Forums	Practitioner Forums	Practitioner Forums
National 6 Monthly Benchmarking Analysis Q1 + 2 2025/26			
	ASP Annual Performance Analysis 2025/26		
		National Annual Benchmarking Analysis 2025/26	
			Annual Inter-agency Audit and Staff Survey
			Annual Strategic Outcomes Analysis
		LSI Biennial Inter-agency Audit	

(Note: data activity takes place in financial quarters Q1 Apr-Jun, Q2 Jul-Sep, Q3 Oct-Dec, Q4 Jan-Mar)

Self-evaluation and Improvement Reporting

Strategic Improvement Plan 2025-27 (Year 1)			
Q1	Q2	Q3	Q4
(Jan-Mar)	(Apr-Jun)	(Jul-Sep)	(Oct-Dec)
SE+I Meeting 04/02/2025	SE+I Meeting 30/04/2025	SE+I Meeting 30/07/2025	SE+I Meeting 29/10/2025
Single Agency Audit Findings	Single Agency Audit Findings	Single Agency Audit Findings	Single Agency Audit Findings
ASP Performance Report Q3 2024/25	ASP Performance Report Q4 2024/25	ASP Performance Report Q1 2025/26	ASP Performance Report Q2 2025/26
ASP Inter-agency Staff Training Feedback Q3 2024/25	ASP Inter-agency Staff Training Feedback Q4 2024/25	ASP Inter-agency Staff Training Feedback Q1 2025/26	ASP Inter-agency Staff Training Feedback Q2 2025/26
Practitioner Forums Feedback	Practitioner Forums Feedback	Practitioner Forums Feedback	Practitioner Forums Feedback
	National 6 Monthly Benchmarking Report Q1 + 2 2024/25		
		ASP Annual Performance Report 2024/25	
			National Annual Benchmarking Report 2024/25
Annual Inter-agency Audit Findings and Staff Survey Results			
Annual Strategic Outcomes Reporting			
		Targeted Self-evaluation Activity - ASP and Non-ASP Case Conference Findings	

Strategic Improvement Plan 2025-27 (Year 2)			
Q1	Q2	Q3	Q4
(Jan-Mar)	(Apr-Jun)	(Jul-Sep)	(Oct-Dec)
SE+I Meeting TBC	SE+I Meeting TBC	SE+I Meeting TBC	SE+I Meeting TBC
Single Agency Audit Findings	Single Agency Audit Findings	Single Agency Audit Findings	Single Agency Audit Findings
ASP Performance Report Q3 2025/26	ASP Performance Report Q4 2025/26	ASP Performance Report Q1 2026/27	ASP Performance Report Q2 2026/27
ASP Inter-agency Staff Training Feedback Q3 2025/26	ASP Inter-agency Staff Training Feedback Q4 2025/26	ASP Inter-agency Staff Training Feedback Q1 2026/27	ASP Inter-agency Staff Training Feedback Q2 2026/27
Practitioner Forums Feedback	Practitioner Forums Feedback	Practitioner Forums Feedback	Practitioner Forums Feedback
	National 6 Monthly Benchmarking Report Q1 + 2 2025/26		
		ASP Annual Performance Report 2025/26	
			National Annual Benchmarking Report 2025/26
Annual Inter-agency Audit Findings and Staff Survey Results			
Annual Strategic Outcomes Reporting			
			LSI Biennial Inter-agency Audit Findings

(Note: data is reported in financial quarters Q1 Apr-Jun, Q2 Jul-Sep, Q3 Oct-Dec, Q4 Jan-Mar)

Appendix 1 – Single Agency Audits

Partnership Agencies co-ordinate their own audit of their processes and procedures throughout the calendar year. Topics will be selected by the agency and findings reported back to SE+I via a storyboard template. An action log is maintained by the SE+I group to report on the status of improvement plans.

SE+I Storyboard Template

Title of Audit:	
Storyboard completed by	
Service	
Name / job title	
Date of evaluation report	
Evaluation Details	
Please provide reason for undertaking self-evaluation activity	
Who was involved in the evaluation	
Please provide a brief summary of methodology	
Summary of Evaluation Findings	
Please provide areas of good practice identified by this evaluation.	

What areas for improvement were identified?	
What actions are being taken to address these and by whom?	
If an action plan has been compiled, when is this expected to be completed and who has responsibility for doing so?	
Any other comments.	

SE+ Single Agency Audits - Actions Log (sample)			
Agency	Audit Name	SE+ presentation date	Action status
Housing	Annual Housing Single Agency Audit	01/05/2024	ongoing-progressing with pace
Police	Review of Adult at Risk Callcards	01/05/2024	Actioned
SFRS	Adult Protection Referrals to Social Work	01/05/2024	Actioned
Social Work	NFA Audit	23/07/2024	ongoing-progressing gradually
Police	Reclassification process for ASP concern VPDs	30/10/2024	

Appendix 2 – ASP National Minimum Dataset

What a national minimum dataset is?

- A collection of agreed indicators, measures, criteria, or categories that are quantifiable and collected quarterly.
- Its purpose is to inform planning and support the improvement of services, locally and nationally. It can provide a baseline, map trends (or progress) to this end.

MINIMUM DATASET FOR ADULT PROTECTION COMMITTEES: VERSION 0.5.0 (OCT 2024)

INVOLVEMENT IN ASP PROCESSES

Indicator 1	ASP REFERRALS SUBMITTED TO ADULT PROTECTION SERVICE (BY SOURCE)
Indicator 2	INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS
Indicator 3	INQUIRIES USING INVESTIGATORY POWERS

MULTI-AGENCY ADULT SUPPORT AND PROTECTION CONFERENCES (CASE CONFERENCES)

Indicator 4a	INITIAL CASE CONFERENCES
Indicator 4b	REVIEW CASE CONFERENCES
Indicator 5a	ADULTS INVITED TO ATTEND A CASE CONFERENCE (TOTAL)
Indicator 5b	ADULTS INVITED TO ATTEND A CASE CONFERENCE (PERCENTAGE UPTAKE)
Indicator 6a	INDEPENDENT ADVOCATES INVITED TO ATTEND A CASE CONFERENCE (TOTAL)
Indicator 6b	INDEPENDENT ADVOCATES INVITED TO ATTEND A CASE CONFERENCE (PERCENTAGE UPTAKE)

ADULT SUPPORT AND PROTECTION PLANS AND USE OF POWERS

Indicator 8a	NUMBER OF ADULTS ON ASPPs IN TOTAL AT END OF QUARTER
Indicator 8b	NUMBER OF ADULTS WITH NEWLY COMMENCED ASPPs WITHIN QUARTER ONLY
Indicator 9a	PROTECTION ORDERS (APPLIED FOR)
Indicator 9b	PROTECTION ORDERS (GRANTED)
Indicator 10	ACTION TAKEN FOLLOWING INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS
Indicator 11	ACTION TAKEN FOLLOWING INQUIRIES USING INVESTIGATORY POWERS

DEMOGRAPHICS AND DESCRIPTIVE DATA

Indicator 13	AGE GROUP AND GENDER (FOR ALL INQUIRIES)
Indicator 14	ETHNICITY (FOR ALL INQUIRIES)
Indicator 15a	PRIMARY TYPE OF HARM (FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS)
Indicator 15b	PRIMARY TYPE OF HARM (FOR INQUIRIES USING INVESTIGATORY POWERS)
Indicator 16a	LOCATION OF HARM (FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS)
Indicator 16b	LOCATION OF HARM (FOR INQUIRIES USING INVESTIGATORY POWERS)
Indicator 17a	PRIMARY CLIENT GROUP (FOR INQUIRIES CONCLUDED WITHOUT THE USE OF INVESTIGATORY POWERS)
Indicator 17b	PRIMARY CLIENT GROUP (FOR INQUIRIES USING INVESTIGATORY POWERS)
Indicator 18a	NO. OF INQUIRIES USING INVESTIGATORY POWERS WHERE ADULT HAS CARING RESPONSIBILITIES
Indicator 18b	NO. OF INQUIRIES USING INVESTIGATORY POWERS WHERE CHILD WAS PRESENT AT INCIDENT

LARGE SCALE INVESTIGATIONS

Indicator 19a	LARGE SCALE INVESTIGATIONS (BY SERVICE TYPE)
Indicator 19b	CARE INSPECTORATE ASSIGNED UNIQUE CS NUMBERS
Indicator 19c	NHS HOSPITAL LOCATION CODE (PER INDIVIDUAL LSI)

(Source - Institute for Research & Innovation in Social Services)

Appendix 3 – ASP Quality Improvement Framework

“The quality improvement framework is a tool that the joint inspection team will use for future inspection activity and for adult protection partnerships to carry out multi-agency self-evaluation of their local adult support and protection arrangements. Self-evaluation is critical to drive continuous improvement for adult support and protection.”

(Source – A quality improvement framework for adult support and protection October 2024)

How partnerships might use this document:

- By single QI
 - Partnerships might conduct a self-evaluation for one ASP quality indicator.
- By one key ASP area
 - Partnerships might conduct a self-evaluation for one key area, such as key processes.
- By several key areas
 - Partnerships might conduct a self-evaluation of several key areas. For example, strategic leadership and direction, key processes and performance results, or any other combination favoured by the partnership.
- By all key areas
 - Partnerships might conduct a self-evaluation for all seven key areas - major exercise.

The 7 Key Questions and their indicators are displayed below.

Summary of adult support and protection quality indicators

Direction: how good is it?	Execution: how good is it?		Results: how good are they?	
1. Purpose, vision and strategy	3. Engagement with stakeholders	5. Creating sustainable value, key processes	6a. Perception of adults at risk of harm, unpaid carers	7. Strategic and operational performance
1.1. Partnership's purpose, vision, values, ethos for ASP.	3.1. Engagement with partners, stakeholders, community.	5.1. Response and inquiry for ASP referrals – includes early intervention.	6a.1 Adults at risk's qualitative perceptions of ASP. Partnership heeds their collective views and acts on them.	7.1. All multi-agency quality assurance is competent and rigorous.
1.2. Partnership's multi-agency strategy, improvement plan, policies, and procedures.	3.2. Involvement of adults at risk and their unpaid carers.	5.2. Assessment and management of risk.	6a.2 Unpaid carers who care for an adult at risk are appropriately consulted and included.	7.2. Adult protection activity data reported to national dataset, local data, trends, benchmarking.
2. Organisational culture and leadership	4. Driving performance and transformation managing resources	5.3. Collaborative decision making and planning for safety, protection, support of adults at risk.	6b. Stakeholder perceptions, staff, partners, stakeholder and community	7.3. Data and other intelligence from multi-agency self-evaluations, audits of ASP should inform and drive improvement.
2.1. Collaborative leadership for ASP across the partnership. Effective APC and COG. Lived experience of adults at risk and unpaid carers represented at strategic level.	4.1. Operational leadership and management of partnership staff who do ASP work. Care and wellbeing for the workforce.	5.4. Capacity assessment and use of legislation.	6b.1 Staff's knowledge and competencies – includes, upholding human rights of adults at risk.	7.4. Systematic local statistical data collection on outcomes and experience of adults at risk and unpaid carers promotes improvement.
2.2. Leadership for operational processes whereby adults at risk are safe, supported and protected.	4.2. Support for trauma-informed working and early intervention.	5.5. Independent advocacy provision.	6b.2 Staff's motivation, recognition, and welfare.	
2.3. Strategic governance for ASP – self-evaluation, audit, performance measurement, change and improvement management.	4.3. Partnership's operational oversight and governance for ASP.	5.6. Large-scale investigations and learning reviews.	6b.3 Staff's perceptions of how well they are led, managed, supported for ASP work. Their workloads are manageable.	
	4.4. Partnership's capacity to do ASP work – includes training and organisational development.	5.7. Effective support and early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply.	6b.4 Partners, stakeholders, community are fully involved.	



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	28 January 2026
Report Title:	Fife Dental and Oral Health Improvement Annual Report 2025		
Agenda Item No:	10.4		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Lisa Cooper, Head of Service, Primary & Preventative Care		
Report Author:	Emma O'Keefe, Consultant in Dental Public Health		

Executive Summary	
<ul style="list-style-type: none"> • Access issues, due to ongoing dental workforce recruitment and retention challenges, remain the largest risk for the population of Fife. • NHS Fife has very little control or influence over improving the dental workforce situation but continues to support the increase in provision of NHS dentistry in primary care, including through the Scottish Dental Access Initiative (SDAI) grants, processing them with due diligence as custodians of public monies. • The Oral Health Improvement Team implements the national Oral Health Improvement Programmes and uses local data, intelligence and relationships to ensure resources are used wisely and targeted appropriately to reduce inequalities. • Moderate Assurance is given. 	

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"/>	Take moderate assurance from the annual report.
For Discussion	<input type="checkbox"/>	
For Noting	<input type="checkbox"/>	

Directions	
No Direction Required	X
Fife Council	<input type="checkbox"/>
NHS Fife	<input type="checkbox"/>

Situation/Background (Purpose of Report)

This paper presents the annual Dental and Oral Health Improvement Annual Report (Appendix 1). The report provides an overview of the current situation regarding dental services and oral health improvement programmes in Fife.

It highlights a number of issues particularly in primary care dental services and child dental health, and provides assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

Background

The situation has improved slightly since last year's report but access to NHS dentistry remains a particular challenge in Fife due to ongoing recruitment and retention issues. One new dental practice has opened in Dunfermline and registered over 3,000 patients; this was partially funded by an SDAI grant and another new dental practice opened its doors to NHS patients on 5 January 2026. A previously mothballed practice reopened, in November 2025, having been bought by new owners and NHS Fife understands that another mothballed practice has been bought in late 2025 with the intention of upgrading the premises and reopening. This is positive news but it is against a backdrop of 34,000 patients being deregistered in 2024 and approx 7,300 de-registrations up to 3 November 2025.

Oral health improvement continues to be a key priority through collaborative working with Fife Council, partner organisations and the third sector.

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

Assessment (Key Points/Issues and Risks)

This report summarises the key achievements and challenges and the impact recruitment and retention has had on dental services as the need and demand for the services remains high. The report also highlights the ongoing collaborative work to improve oral health and reduce inequalities, taking the national oral health improvement programmes and adapting them to meet the needs of the Fife population.

Collaborative working for Oral health Improvement

The Public Dental Service has continued to develop the oral health improvement programmes based on local data and intelligence to ensure finite resources are used as efficiently and effectively as possible. A key data source is the National Dental Inspection Programme (NDIP) report which highlights inequalities in oral health between the least and most deprived.

The National Dental Inspection Programme carried out a detailed survey on a sample of Primary 7 children in 2024/25. The results for Fife show a very small increase in the number of children with no obvious dental decay experience, 77.4% of children compared to the last survey in 2023 where 74.3% but Fife still needs to strive to return to the 2019 figure of 80.7% of children were free from obvious decay. The Scotland figure for this year is 81.5%.

NHS Fife continues to improve and adapt the follow-up process to ensure those children who are inspected and seen to have severe dental disease or dental abscesses are able to access dental services. In 2024/25 over 300 Primary 1 and 7 children inspected were helped to access dental care through pathways including high street dentists and the Public Dental Service.

A key component of Childsmile, the national oral health improvement programme for children, includes the toothbrushing programme which takes place in 93% of Fife's early years establishments and in 31% of Primary 1 and 2 classes identified in primary schools with higher level of disadvantage. The fluoride varnish programme targets Primary 1-4 year groups in targeted schools and Additional Support Needs schools. Embedding Dental Health Support Workers in disadvantaged areas offers tailored support through home visits and community initiatives, helping families overcome barriers to good oral health and access dental services.

A test of change quality improvement project has taken place locally in two primary schools based on the NDIP data. The project rolled out the toothbrushing programme to all children in the primary schools and there are plans in place to scale this up in primary schools across Fife.

Workforce and Access

NHS Fife remains committed to maximising access to NHS dentistry. This includes securing funding through initiatives such as the Scottish Dental Access Initiative, which supports practices in areas with limited access by providing financial assistance to retain dentists, establish new practices, or expand existing NHS services. The grant covers Dunfermline, Glenrothes and Kirkcaldy. The opening of Black and Brown Dental Practice in Dunfermline is a direct outcome of this support.

The challenges that Fife is experiencing are in line with national workforce challenges due to recruitment and retention issues, resulting in the contraction or centralisation of services, particularly with the Dental Body Corporates (DBC). DBCs are corporations entitled to practice

dentistry in the UK. The majority of their directors have to be registered dentists or registered dental care professionals.

DBC's have become significant players in Fife with a number of DBC's owning multiple practices in Fife. The largest one is Real Good Dental, which owns 14 practices in Fife; currently 8 are operating due to the merger of some practices. Other DBC's include BUPA and Clyde Munro. Clyde Munro have sold all their three premises in Fife in 2024 and 2025.

This means that not all patients are receiving full courses of NHS treatment as urgent dental care is being prioritised. Patients are expected to travel to sister practices, which are often miles away, potentially in different NHS Board areas. This, with the cost-of-living crisis is putting additional pressures on the population of Fife. The NHS Dental Regulations which NHS Fife has to operate within make it hard to challenge the business model and ultimately patient care and experience is being impacted.

The ongoing recruitment and retention issues impact on the ability of the population to register as NHS patients with a dentist. This is evidenced by approximately 2,000 calls per month to NHS Fife's Dental Advice Line. The Public Dental Service is offering urgent dental care and short targeted courses of care. The staff on the Dental Advice Line contact every practice monthly to ascertain whether the practice is registering NHS patients or if there is a waiting list for NHS patient registration. Currently there are 9 dental practices registering new NHS patients in Fife. Unlike General Medical Services, NHS Fife is not required to provide NHS dental care to the population of Fife; however we actively try and facilitate this.

There is an expectation that the Public Dental Service will continue to provide urgent dental care for both registered and unregistered patients as well as being the main provider for vulnerable groups. This approach is not sustainable long-term and the Public Dental Service faces similar challenges recruiting staff. These pressures are apparent across Scotland and have been escalated to Chief Dental Officer.

Related Documents/Appendices

Appendix 1: Annual Dental and Oral Health Improvement Annual Report 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)	X	<input type="checkbox"/>	15/12/25	<input type="checkbox"/>	X	
Quality & Communities (QCC)	X		07/01/26	<input type="checkbox"/>	X	
Integration Joint Board (IJB)		x	28/01/26			
NHS Fife						
Executive Leadership Team (ELT)	X	<input type="checkbox"/>	18/12/25	<input type="checkbox"/>	X	
Public Health & Wellbeing Committee	X		12/01/26	<input type="checkbox"/>	X	

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	X	This report is part of the governance arrangements for dental services and oral health improvement programmes in NHS Fife which aim to ensure that dental services and oral health improvement programmes are working to high standards to deliver person-centred and value-based care and outcomes that matter to the person.
Workforce	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	
Financial	X	Fife is one of three NHS Boards who 'host' national/regional oral health improvement programme personnel and receive funding allocated by the Chief Dental Officer's Office at Scottish Government. Currently NHS Fife is in negotiations with Scottish Government for 2026/27.
Performance	<input type="checkbox"/>	
Climate Climate Fife 2024 Strategy and Action Plan	X	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. Clinical prevention and primary prevention promote health and prevent disease. It is estimated that the carbon cost of dental treatment can be forty times more than prevention. Work continues to use technology/digital innovations to reduce travel.
Communication and Engagement	X	A dental update is contained within the briefings for elected members. NHS Fife's and HSCP Dental Senior Management Team meet six monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.
Risk & Mitigation	X	Corporate Risk for Dentistry was approved by the Board in Spring 2025 and states that <i>There is a risk that the population of Fife will suffer adverse effects on their dental and subsequent wider health due to the ongoing access issues and continuing de-registrations of NHS patients in general dental practices.</i> The current risk remains high (20) and realistically the risk will continue as high until there is a significant increase in new NHS dental registrations as a result of dental practices

		opening or dentists taking on more NHS patients. his is reviewed quarterly.
Equalities and Human Rights, including children's rights and health inequalities	X	<p>No Impact/Not Required</p> <p>The registration data show that more people from more deprived areas are registered with an NHS dentist compared to less deprived areas but this does not translate into access or participation in NHS dental care. In general, there is an inverse care law, in that less deprived populations are accessing dental services more than the population from more deprived areas.</p> <p>The national oral health improvement programmes take a targeted approach to reducing inequalities while ensuring oral health improves across the populations.</p>
	<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"/>	An impact assessment has not been completed because this report provides an update for assurance with no significant new or revised policies or strategies.	



DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT 2025

EMMA O'KEEFE
Consultant in Dental Public Health

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NHS FIFE DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT

1. INTRODUCTION

- 1.1 The purpose of this report is to provide NHS Fife and Fife IJB via the Public Health and Wellbeing Committee and Qualities and Communities Committee with a summary of the delivery of dental services and oral health improvement programmes in Fife.
- 1.2 The report highlights a number of issues particularly in primary care dental services. It also highlights ongoing issues with recruitment and retention within the dental workforce. Regarding General Dental Services, this report provides **moderate** assurance that NHS Fife is following due process with the limited power and authority available as determined by the Dental Regulations. It also provides details of specific measures taken to address some of these challenges within the remit of the Board, including work done to improve patient pathways.
- 1.3 A **moderate level of assurance** is given that impact on NHS dental services is continually monitored and will be reported through the Annual Delivery Plan and according governance routes.

2. LOOKING BACK TO OUR 2024 REPORT

- 2.1 Our actions detailed in the 2024 Annual Report have largely been achieved. It is important to remember what is in and out of our sphere of influence.

We Planned:	As of November 2025 we have achieved:
Work collaboratively to increase dental access	One Scottish Dental Access Initiative funded practice (5 surgeries out of 6 received funding) opened in July 2025, registering over 3000 patients to date. A further practice opened its doors on 10 November and a new practice opened its doors on 5 January 2026 to NHS patients.
Monitor using national and local data access to urgent dental care	Dental advice line receives over 2000 calls/month. Advice line appropriately triages calls and Public Dental Service and Next Day Care rota (provided by Independent dental practices) sees and treats patients. Public Dental Service recruited 2 part-time dental officer posts with an unscheduled care component built in to manage unregistered patients during week days.
Improve patient pathways	Updated referral criteria shared with practices to ensure right care at the right place and time by the right people. Referrals monitored and mechanism in place to support practitioners who are potential high referrers to explore requirements and highlight pressures across whole system. Fife's general anaesthetic pathway for paediatric dental extraction has a 2-week wait for urgent cases. Hospital orthodontic colleagues have established a joint clinic with a consultant in restorative dentistry, bringing a service into Fife and reducing cross-border referrals. The evaluation is positive and demand exceeds service provision so there is ongoing work to identify funding to increase capacity.
Oral health improvement	The programmes are continually adapting to meet the needs

programmes	of the population by working with colleagues in other agencies and third sector organisations.
Using our local data from National Dental Inspection Programme to target resources	Quality improvement initiative to expand the toothbrushing programme across all age groups in two specific primary schools in progress. Lessons learned to help considerations for spreading further. Letter to all dental practices highlighting the programme and need for follow up for some children registered and in need of care.
Continued Professional Development programme for dental teams	In February, in conjunction with Local Dental Committee we hosted an evening CPD event on Paediatric Dentistry.
Corporate risk for dental health	Corporate risk and deep dive were approved by relevant committees in Spring 2025 and reviewed regularly.

3. DENTAL SERVICES

3.1 Delivery of Dentistry and oral health improvement straddles primary and secondary care within NHS Fife. The table below gives a high level summary of services available in Fife.

General Dental Services	Public Dental Service	Hospital Dental Service
Provide more than 90% of all dental care Independent contractor model (not NHS employees) Provide a mix of NHS and private treatments Non geographic 'catchment' Unlike GMS contract NHS Fife has no legal obligation to ensure dental registration 59 practices, approx 215 dentists	NHS managed service- across 12 sites, 38 dentists ONLY provide NHS treatment Remit for patients who cannot be treated in GDS (special care, medical complexity, paediatric, oral surgery, anxiety) Emergency dental care for unregistered patients National Dental Inspection Programme Oral health Improvement Programmes	Specialised secondary care Patients seen on referral into Orthodontic service Specialists in orthodontics Multi-disciplinary team <i>OMFS service sits within Medical Specialty</i>

3.2 The aim of oral health services is to improve the oral health of the population, reduce inequalities and work in partnership with patients and their carers and guardians. A Corporate Risk for Dentistry was approved by the Board in Spring 2025 and states that *There is a risk that the population of Fife will suffer adverse effects on their dental and subsequent wider health due to the ongoing access issues and continuing de-registrations of NHS patients in general dental practices.*

- 3.3 The current risk remains high (20) and realistically the risk will continue as high until there is a significant increase in new NHS dental registrations as a result of dental practices opening or dentists taking on more NHS patients. The opening of three practices since July 2025, the most recent one in the Kingdom Centre, Glenrothes, on 5 January 2026, is encouraging but this is set against a backdrop of over 34,000 Fife residents being de-registered in 2024 and over 7,600 in 2025.
- 3.4 Dental services are included in the Primary Care (PC) strategy and the Prevention and Early Intervention Strategy (2023-2026) and have been reported in the Year 2 Annual Report (October 2025) which align with NHS Fife's Population Health and Wellbeing Strategy (2023-2026).
- 3.5 Fife has three areas included in the Scottish Dental Access Initiative (SDAI) grant scheme. One successful application has been approved and opened in July 2025 and has already registered over 3000 NHS patients and the books are open for further NHS registrations. Primary care has received two further applications and are working through the required processes and has also received an additional expression of interest.
- 3.6 A Dental Body Corporate has bought a mothballed practice in Leven and opened for business on 10 November, 2025. We understand that there are over 7,000 patients already on the waiting list. Currently there is one NHS dentist operating in the premises with the intention to list more dentists. NHS Fife has also been informed that the same Dental Body Corporate has purchased a mothballed premises in Glenrothes with the intention to re-open in 2026.
- 3.7 In September 2025, 14 newly qualified dentists took up Vocational Training posts in practices in Fife- this is a positive number and we are planning a CPD evening to meet the Public Dental Service (PDS) to encourage them to remain in Fife after their initial training year.
- 3.8 Ongoing challenges with accessing dental care in independent dental practice has meant that the PDS continues to take on additional responsibility for unregistered patients requiring urgent dental care due to the challenges of accessing dental care in independent dental practice, therefore impacting on core services. The Dental Advice Line continues to receive approximately 2,000 calls per month and has mechanisms in place to be able to email out the latest information about practices taking on new NHS patients.

4. ORAL HEALTH IMPROVEMENT PROGRAMMES

- 4.1 Oral health is integral to general health and supports individuals participating in society to achieve their potential; yet oral diseases are the most widespread non-communicable diseases. A review of governance arrangements at national level remains ongoing with regard to the oral health improvement programmes.
- 4.2 Fife is one of three NHS Boards who 'host' national/regional oral health improvement programme personnel and receive funding allocated by the Chief Dental Officer's (CDO) Office at Scottish Government. The amount of funding for 2026/27 has not been confirmed and Public Health and Finance colleagues

continue to negotiate with the CDO office to ensure there are no cost pressures for the Department of Public Health.

- 4.3 NHS Fife Public Dental Service has oversight of the oral health improvement programmes and liaises with dental practices, partner organisations and the third sector. The programmes provide oral health improvement for all age groups, from Childsmile for children and the newly branded 'Caring for Smiles' for the adult population. This life-course approach aligns with priorities in the Prevention and Early Intervention Strategy to "develop a life course approach which values and improves the health and wellbeing of both current and future generations". Key data for the activity within Fife for 2025 is detailed below.
- 4.4 **Childsmile-** 93% of early years educational establishments in Fife are taking part in the supervised toothbrushing programme. The supervised toothbrushing programme is also targeted in 45 primary schools (31% of schools). This includes five Special Schools. Fluoride varnish applications are taking place in 45 targeted primary schools in Fife, including the 5 stand-alone Additional Supports Needs schools. Children identified as having dental needs are referred into the Childsmile programme. There is a pathway in place to ensure that those who are referred are followed up if they do not attend a dental setting. This is done in collaboration with education staff via the Child Health and Wellbeing pathway. A referral process change has taken place to enable an electronic referral pathway for Health visiting, Family Nurse Partnership nurses and the school nursing team, with interventions and appointments being viewable to all professional supporting the child. Children 6 years and under who are referred to the PDS for tooth extraction under general anaesthetic have the appointment and outcomes entered onto the Morse system, enabling sharing of information of oral health interventions and outcomes.
- 4.5 **Caring for Smiles – better oral health for dependent older adults:** 89 care homes are covered by the PDS, with one enhanced skills GDP providing care for 4 care homes. Enhanced skills GDPs are general dentists who have undergone further training in domiciliary care. Fife has not had any interest from GDPs to undertake enhanced skills training in 2025 and understand that the current enhanced dentist will be leaving Fife in 2026 putting more pressure onto the PDS. PDS staff continue to deliver accredited Caring for Smiles Foundation Level 1 training to care home staff. The PDS also works in partnership with Fife College to deliver training to Care at Home teams and third sector.
- 4.6 **Caring for Smiles- better oral health for those with experience of the criminal justice system or those experiencing homelessness:** The PDS is working in partnership with Fife Alcohol Support Service and Fife Community Drug Service colleagues, as part of the ADAPT substance recovery project. It aims to take hard-to-reach services to those in need. The PDS continues to work to increase the reach of this programme, with events now occurring monthly at KY cafes in Methil, Cardenden, and Templehall in Kirkcaldy. Clinical input is made available when possible, with basic domiciliary care provided for service users such as dressings, prescriptions, and mouth cancer checks. A priority pathway into dental services providing targeted care is available for those accessing homeless accommodation

or support through third sector organisations. Urgent dental care appointments are available within 24 hours. Toothbrushing packs and Dental Advice Line details are provided to all homeless accommodations units across Fife on a 3-monthly basis; this provision has been extended to food banks.

- 4.7 **Dental Campaigns-** the PDS has continued the collaboration with Dunfermline Athletic Football Club to raise awareness of oral cancer and this year there is also a focus on Dental Trauma.
- 4.8 **Water fluoridation-** Water fluoridation is a topic that continues to generate interest including a question submitted in advance of NHS Fife Annual Review in October 2025. The Scottish Government currently has no plans for universal fluoridation, and any future consideration would require significant public engagement and support. NHS Fife remains committed to evidence-based approaches that improve oral health and reduce inequalities.
- 4.9 **Fast Forward-** Fife Health Charity has awarded a community grant to the third sector organisation 'Fast Forward', which supports young people to make informed decisions about risk taking behavior. The work will build on the learning and successes to date and focus on nicotine products and their impact on the oral health and mental health and wellbeing of children and young people in Fife.

5. **WORKFORCE**

- 5.1 Within General Dental Services (GDS) in Fife, there continues to be challenges with the recruitment of dentists and dental care professionals.
- 5.2 Work is ongoing between UK ministers and the GDC to improve the process of overseas registrations of dentists in a way that helps bolster workforce but provides assurance on educational quality and patient safety. NHS Fife has been made aware by Dental Body Corporates of the UK Home Office is certain instances not supporting Certificates of Sponsorship. This situation is out of the control of NHS Fife and has to be resolved between the Dental Body Corporates and UK Home Office but impacts on the recruitment, delaying businesses to fully open due to capacity issues.
- 5.3 Due to the ongoing challenges with the dental workforce and the imminent closure of University of Edinburgh's Dental Hygiene Therapy School the CDO office has asked NHS Fife to explore novel ways of 'growing our own workforce' and looking at potential opportunities to expand outreach programmes for undergraduate students. NHS Fife is in early discussions with Fife College looking to encourage people into dental nurse training in the new College facilities.

6. **ACCESS**

- 6.1 The latest data on patient registration and participation in NHS dentistry reports up to June 30 2025. Some dental practices continue to choose to deregister NHS patients and move to a more private business model, offering patients to buy into a private care plan or pay for private dental care. In Fife in 2025, there have been approximately 7,600 NHS patients de-registered which is a better situation compared with the last two years.

Registration

- Registration and participation data in NHS dentistry can provide an indication of the current level of patient access to services.
- Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland)
- No data are available about people seeking and using private dental care, whether that is privately registered or membership of private dental schemes.
- The latest figures from June 2025 ([NHS dental data monitoring report - Quarter ending June 2025 - NHS dental data monitoring report - Publications - Public Health Scotland](#)) show:
 - While the Scotland figures are positive Fife is still experiencing a significant challenge with NHS registrations, 88.3 % of children in Fife are registered compared to 90.3% in Scotland.
 - 44.8% of children aged 0-2 years old are registered with an NHS Dentist in Fife compared with a national figure of 42.5%
 - Adult populations are still feeling the lack of access to NHS Dentistry in Fife, with 83.2% registered compared to the Scotland figure of 97%.
 - Total population (adults and children) again demonstrate access challenges with 84.1% of the Fife population registered compared to 95.7% in Scotland.
- For children in Scotland, 90.0% of children living in most deprived areas (SIMD1) were registered with NHS dentist compared to 89.6% in the least deprived areas (SIMD5). For Fife, 88.8% of children living in most deprived areas (SIMD1) were registered with NHS dentist compared to 90.7% in least deprived areas (SIMD5).
- For adults in Scotland, 100% of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 93.1% in least deprived areas (SIMD5). For Fife, 84.3% of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 84.2% in least deprived areas (SIMD5).

Participation

- Contact with a dentist (participation) Participation is defined as the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior. Since registration is lifelong, it is important to consider this when looking at registration figures.
- As at 30th June 2025, the percentage of registered patients (adults and children) in Fife participating in GDS was 64.8%, compared to 61.3% in Scotland. The age- specific participation rates were, 60.8% for adults and 81.3% for children in Fife. This compares to 57.0% of adults and 82.0% of

children in Scotland and has remained stable compared with last year.

- Inequalities in participation rates persist, with children and adults from the most deprived areas less likely to have seen their dentist than those from less deprived areas. 58.8% of people in Fife from SIMD1 areas participating in NHS dentistry compared to 67.5% of people from SIMD5 areas. For Scotland, 56.8% of people from SIMD1 areas participated in NHS dentistry compared to 66.6% of people from SIMD5. Again this is a largely similar picture to the data from last year.

6.2 The PDS continues to organise and manage the Fife Emergency Dental Service, which sees 50-60 patients per weekend. The PDS has taken proactive steps to ensure emergency rotas are sufficiently staffed through timely communication with dental practitioners. The festive period rota which includes public holidays and weekends for 2025/26 is fully staffed. The majority of patients accessing the weekend service are registered with a NHS dentist but experience challenges accessing care. This is being monitored and follow up conversations take place to remind colleagues of the Terms of Service.

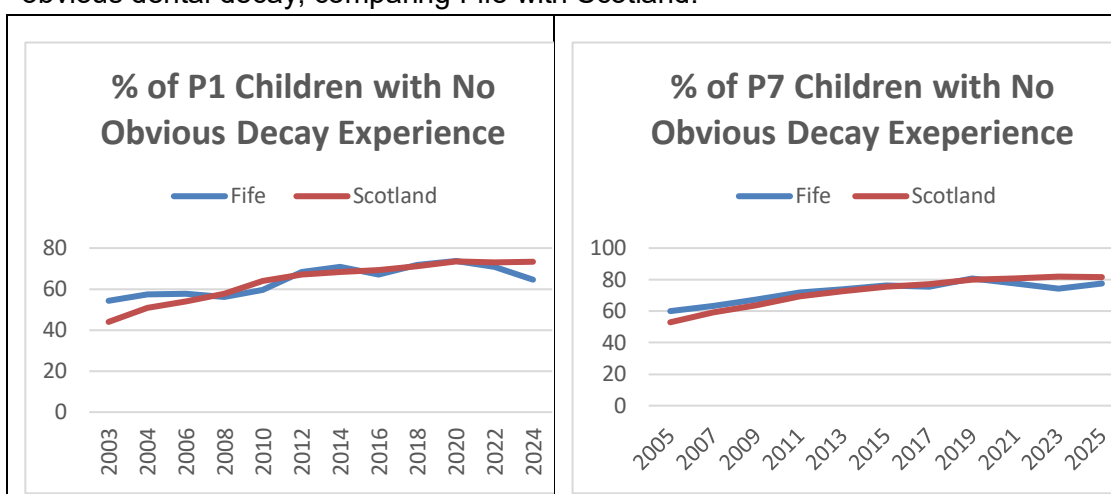
7. TRENDS IN CHILDREN'S ORAL HEALTH

7.1 The National Dental Inspection Programme (NDIP) surveys are conducted each year in Scotland's local authority schools and provide information on trends in children's oral health. NDIP invites every Primary 1 (P1) and Primary 7 (P7) child in local authority schools to have a basic dental inspection carried out; a representative sample of these children receive a detailed dental inspection (P1 or P7 in alternate years). These inspections are a core component of the public health function of the NHS Community Dental Service across Scotland and are detailed in the Health Act and Education Act. The main aim of the inspections is to inform parents/carers of their child's oral health and convey the degree of urgency of a dental appointment for the child. The results are also used in the planning and evaluation of local and national oral health initiatives to ensure the appropriate use of resources.

7.2 The NDIP 2025 report estimated that 81.5% of Primary 7 children in Scotland showed no obvious dental decay experience. Fife saw a small increase to 77.4% of Primary 7 free from obvious decay compared to 74.3% in 2023. In 2025, 414 Primary 7 children received a detailed inspection which was 9.3% of P7 children. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or abscesses are able to access dental services. In the academic year 2024/25 over 300 Primary 1 and 7 children were followed up as a result of NDIP.

7.3 We continue to work closely with dental practices and Education Services to make sure oral health improvement initiatives, such as Childsmile, are firmly embedded in early years establishments and primary schools. These initiatives are key deliverables of Fife's wider Primary Care Strategy with the strategic priority of improving quality and reducing inequalities and improving outcomes.

- 7.4 While oral health improvement programmes, summarised in Section 4, play a critical role in preventing oral disease in children access to NHS dentistry remains a challenge and has had a negative impact on the treatment of dental decay. The 2025 report highlights that in Fife 12% of P7 children inspected had untreated decay and only 30.8% of children with obvious dental decay experience had had dental treatment to restore the tooth, compared to a Scottish figure of 33.9%.
- 7.5 Inequalities remain in Scotland, with 71.4% of Primary 7 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 89.6% in the least deprived areas (SIMD 5) in the 2025 report.
- 7.6 The charts below show the percentage of Primary 1 and 7 children free from obvious dental decay, comparing Fife with Scotland.



8. PATIENT PATHWAYS

- 8.1 In light of the challenges with workforce, patient access and child oral health, the dental management team has taken numerous steps where possible within the Board's remit to improve the patient journey in Fife.
- 8.2 The successful recruitment of key clinical dental personnel into the PDS has improved the patient journey in Fife, sustaining the provision of specialist level paediatric, oral surgery, and special care dentistry. Joint hypodontia clinics with colleagues in the hospital orthodontic department have been evaluated positively and multidisciplinary clinics with a restorative dental consultant from NHS Tayside have enabled care to be delivered in Fife in line with the Scottish Government's ambition to deliver care closer to home.
- 8.3 The change in working patterns, business models and workforce recruitment has meant that some people registered with NHS dentists are still having to wait longer for routine assessments. Those unregistered with a dentist are finding it very challenging to register with an NHS dentist. The Dental Advice Line, managed by the PDS, contacts all dental practices monthly to ask if the practice is

in a position to register NHS patients (children and adults). Currently, there are 9 practices accepting new NHS patients, a further five have waiting lists open for registration, 2 are registering under 26 year olds and 7 are registering under 16s; this is a more positive position than a year ago. Fife HSCP continues to work with independent contractors to understand the challenges to registration and will work collaboratively to support any improvements needed to improve access across Fife.

- 8.4 To help improve the patient journey and promote efficient and appropriate use of resource, NHS Fife's Public Dental Service worked with Hospital Dental Service colleagues to create a new referral guidance document for dental practitioners. This helps practitioners determine the correct indications for referral from primary care.

9. COMMUNICATION

- 9.1 The Fife Dental Senior Management Team works closely with the Communication Team to ensure updates are shared with elected members on a regular basis. This helps not only to support improvements in oral health and the delivery of oral health services, but to emphasise the importance of health within general health.
- 9.2 NHS Fife's and the HSCP's senior dental professionals and managers have continued to meet weekly as a senior leadership team. The benefit of this meeting is the triangulation of information for monitoring purposes and to agree action where necessary. Exceptional reporting has been introduced to proactively support practices to ensure they have plans in place to deliver high quality, safe and appropriate dentistry.
- 9.3 NHS Fife's and HSCP Dental Senior Management Team meet six monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.

10. GOVERNANCE ARRANGEMENTS AND KEY CHALLENGES

- 10.1 Primary care dental services comprise of independent general dental practices and the PDS. For the coordination and quality assurance of the primary care dental services, the reporting mechanism is through Primary Care Governance and Strategic Oversight Group (PCGSOG) co-chaired by the Medical Director for NHS Fife and Director of Health and Social Care Partnership. Key groups include:
- Dental Quality Assurance Committee, chaired by Medical Director and Consultant in Dental Public Health. This group reports into Public Health Assurance Committee.
 - Primary Care Strategic implementation Group chaired by the Head of Primary and Preventative Care Services, this reports to the PCGSOG and HSCP Strategic Planning group
 - Fife's Dental Performance and Governance Group, chaired by the Primary Care Manager
 - The Area Dental Committee, which is a statutory committee that

- reports up through the Area Clinical Forum
 - Emergency Dental Service Working Group, with a representative GDP and will report to the Dental Quality Assurance Committee.
- 10.2 NHS Fife and Fife HSCP's governance and assurance processes ensure risks relating to dentistry are on the appropriate risk register as well as the corporate risk discussed in section 3.2.

11. PLANS FOR 2026/27

- 11.1 Work in collaboration with practices and Scottish Government to continue to improve dental access in Fife.
- 11.2 Monitor and assess the access to NHS dental services in NHS Fife through national data and local management data to understand the situation and ensure urgent dental care is available for patients requiring care (as detailed in Year 3 of the Primary Care Strategic Action Plan).
- 11.3 Advocate for and facilitate an improved patient journey and experience by maintaining and promoting efficient referral pathways between GDS, PDS and secondary care, and by taking an innovative and proactive approach to the delivery of care.
- 11.4 Ensure oversight of the delivery of the national oral health improvement programmes with a continued focus on improvement and reduction in inequalities across Fife and report through the national monitoring processes which have recently been established nationally (as detailed in year 3 of the Primary Care Strategic Action Plan).
- 11.5 As part of the Scottish Government's commitment to reduce inequalities, use the recent NDIP data to target resources. The aim is to expand components of Childsmile, such as the supervised toothbrushing programmes to include more school years across primary schools.
- 11.6 Continue to develop and provide dental education sessions to encourage evidence- based practice.
- 11.7 Continue to explore 'growing our own' workforce with Fife College.
- 11.8 In summary, during 2026/27, the Dental Senior Management Team will:
- Continue to work collaboratively to recover and ensure ongoing improvement in access to and build sustainability in NHS dentistry
 - Continue to develop a quality and assurance programme for dentistry to provide a clear mechanism to identify risk, to assess and manage risk.
 - Continue to take proactive approaches to alleviate issues related to access, including supporting uptake of SDAI.
 - Continue work to improve oral health and address inequalities in oral health.

EMMA O'KEEFE

Consultant in Dental Public Health



Fife Health & Social Care Partnership

Supporting the people of Fife together

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

- Present:** Councillor Rosemary Liewald (Chair)
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)
Kenny Murphy, Third Sector Representative (KM)
Paul Dundas, Independent Sector Lead (PD)
- 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)
Caroline Cherry, Principal Social Work Officer (CC)
Vanessa Salmond, Head of Corporate Services (VS)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Tracy Hogg, Chief Finance Officer (TH)
Avril Sweeney, Risk Compliance Manager (AS)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Dafydd McIntosh, Organisational Development & Culture Specialist (DMcI)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Lynne Garvey, Director of Health & Social Care Partnership (LG)
Councillor Sam Steele
Amanda Wong, Director of Allied Health Professionals (AW)
James Ross, Chief Social Work Officer (JR)

NO	AGENDA ITEM	ACTION
1.	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>Cllr Liewald welcomed all members and attendees to the meeting.</p>	
2.	<p>DECLARATION OF MEMBERS' INTEREST.</p> <p>No declarations of interest were received.</p>	
3.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies noted as above.</p>	
4.	<p>ACTIVE & EMERGING ISSUES</p> <p>No emerging issues were reported.</p>	
5.	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 05 SEPTEMBER 2025</p> <p>The previous minutes from the Q&CC meeting on 05 September 2025 were reviewed by those present prior to the meeting. The following comments were made:.</p> <p>MF noted on page 8 she had requested an update re the number of people living with obesity. She also advised she has not yet received information regarding community fridges. Also, on page 17, Scott Fissenden is incorrectly referred to as "she".</p> <p>LC agreed to take forward the action relating to the obesity data and report back to MF.</p> <p>Kenny Murphy noted that his initials are the same as Karen Marwick's and requested that this be amended to differentiate between the two.</p> <p>No further alterations or corrections were requested, therefore, the minutes were taken as an accurate record of the meeting</p>	<p>JC</p> <p>JC</p>
6.	<p>ACTION LOG FROM 05 SEPTEMBER 2025</p> <p>The Action Log from the meeting held on 05 September 2025 was discussed and updated.</p>	
7.	<p>GOVERNANCE & OUTCOMES</p>	

7.1

QMAG Update

This report was brought to Committee by Lynn Barker and came for Assurance and Discussion.

LB provided a comprehensive overview of the report, summarising the key discussions and decisions arising from recent QMAG meetings and QMAHs. She highlighted the purpose of these meetings in supporting continuous improvement, governance, and assurance across services, and outlined how the report reflects progress against agreed priorities. LB drew attention to notable points within the report, offering additional context where necessary to ensure clarity on the implications for service delivery and quality standards. Questions were invited.

Councillor Liewald expressed appreciation to LB for her comprehensive breakdown of the report and conveyed satisfaction regarding the assurances provided on the volume of training being delivered, particularly within community settings

SB highlighted concerns regarding the restricted opportunities for patient stimulation and therapeutic engagement in Elmview and Muirview wards, as noted in the MWC report. LB recognised the situation and confirmed that, although some activities are provided, they remain insufficient

JB wished to raise several points, she referred to the Care Inspectorate report, which highlighted governance oversight within HSCP can be complex and challenging, and asked what the response to this observation would be. CC confirmed that this matter would be addressed in the Care Home Grading report. LB stated there are strong systems and processes in place and emphasised it is an ongoing process to ensure governance remains effective without becoming unnecessarily complex or difficult when sharing information.

JB also queried the ECT Audit, asking whether there was anything of concern that should be noted. LB advised the audit outcome was positive and confirmed that robust processes for ECT are in place within Fife.

MF commented the report was presented in a format which was much easier to read, which she welcomed. She wished to raise the point that Carers are omitted from the EQIAs. While she acknowledged that Carers are often included under other protected characteristics, she expressed annoyance, given the effort required to have them included initially.

VS advised that, with the implementation of the new SBAR, there is now a section titled "Implication and Impacts," which incorporates the EQIA section. Within this, the first category is "Service Users and Carers," ensuring that Carers are captured appropriately.

The matter is to be discussed offline.

Cllr Liewald confirmed the Committee were content to take Assurance from the report.

MF / VS

<p>7.2</p>	<p>IJB Strategic Risk Register</p> <p>The report was brought to Committee by Avril Sweeney for Assurance.</p> <p>AS introduced the report which sets out the IJB Strategic Risks that may impact the Partnership’s ability to achieve its objectives in relation to Clinical and Care Governance and Quality and Care. AS noted that the Risk Register was last tabled at Committee in April 2025, and it is scheduled to come to the Committee twice per annum. In addition, a Deep Dive Risk Review is conducted quarterly, focusing on individual risks.</p> <p>AS noted that the risks held on the risk register continue to be managed by the risk owner and confirmed that they were last reviewed in August and will be reviewed again within the next month. The risks are shown in order of residual risk score outlined in Column 14 in Appendix 1, which reflects the current level of management controls and actions in place.</p> <p>AS highlighted that 4 risks currently carry a high residual score and wished to provide assurance that each of these risks have been subject to a deep dive risk review and they continue to be monitored closely. AS noted the Resilience risk was closed following a deep dive risk review at Q&QC in September 2025.</p> <p>In addition to this risk register there are a number of risks at an operational level within the Partner Bodies and these are regularly monitored at the Quality Matters Assurance Group and managed by relevant Service Managers. Risks of concern are escalated to SLT and to a strategic level if necessary.</p> <p>Cllr Liewald expressed appreciation to AS for the report and felt it was clearly structured and easy to read.</p> <p>Cllr Clarke queried the meaning of the term SMART. AS explained that SMART refers to actions that are Specific, Measurable, Achievable, Realistic and Timebound. Cllr Clarke then asked whether all the actions identified meet these criteria. AS confirmed that risks are reviewed periodically with the relevant risk owner to ensure that the actions continue to meet SMART principles.</p> <p>JB thanked AS for the paper and acknowledged that some of the risks identified are strategic in nature and therefore not within the direct control of the IJB, particularly those relating to demographics. She asked how the impact of the actions is measured in an objective manner. AS advised, the issues have been highlighted during individual Deep Dive reviews and confirmed that performance measures are continually reviewed each time the associated risk is reassessed.</p> <p>Cllr Liewald again asked the Committee if they were assured by the report, the members indicated they took Assurance from the report.</p>	
<p>8.</p>	<p>STRATEGIC PLANNING & DELIVERY</p>	

8.1 Care Home Grading Report

The report was presented by Caroline Cherry and was brought for Assurance.

CC advised that the report provides an overview of Care Home Grades. She explained, the services are regulated and inspected by the Care Inspectorate, and the grades presented were collected in early September. The report reflects inspections carried out over the past year and illustrates emerging trends in performance. The report offers assurance that processes are in place to monitor grades and to work collaboratively with care homes on improvement planning, where required. CC noted, the report encompasses all care homes, including those registered with Fife Council, as well as those within the independent sector.

CC highlighted that the average score across care homes is 4, which is considered a positive outcome. While there are some variations, inspections overall remain strong. She emphasised that improvement and support structures in place are robust and well-established. For care homes where grades are declining or where challenges are identified, targeted measures are implemented to focus on improvement.

CC confirmed that no care homes are currently closed due to grading concerns. However, there have been instances where a voluntary moratorium on admissions has been applied; at present, one care home is subject to such a measure due to adult support and protection concerns. This situation is being managed through a strong partnership approach involving Social Work, the Care Inspectorate, and Contracts and Commissioning. CC concluded by inviting questions from attendees.

Cllr Liewald was heartened to see the report. She was particularly pleased to see marks for leadership awarded, which she felt to be very important. She appreciated there was room for improvement in one or two cases, although improvements are being put in place.

PD thanked CC for the report. He wished to thank those mentioned by CC, and added, a wide connection of support takes place all year round between care home support teams, social work, commissioning and the Care Inspectorate. He told of a meeting recently between himself and Alan Adamson with the Care Inspectorate to discuss some of the work being carried out locally and nationally. He spoke of the aggregated gradings and explained these. He pointed out the Care Inspectorate rarely give gradings of 6 (sector leading) and how difficult this grade is to attain and to keep, he advised there are level 6 care homes in Fife. He spoke of the team work in Fife to attain these grades.

Cllr Clarke asked if there is any statistically significant differences in performance between local authority homes, private homes and voluntary homes. CC advised a statistical analysis has not taken place, however, advised there are key differences between how they are managed and spoke of the differences in grading. Some are very high performing and some in need of improvement, with targeted improvement actions being implemented. This was discussed at length.

MF commended the quality of the report and the quality of the homes which have been inspected. She felt the grades have improved significantly with only one home graded at 3. She added, there are no concerns coming from the homes to the Carer's Centre, which should indicate a level of satisfaction.

JB asked what the response and support would look like for care homes requiring assistance. CC explained that the care home support team and the care home liaison team are available to provide help. Where training has been necessary, a range of partner organisations have been engaged to assist with various situations. CC elaborated on this point during the discussion.

LB reinforced the points made by CC regarding the response and support available, providing further examples. This was supported by PD, who expanded on the range of assistance that can be offered.

The Committee took assurance from the report.

8.2 Winter Plan 2025-2026

The report was brought to Committee by Chris Conroy and came for Assurance and Discussion.

CC introduced the report, explaining that it represents a whole-system approach to winter preparedness across HSCP and wider partners. The plan aims to ensure safe, effective and person-centred care during what is often a period of high demand and increased complexity. CC emphasised that while winter presents additional challenges, many of these issues persist throughout the year. He highlighted several key areas of the paper, providing detailed explanations and referencing supporting data.

Cllr Liewald commended the recent improvements seen within the Hospital at Home (H@H) service. She highlighted a case where a patient who had received a stent was discharged within 24 hours, describing this as remarkable and attributing the success to the support provided by H@H. In relation to anticipatory care plans, Cllr Liewald enquired about the level of uptake among care home residents. Additionally, she expressed her support for the charity initiative *No Wrong Door* in Cowdenbeath. CC provided an update on the development of anticipatory care work, noting that this has been undertaken in partnership with care homes and primary care. He emphasised that ensuring plans are updated and in place for every individual remains a key focus of the ongoing work. He further highlighted the second element of this initiative, which relates to digital tools. He told of a test currently being carried out in Levenmouth, and spoke of the challenges around this. The work spans across all settings, not solely care homes, and still requires dedicated attention. Nevertheless, CC confirmed that a reasonable level of assurance can be taken at this stage.

In addition, CC referred to *No Wrong Door* in the Cowdenbeath area, advising that all activities are progressing as planned. He noted that robust data will soon demonstrate the impact of these efforts, with results expected to include both Levenmouth and Cowdenbeath.

SB thanked CC for his report and noted that, given her long tenure on Committees, she has reviewed many winter plans over the years. She questioned whether the current plan is sufficient, referencing the report's statement that the system is "already in surge capacity." SB expressed concern that the reports appear similar year on year and queried why this is the case and whether the measures outlined are adequate. She asked if this may relate to national agendas that must be incorporated into the plans.

CC acknowledged that certain elements of the plan are driven by national initiatives, which also bring associated funding. He described the plan as ambitious, citing the increase in surge bed capacity from 40 to 130, with a target of achieving 70+ beds this winter. Significant work is underway to reconfigure services, and the introduction of a new Frailty Unit was highlighted as a key initiative.

CC emphasised that once winter begins, continuous review and adjustments will be made to the Plan as required. He noted that the organisation is in the best position possible, but winter inevitably brings

challenges, including adverse weather and 'winter' illnesses. He stated agility will be essential to respond effectively.

Cllr Clarke questioned the necessity of having a separate winter plan, noting that March and April are also peak periods for A&E admissions. He suggested that planning should sit within General Operational Planning, as crises can occur at any time. In his view, a flexible, continuous crisis planning approach—capable of being adapted and modified as required—would be more appropriate.

CC acknowledged Cllr Clarke's point and explained that business continuity planning, risk management, and resilience measures are already in place. He agreed that these are not specific to winter and expressed openness to a wider debate on whether a dedicated winter plan is required. Cllr Liewald agreed with the suggestion and noted that this discussion would be better suited to a separate discussion.

PD found the report to be very comprehensive. He commended the quality of the anticipatory care planning, describing it as particularly strong, and provided examples of how this work is being delivered in collaboration with several partners.

Jo Bennett commented on the GP OOH, rather than going through NHS-24 will be revolutionary. She questioned monitoring of demand and capacity and asked whether, this could be more clearly set out. CC told of a weekly System Flow meeting, which feeds into the Unscheduled Care Board and respective Partners. He acknowledged that H@H may not have been as visible to date but confirmed it will come into play in the next couple of weeks, with reporting through the next Integrated Unscheduled Care Board meeting in December and then to the NHS Board. CC explained that the data exists, however, may not yet be fully visible and will become clearer in the coming weeks and months.

JB clarified that her interest was in understanding capacity more generally, including mental health and urgent care, and how any changes impact the seven localities. She emphasised the importance of understanding variation and expressed interest in the 11 frailty beds and what learning will be gained from this initiative.

MF advised that she had emailed several questions and received replies from Lynsey Dunn. However, she noted that one query, page 56 regarding a graph could not be clarified and asked for an explanation. She also raised a point regarding page 66 on Urgent Care direct access for Fife care homes, specifically the second paragraph referring to Carers. MF requested that attention be given to distinguish between paid Care Workers and unpaid Carers, who are normally referred to simply as Carers. CC agreed to take this on board. Regarding the graph data, CC provided an explanation that satisfied MF.

Cllr Mowatt expressed her appreciation for the inclusion of a glossary in the report. She queried surge bed mobilisation, asking how much capacity is currently being used and the reasons behind it. CC explained that there are 4 operational phases to the surge plan, and the Partnership is currently operating between phases 2 and 3. He confirmed that monitoring is ongoing and noted that surge activity occurs throughout the year, not just in

	<p>winter. He advised, additional surge capacity has been built into Level 4, which would not normally be used outside of winter. This is monitored daily. Cllr Mowatt stated that the report refers to only 3 phases, and CC clarified that operationally, there are 4 phases.</p> <p>Cllr Liewald confirmed, the Committee took Assurance from the report.</p>	
9.	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	

9.1 Advocacy Strategy Annual Report July 2025

This report was brought to Committee by Caroline Cherry and comes for Assurance.

CC thanked the Committee for the opportunity to present the report and reiterated the importance of advocacy arrangements for both adults and children in Fife. She expressed her appreciation to Vicki Birrell from the Strategic Planning Team for compiling the report. CC noted that the title, "Annual Report," may be somewhat misleading, as the report has not been presented to the Quality & Communities Committee since 2023.

CC provided members with an overview of the report, highlighting the actions completed during the first 2 years of the 3-year Advocacy Strategy. She referred to page 82, which sets out the legislation underpinning advocacy and explains the rationale for its introduction. CC noted that significant work has been undertaken in relation to independent advocacy, including the implementation of a new contract in 2024. She drew attention to an inspiring paragraph from Rachel of the Advocacy Forum, which illustrates the importance of advocacy and includes two case studies demonstrating its positive impact. CC also outlined the delivery plan contained within the report.

CC advised the Advocacy Strategy Group is no longer required, as there is now a very active Advocacy Forum. She confirmed that the agreed direction of travel is for CC to act as the SLT link and to meet regularly with the Advocacy Forum to identify gaps, address issues, and ensure advocacy reaches the right people at the right time. Questions were then invited.

Cllr Liewald was delighted with the report, commenting that it was concise and well presented, and acknowledged the significant work that is taking place. In her capacity as Chair of Corporate Parenting, she was particularly pleased to see this piece of work.

MF thanked CC for the report and expressed her appreciation for the inclusion of Rachel's message on page 91, noting that it aligns with the experiences of the Carer's Centre. She explained that carers are increasingly seeking advocacy support, particularly in relation to financial queries, access to services. MF highlighted the challenges faced by "sandwich carers"—those who are caring for an older generation while also raising young families—emphasising their complex needs. She also commended the inclusion of the case study stories, describing them as excellent examples of advocacy in practice.

KM raised several points for consideration. He expressed concern that the report contained limited information on performance and outcomes and

indicated that he would like to see more detail in this area. He noted that gap analysis had been identified as the number one priority within the strategy adopted in 2022/23, yet this work has not been completed. KM questioned the commissioning of a significant service during the period, commenting that it seemed unusual to commission new services before fully understanding need, demand, and completing the gap analysis. He also referred to the QMAG report, which highlighted that Adult Support and Protection cases achieved positive outcomes in 73% of instances, meaning that more than a quarter were unsuccessful. He observed that delays in securing advocacy contributed to these outcomes and noted that this issue was not referenced in the report.

CC welcomed KM's feedback and agreed that his comments were well made. She suggested that there may have been some crossover between the QMAG report and the Advocacy Report when they were compiled. CC acknowledged the challenge of ensuring timely access to advocacy through the Adult Support and Protection process, noting that this remains a priority. She explained that she could not comment on the last couple of years as she was not in post during this time but confirmed that she would take KM's points back to the team. CC committed to strengthening some of the actions and reviewing the delivery plan to address gaps and challenges.

Cllr Liewald asked whether the Committee could take assurance from the report or whether further actions would be required. KM responded that, having seen that the Advocacy Forum meets regularly, and that CC has taken the points raised on board, he was content to take assurance and looked forward to seeing some of the actions reflected in future reporting. CC confirmed that the delivery plan will be re-drafted.

The committee took Assurance from the report.

9.2 Prevention and Early Intervention Strategy

This report was brought to Committee by Lisa Cooper and comes for Assurance.

LC introduced the report, explaining the progress made during the first year of the Strategy. She reassured members that Fife HSCP remains committed to a prevention and early intervention approach, providing a clear framework for embedding proactive, preventative practices across all services and partner organisations.

LC stated the Strategy is designed to prevent health and social care challenges before they arise, making early intervention standard practice. She shared the conditions established during Year 1 and drew attention to key points in the report. LC confirmed that all seven localities have made early intervention and prevention a priority in their plans.

She also noted that a baseline assessment survey has started to capture HSCP’s current position across the system in delivering prevention and early intervention. This survey will be repeated in Year 2 to track progress. LC then invited questions from members.

JB welcomed the Strategy and suggested that it will align well with the Advocacy Strategy. She asked if measurement plans for these strategies could be shared earlier, so that baselines can be understood and monitored from Year 1. LC explained that the Strategy is still in early development and that work is ongoing to evidence the “how do we know” aspect. She agreed to take this forward as an action and confirmed that an addendum will be brought to the Quality & Communities Committee meeting in March.

Cllr Liewald welcomed the emphasis on public information, education, and early intervention work at locality level. She expressed her appreciation for Health Centres opening on Sundays to provide winter flu vaccinations and other immunisations. LC advised that Health Centres have previously opened on Sundays when required and confirmed that this approach is intended to reduce health inequalities and ensure services remain accessible to all.

The Committee took Assurance from the report.

LC

9.3 Primary Care Strategy Year Two Annual Report

This report was brought to Committee by Lisa Cooper and came for Assurance and Discussion.

LC was delighted to present the second Annual Report of the Primary Care Strategy. She noted that Fife has been a pathfinder in developing this strategy and is already seeing real success, which should be celebrated. LC outlined the main achievements delivered during Year 2 and referred to page 148, which provides national context and details of forthcoming legislative changes. She advised that Fife is well positioned to support developments through the Operational Improvement Plan, the Service Renewal Framework, and the Population Health Framework, with a strong focus on prevention, reducing inequalities, and working closely with communities. Within Primary Care, the aim is to increase sustainability and embed a quality-driven approach through the strategy, positioning Fife positively for national developments over the next decade. LC also highlighted page 133, which includes real examples of people's experiences of Primary Care services and provided further detail on key achievements during the year.

HH supported LC's comments and emphasised the strong focus on quality work in General Practice, which has been highly valuable. He noted the strengthened GP voice through Cluster working and expressed confidence that Fife is in a good position, particularly with new funding for General Practice aligning with ongoing work to take improvements forward.

Cllr Liewald thanked LC for the report and expressed that she was encouraged by its content. She highlighted the work being rolled out with Community Pharmacy and noted that, based on feedback from constituents, there is now a stronger sense of assurance and confidence in taking up the offer of Pharmacy First. She remarked that this level of confidence was not evident previously but is now coming through strongly.

LC welcomed the feedback regarding Pharmacy First and confirmed she will take this directly to Pharmacy colleagues. She also highlighted the significant investment made in developing multi-disciplinary teams (MDTs) and referred specifically to the role of Community Link Workers as part of the approach.

JB felt the Strategy was impressive and queried the outcomes of Clinical Care, referring to Fife being the lowest for children's dental care. She asked about the impact of the services currently being provided and noted that, while the report is very comprehensive, it would be helpful to see outcomes reported back. LC acknowledged the challenge around data availability for assurance and confirmed she is aware of the figures relating to children's dental health. She advised that local indicators will come through performance reporting and expressed confidence that improvements will be seen moving forward. HH echoed LC's comments regarding data availability and noted that improved outcome measures are expected as data quality improves.

	<p>Cllr Clarke referred to the table on page 169 and suggested that it appears to be missing a column titled “How do we know.” LC agreed this was a valuable observation and confirmed she will take this forward to incorporate into the Outcomes Map.</p> <p>The Committee took Assurance from the report.</p>	<p>LC</p>
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9.4 Workforce Strategy 2022-25 Year 3 Annual Report & Three-Year Summary

This report is brought to Committee by Roy Lawrence and comes for Assurance and Discussion.

RL introduced the report for 2024–2025, providing a detailed overview of key achievements and emphasising the co-delivery approach, which is fully aligned with all Partner Strategies. He drew attention to the qualitative and quantitative data presented in Appendix 1 and the concise summary of all actions for the year in Appendix 2.

RL outlined the positive outcomes achieved during the reporting period while acknowledging significant challenges, particularly in relation to funding constraints and the recruitment and retention of staff. He noted the provision of protected time for learning, development and growth remains under considerable pressure. He advised, the report offers a moderate level of assurance and outlined a supporting range of mitigating actions addressing the strategic risks.

RL commended PD for the substantial contribution made to recruitment efforts across Scotland, enabling individuals to sustain their careers within HSCP. He concluded by outlining future plans and their alignment with the Strategic Plan. Questions were then invited.

Cllr Liewald thanked RL for the comprehensive report and expressed her appreciation for its content. She referred to page 193, noting that 60% of care home providers are attending Care Home Collaborative meetings on a bi-monthly basis, which she felt was highly significant and indicative of strong engagement.

PD commended the report and acknowledged the contributions of RL and DMcl, noting that the quality of the work produced has been outstanding. He recognised the challenges that lie ahead but expressed confidence that these can be addressed through a collaborative, whole-system approach.

MF welcomed the report and highlighted that approximately 44,000 members of the workforce are unpaid carers. She queried apprenticeships and youth engagement and was pleased apprenticeship opportunities are increasing. MF sought clarification on the statement, “foundation apprenticeship in social services and healthcare is not positioned as a direct employment pipeline.” DMcl explained that this is not a decision made by HSCP but relates to Education policy, which he described. He expressed hope that a mechanism could be developed in the future to enable this pathway to be included.

MF welcomed the report and asked about the outcomes from the Carer’s Forum and the Carer’s Conference held in June 2025. RL advised that an action plan had been developed directly from feedback provided by carers. He undertook an action to ensure ML has sight of the action plan so that it can be discussed at a later date and noted that some work arising from this feedback has already been progressed.

RL

	Cllr Liewald confirmed Assurance was taken from the report.	
9.5	<p>Equality, Diversity & Inclusion Year 1 Annual Report 2024-25</p> <p>This report was brought to Committee by Roy Lawrence and comes for Assurance and Discussion.</p> <p>RL introduced the report, which sets out the actions delivered during the first year of the Equality, Diversity & Inclusion Plan. He reported that excellent progress has been achieved and that strong foundations have been established. RL emphasised the importance of shifting organisational culture and building trust, noting that visibility has increased significantly, thereby raising awareness. He highlighted the development of a neuro-inclusion toolkit, which has now been incorporated into the Fife Council induction packs. Feedback received to date has been positive, although RL acknowledged that further work remains to be undertaken. RL also advised that protected time for staff learning continues to present a challenge; however, he outlined approaches to embed learning into everyday practice, which have been well received. He further noted the very positive engagement from staff throughout this process.</p> <p>RL advised Bronze Equality Pathfinder Status was achieved last year and news has now been received that Silver Status has now been achieved.</p> <p>LB spoke of her experience of her role in reverse mentoring which she felt was a very worthwhile experience.</p> <p>JB queried HSCP's response to the annual Equality, Diversity & Inclusion (EDI) survey, noting uneven adoption across teams. RL acknowledged this as the most significant challenge, explaining that the survey reflects perceptions and experiences, which can be difficult to quantify. He emphasised that the cultural shift requires creating space for people to engage and outlined various events taking place with representation from the Senior Leadership Team. RL highlighted the importance of role-modelling and developing tangible ways to embed EDI principles within the workforce. He confirmed that further evidence of progress will be presented in the next report.</p> <p>PD spoke about his experience of participating in the reverse mentoring programme, which he considered to be highly valuable. He expressed his support for the initiative and encouraged its wider rollout.</p> <p>Cllr Liewald commended RL on the fabulous work being taken forward.</p> <p>The Committee was Assured by the report.</p>	
10.	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>10.1 Quality Matters Assurance Group</p> <p>Unconfirmed Minutes from 08.09.25</p>	

	<p>10.2 Equality and Human Rights Strategy Group Confirmed Minutes from 11.08.25</p>	
	<p>10.3 Clinical Governance Committee Unconfirmed Minutes 29.08.25</p>	
	<p>10.4 Strategic Planning Group Unconfirmed Minutes 03.09.25</p>	
11.	ITEMS FOR ESCALATION	
	No items were raised for escalation	
12.	AOCB	
	<p>No items were raised under AOCB</p> <p>LC responded to MF's query regarding obesity in Fife, citing data from 2022. She will obtain more up-to-date figures and provide this information to MF.</p>	
13.	DATE OF NEXT MEETING	
	Wednesday 07 March 2026, 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 11 NOVEMBER 2025 AT 14.00 PM VIA TEAMS

PRESENT: Vicki Bennett, British Dietetic Association Representative (Chair)
 Lynne Garvey, Director of Health & Social Care
 Ben Morrison, TU Rep, Royal College of Podiatry
 Caroline Cherry, Principal Social Work Officer, H&SC
 Chris Conroy, Head of Community Care Services, H&SC
 Colleen Allen, UNISON
 Dafydd McIntosh, Organisational Development & Culture Specialist
 Debbie Fyfe, Joint Trade Union Secretary
 Fiona Berry, Health & Safety Adviser, Fife Council
 Gemma Reid, HSCP Coordinator (Minutes)
 Hazel Williamson, Communications Adviser, H&SC
 Helen Caithness, RCN
 Laura Finlay, Health & Safety Adviser, Fife Council
 Lee Cowie, Senior Manager, MH, LD & Addictions
 Lee-Anne French, HR Business Partner, Fife Council
 Lisa Cooper, Head of Primary & Preventative Care, H&SC
 Louise Noble, UNISON
 Lynn Barker, Director of Nursing, H&SC
 Lynne Parsons, Employee Director, NHS Fife
 Melanie Jorgensen, HR Team Leader, NHS Fife
 Michaela Lessells, UNISON
 Roy Lawrence, Head of Culture, Engagement & Communities, H&SC
 Steven Portsmouth, UNISON
 Tracy Hogg, Chief Finance Officer, H&SCP
 Vanessa Salmond, Head of Strategic Planning & Performance, H&SC
 William Nixon, H&S, NHS Fife
 Yvonne Batehup, UNISON

APOLOGIES: Helen Hellewell, Deputy Medical Director
 Karen Marwick, Head of Complex & Critical Care Services
 Kenny McCallum, UNISON
 Gillian Bell, UNISON

NO	HEADING	ACTION
1	APOLOGIES	
	Chair welcomed everyone to the meeting, confirming that the meeting would be recorded to assist with the minute. Apologies were noted as above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 16 SEPTEMBER 2025	

	The minute and action log of the meeting held on 16 th September 2025 were approved as an accurate record.	
3	JOINT CHAIRS UPDATE	
	<p>Lynne opened by celebrating achievements across the workforce and expressing pride in the efforts of all teams. She acknowledged ongoing challenges such as financial pressures and service redesign and emphasised the importance of maintaining open communication throughout.</p> <p>Marking her first year as Director, Lynne shared how honoured and proud she feels to lead the Health and Social Care Partnership despite the ongoing challenges. She confirmed the Senior Leadership Team (SLT) is now fully in place, with recent appointments bringing stability and strengthening collaboration.</p> <p>Engagement and Communication</p> <ul style="list-style-type: none"> • SLT continues to host virtual “Meet and Greet” drop-in sessions via Teams, offering staff the chance to ask questions and hear updates on strategic progress. • During Speak Up Week, SLT visited teams to encourage open, two-way communication, Actions have been captured and will be followed up by relevant senior leaders. • Heads of Service are also running bitesize sessions within their own areas. <p>Training and Wellbeing</p> <ul style="list-style-type: none"> • Lynne stressed the importance of completing mandatory and core training and asked for support from all to encourage uptake. • Flu immunisation remains a priority, with drop-in clinics available across Fife. <p>Service Developments</p> <ul style="list-style-type: none"> • Transforming Care: Packages are being reviewed to ensure they meet individual outcomes. • Stroke Rehabilitation Services: Bed reconfiguration at Glenrothes and Cameron Hospitals will support specialist services aligned with the Home First approach. <p>Achievements</p> <ul style="list-style-type: none"> • Three Occupational Therapy Assistants completed their HNC in Occupational Therapy Support. • The School Nursing Team were recognised as Community Champions at the NHS Fife Awards. • Speak Your Mind Group from Shared Lives Fife reached the final of the Great British Care Awards. • Third round of the Community Chest Fund launched, supporting unpaid carers and local initiatives. 	

	<ul style="list-style-type: none"> • Mental Health and Wellbeing Strategy approved by the IJB. <p>Member Updates</p> <ul style="list-style-type: none"> • Vicki Bennett and Debbie Fyfe congratulated Lynne on her first year as Director. • Debbie praised the personalised approach of the Care at Home SWAY and requested similar updates across other services. Lynne confirmed she is working with Hazel Williamson and the Comms team to replicate this across all portfolios. • Hazel confirmed plans to replicate Care at Home SWAY at portfolio level. <p>ACTIONS</p> <ul style="list-style-type: none"> • Comms to replicate SWAY updates across portfolios as a priority. • SLT to ensure bitesize sessions are scheduled in diaries. 	HW
4	HEALTH AND WELLBEING	
	<p>4.1 Stress Oversight Group & Action Plan</p> <p>Caroline Cherry presented this report for assurance and discussion.</p> <p>Caroline highlighted that efforts to identify and address workforce stress have been coordinated across Fife Council and NHS Fife, with Elizabeth Crighton acting as the dedicated lead and reporting to the Stress Oversight Group. Due to limited resources and engagement this is not sustainable.</p> <p>As Elizabeth returns to her substantive post, a realistic action plan has been developed, incorporating key themes identified through the stress surveys. This plan will be approved by the Wellbeing Oversight Group and will remain under ongoing review.</p> <p>The group has taken combined knowledge of both employers and the positive work being undertaken, plus any recent action plans, to produce a focussed short plan to prioritise actions from the causes of stress, these are:</p> <ul style="list-style-type: none"> • Violence and Aggression • Stress and Stress Management Tools • Bullying and Harassment - Early Intervention • Civility within the workplace • Improving Communication • A focus on well-being within the workforce - Well-being Champions <p>Caroline took members through the actions for each stressor, which are detailed in full in the action plan included within the papers.</p> <p>Chair opened to questions from members.</p> <ul style="list-style-type: none"> • Debbie Fyfe emphasised the value of a blended working model, rather than exclusively home working, to maintain positive team dynamics and encourage supportive conversations, suggesting a How We Work Matters refresh for teams. 	

	<ul style="list-style-type: none"> Debbie requested a breakdown of violent and aggressive incidents by gender, noting that different strategies may be required depending on the gender of both the perpetrator and the victim. ACTION: Caroline Cherry confirmed she would take this forward. Steven Portsmouth noted his involvement in wellbeing sessions at Lynebank alongside Wendy McConville where staff raised concerns about mental health service redesign discussions taking place without their involvement, as well as talk of wards at Stratheden potentially relocating to Lynebank. Lee Cowie responded to Steven acknowledging the challenge of reaching all staff however, noted that two open sessions had been held to communicate changes with positive engagement, followed by an additional Teams session. Engagement was positive, and an information document will be shared. Lee also expressed his willingness to meet with staff at Lynebank and will coordinate this with Fraser Ross, Clinical Services Manager. Lynne Garvey confirmed mental health is not relocating but there will be some moves into more modern and safe facilities. <p>LPF members were assured by the current position.</p>	CCh
	<p>4.2 Attendance Update</p> <p><u>NHS Update</u></p> <p>Melanie Jorgensen provided a summary of key findings from the NHS Fife Attendance Report.</p> <ul style="list-style-type: none"> The sickness absence rate remained at 7.50% for August 2025. This is higher than the sickness absence percentage in August 2024. Community Care Services had the highest sickness absence percentage at 10.26%. Complex and Critical Services was second highest with 7.06%, followed by Professional/Business Enabling at 5.65% and Primary Care & Prevention Services at 5.57%. The highest number of hours lost was due to Anxiety / stress / depression / other psychiatric illness, followed by other Gastro-intestinal problems. The highest number of episodes of absence lost was due to Anxiety / stress / depression / other psychiatric illnesses, followed by Gastro-intestinal problems. The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 5+ job family. The highest absence percentage was within the Healthcare Sciences job family, followed by nursing and midwifery bands 1-4. Short-term absence increased and long-term decreased in August 2025. The highest overall absence rate was in the 20 - 24 age category. The next highest overall absence rate is in the 60 - 64 age group followed by 50 – 54 age group. 	

- Melanie concluded by noting that there were 23 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in August 2025.

Supports in place

Melanie noted that several documents have been shared through the Attendance Management Oversight Group outlining the approach to deep dives and how these will be carried out. It is expected that areas with absence rates exceeding 10% should undertake deep dives.

Melanie highlighted a poster to be distributed to services, designed to support attendance management by providing information on wellbeing resources and QR codes that give managers direct access to these resources.

Chair opened to questions from members.

Yvonne Batehup asked whether managers are provided with support to carry out deep dives to ensure consistency. Melanie confirmed that a guide, including expectations, is currently being developed. She also noted that the blanket category on SSTS for anxiety, stress, and depression has been raised nationally without success, but deep dives should help address this. Personal stressors remain a significant factor, and staff should be made aware of available bereavement support.

Yvonne highlighted the pressure on managers to find time for deep dives alongside their daily responsibilities. She also noted that regular contact with absentees is not always maintained and that additional support is needed for accessing services. Melanie reiterated that the poster being developed will support with this, encouraging managers to signpost staff whilst also reinforcing the need for staff to take ownership. Melanie advised that the poster is currently with the communications team for graphics and links and will be shared with the Attendance Management Oversight Group for feedback.

Lisa Cooper referred to the Multi-factorial Review, noting the need for expansion of membership within attendance groups to better support managers during attendance reviews. She reported positive feedback from managers who feel well supported and highlighted that case feedback indicates strong consistency in the quality of support provided to staff.

Yvonne acknowledged that whilst positive work is happening, strong communication is vital.

Vicki suggested that Yvonne should pick up conversation with Lisa offline.

Lynn Barker highlighted a report by Charlie Mayfield, ex-Chief Exec of John Lewis which she shared in the chat, noting it may be of interest to members and their teams to support with attendance management, reasons for absence and supports available.

Fife Council Update

Lee-Anne French presented key highlights from the Fife Council Attendance Report.

- In September 2025, HSCP recorded 26.69 working days lost per FTE which is a slight increase in comparison to July/August.
- Community Care Services has the highest level of sickness absence with 30.08 working days lost, followed by Localities with 24.87 WDL, Complex and Critical care with 24.43 WDL and Resources with 6.28 WDL. However, Community Care is at its lowest level for the previous 17 months.
- In September 2025, the top 3 reasons for sickness absence by working days lost were mental health (3.41), non-work-related stress (3.03) and other musculoskeletal (2.65).
- In September 2025, the top 3 reasons for sickness absence by number of occasions were diarrhoea and vomiting (691), cough, cold and flu (672) and non-work-related stress (227).

Chair opened to questions from members.

Debbie Fyfe noted that while there is limited scope to influence short-term absence, she would like to see more detailed information on long-term absence and explore alternative roles to enable staff to return to work in some capacity if they are unable to resume their substantive post. Chris Conroy expressed his support for this approach.

Debbie will pick up chat with Lee-Anne offline.

LPF members were assured by the current position.

4.3 Attendance Management Flash Reports

Heads of Service presented the attendance management flash reports to support the data presented by HR.

Primary & Preventative Care

Lisa Cooper provided an update on the Primary & Preventative Care portfolio position, noting a 6.3% absence rate. Lisa highlighted a slight increase in both long-term absence and short-term absence, predominantly due to seasonal illness. Lisa reinforced the importance of the uptake of flu vaccinations to protect colleagues and services and requested support from members to encourage this.

Lisa noted that the implementation of the Multi-Factorial Review has progressed, and discussions have taken place regarding stress risk assessments. The service held well-attended engagement sessions with the workforce, and a report is being compiled for presentation to SLT and other forums, including LPF, to inform improvement plans that support workforce health and wellbeing.

Complex & Critical Care Services

Lee Cowie provided an update on the current position within the Complex & Critical Care portfolio, noting that figures remain relatively stable with minor fluctuations. NHS absence rates continue to rise month-on-month, reaching approximately 7% in September 2025. Within Fife Council, absence levels were around 23 working days lost in July 2025. Across Complex & Critical Care, the average WDL is approximately 24.4 days, which is lower than the same period last year and below the Partnership average.

Key challenges persist, including seasonal illness, workload pressures due to vacancies, and limited time for effective absence management.

On a positive note, mental health-related absence figures have improved compared to the same period last year. Attendance Management Training for frontline managers, delivered by HR, has been scheduled and Staffside representatives are now joining absence management meetings.

Community Care Services

Chris Conroy provided an overview of the current position within the Community Care portfolio.

Chris reported an improving picture and a considerable reduction in NHS staff absence in September (8.84%), the lowest since April 2025 and lower than the same period last year. For Fife Council staff, Chris highlighted that absence days have decreased to the lowest level in 17 months (30.08 WDL), marking the fifth consecutive month of improvement.

Chris noted ongoing system pressures affecting attendance rates, alongside improved alignment with the NHS attendance policy, which ensures staff receive support earlier and at the appropriate stage of absence. While acknowledging the increased transformation work underway, he highlighted greater engagement and enhanced senior leadership visibility to support staff understanding and help drive this forward.

LPF members were assured by the current position.

4.4 Employee Relations Update

NHS Update

Melanie Jorgensen provided a summary of key points from the NHS Fife Employee Relations Report, noting that within the current reporting period there are a total of 24 employee relations cases within the H&SCP. This comprises 12 Conduct Cases, 7 Bullying and Harassment cases and 5 grievance cases. This is an increase of 2 cases since the previous reporting period.

Melanie advised that 25% of cases are within 3 months of the investigation commencing, 17% have been under investigation for 4-6 months and 29% have been under investigation for 7-12 months. Melanie noted that 29% of cases have been under investigation for over 12 months.

Those cases which have been ongoing for over 7 months continue to be reviewed and progressed to conclusion as quickly as possible. For those cases over 12 months the following factors have been identified as delaying the process:

- Awaiting the outcome of criminal proceedings (x3 cases)
- Delays caused by the wellbeing of the member of staff involved
- Delays caused by the member of staff not engaging with the process
- Case is paused pending conclusion of another process (x2)

Of the active conduct cases there are currently 4 employees suspended from duty as following a risk assessment, the risk posed could not be mitigated by adjustments or an alternative role. All suspensions remain subject to regular review.

Chair invited questions from members.

Vicki Bennett queried the average time taken to conclude a grievance case. Melanie explained that this information cannot currently be provided due to system limitations; however, the new reporting system, ServiceNow, which is being implemented from April, will enable this. Melanie added that she is encouraged by the capabilities of ServiceNow.

Fife Council Update

Lee-Anne French provided a verbal update on Employee Relations within Fife Council noting as at November 2025 there are a total of 36 Employee Relations cases, comprising 23 disciplinary, 11 grievance and 2 improving performance cases.

Lee-Anne highlighted that disciplinary cases have decreased since the previous report presented to LPF in April 2025, however cases of gross misconduct have increased.

Lee-Anne outlined the reasons for current investigations with the highest number of cases relating to negligence or carelessness (8) followed by adult protection (7), inappropriate conduct (4), criminal convictions (2), breach of confidentiality (1) and sexual harassment allegations (1).

Of the 23 disciplinary cases, 6 have been active for 0-3 months, 7 for 4-6 months, 3 for 7-12 months, and 7 cases have been active for over 12 months.

Lee-Anne reported 11 Grievance cases which is a slight increase of 2 since April 2025. Of the 11 cases, 7 relate to working relationships, 3 relate to bullying, and one "other".

Of the 11 grievance cases, 5 have been active for 7-12 months with 6 ongoing for over 12 months.

Lee-Anne reported 2 improving performance cases, both currently at the informal stage.

Lee-Anne highlighted that HR are currently undertaking a review of the Disciplinary Investigating Officer and Grievance training programmes and are making arrangements to offer training sessions starting from January 2026.

	<p>Once final details are confirmed, the team will communicate directly with Service Managers to provide further information.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe noted a significant number of cases being managed out with timescales and noted that she will pick up conversation around this with Lee-Anne offline.</p> <p>LPF members were assured by the current position.</p>	
	<p>4.5 Staff Health & Wellbeing Updates</p> <p>Roy Lawrence advised that Elizabeth Crighton has returned to her substantive post and Dafydd leading on wellbeing within the Partnership. Roy confirmed Julie Gracie and/or Casey Fitzpatrick will join LPF from the next meeting to provide an update on Fife Council wellbeing activity. Dafydd will also Chair the Wellbeing Oversight Group.</p> <p>Roy noted that a fuller report on wellbeing will be brought to the next LPF in January 2026.</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 September and October, a total of 263 incidents were reported with 1030 in total since April. These included:</p> <ul style="list-style-type: none"> • 11 sharps-related incidents • 6 slips, trips, and falls • 145 incidents of violence and aggression (25% drop on previous report) • 2 musculoskeletal incidents • 16 self-harm incidents, showing a decrease from previous periods • 3 RIDDOR-reportable incidents were recorded during this timeframe <p>Within the Violence & Aggression category:</p> <ul style="list-style-type: none"> • 9 incidents were formally reported to the police, comprising 5 physical and 1 verbal assaults, 3 unwanted behaviours and 5 were considered as a hate crime. • 10 incidents of sexual harassment were also reported, comprising 2 physical and 1 verbal assaults and 7 unwanted behaviours. <p>Chair opened to questions from members.</p>	

	<p>Vicki highlighted incidents at Stratheden which are not showing on the reports and noted that she will pick this up with Billy offline.</p> <p><u>Fife Council Update</u></p> <p>Fiona Berry, representing the Fife Council Health and Safety team, reported an increase in slips, trips, and falls, attributed to adverse weather, darker mornings and evenings, and a renewed focus on reporting within Care at Home.</p> <p>Fiona highlighted ongoing projects aimed at improving reporting processes, including support with First Contact forms and raising awareness of reporting guidelines through training and root cause analysis.</p> <p>Looking ahead, site review visits will continue to assist with accurate reporting and ensure risk assessments are properly followed up and reviewed. Fiona noted that feedback on this initiative has been excellent.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe expressed her appreciation that Care at Home is promoting incident reporting. She noted that some carers hesitate to report issues for fear that service users might lose their care, when in fact solutions such as assigning additional carers can be implemented.</p> <p>LPF members were assured by the current position.</p>	
<p>6</p>	<p>FINANCE</p>	
	<p>6.1 Finance Update</p> <p>Tracy Hogg provided an update on the financial position based on information to 30 September 2025, noting the forecast for Fife Health & Social Care Partnership is currently a projected overspend of £6.8m, which is an adverse movement of £1.3m since the July position.</p> <p>This overspend is accountable to key areas:-</p> <ul style="list-style-type: none"> • Projected non achievement of savings • Mental Health & Psychology • Service Level Agreements • Adult Packages of Care • Care at Home • Older People Residential • Primary Medical Services • Prescribing <p>These overspends are partially offset by underspends in:-</p> <ul style="list-style-type: none"> • Supported Living, Community Support & Social Care Fieldwork • Expenditure reduction, use of reserves, reduction bank/agency, management posts held • Primary & Preventative Care • Learning Disabilities 	

	<p>Tracy advised that much of the above is attributable to vacant posts.</p> <p>Tracy presented the changes since month 4 and provided a rationale for each area identified as contributing to these movements.</p> <p>Delivery of savings currently stands at 82% delivery (£24m of £29m). There are areas that may not achieve full delivery within the year, and PRU meetings are continuing to address key risk areas, with support from SLT.</p> <p>Tracy noted £1.7m of reserves which she advised are all accounted for and factored into the projection.</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.</p> <p>Lynne Garvey advised that whilst there are savings associated with unfilled vacancies, this is not the main driver. Lynne also reported that the modernising admin project has been delayed due to delays with digital enablement.</p> <p>Lynne acknowledged a top-heavy management structure within Health and Social Care and confirmed her commitment to role modelling by holding her management vacancies until the new financial year, whilst other vacancies, primarily administrative, are due to the ongoing redesign work.</p> <p>Yvonne Batehup queried how many posts are being held and the impact this is having on staff.</p> <p>Lynne responded to confirm that we don't have these exact figures available.</p> <p>Debbie Fyfe requested a meeting with Tracy offline to discuss the 2 red indicators.</p> <p>Lisa Cooper reassured members that there are no vacancy freezes in place for critical or essential posts.</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 30th September 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. 	
7	SERVICE PRESSURES & WORKFORCE UPDATES	
	<p>7.1 Winter Plan</p> <p>Due to timescales, Chair advised that any comments on this report should be directed via email.</p>	

	<p>Vicki queried staffing of surged beds highlighting the added pressure on staff as a result.</p> <p>Chris noted this would be spread across multiple community hospitals and wards and not specific to one area, and reassured members that we would only surge if it was safe to do so.</p> <p>Lynn Barker confirmed that if surge was considered necessary, this would be supported by supplementary staffing.</p>	
	<p>7.2 H@H Frailty Team Configuration</p> <p>Due to timescales, Chair advised that any comments on this report should be directed via email.</p> <p>Lynne Garvey confirmed this is simply an operational change, amalgamating 3 teams into 2.</p>	
	<p>7.3 VMF Update</p> <p>Tracy Hogg provided a verbal update regarding a mix-up with the Activities Coordinator post at Stratheden. New posts were proposed, and one staff member left, with roles amalgamated at some point. The post that should have been filled at Stratheden has now been approved by the VMF panel. Tracy advised that Maria Ayling currently maintains oversight of all posts via a spreadsheet, and Lee is exploring options to recruit to these posts under the AHP banner. Tracy confirmed that an update is expected soon.</p> <p>Chair opened to questions from members.</p> <p>Vicki Bennett requested data around the progression of VMFs to understand where the gaps are.</p> <p>Action: Tracy to provide VMF data to Vicki Bennett</p> <p>LPF members were assured by the current position.</p>	TH
	<p>7.4 Admin Transformation</p> <p>Tracy Hogg provided a verbal update advising that she had recently taken over this project, noting the last project board took place on 18th September and was attended by Audrey Valente.</p> <p>Tracy advised she would be attending a meeting next week to gain a clearer understanding of progress in this area and noted that the last staff communication was in January 2025. She is keen to share updated information with staff soon and is working with the Comms Team around this.</p> <p>Action: Tracy confirmed she will return to the next LPF in January 2026 with further information.</p> <p>LPF members were assured by the current position.</p>	TH
	<p>7.5 Workforce Mobilisation Update</p>	

	<p>Lynn Barker provided a verbal update, noting that mobilisation may need to be considered due to challenges with surge demand, vacancies, and absences, in order to maintain a consistent workforce across HSCP.</p> <p>Chair opened to questions from members.</p> <p>Lynne Garvey welcomed Lynn’s leadership on this work, noting it was part of last year’s recovery actions to mobilise staff to critical areas and reduce reliance on bank and agency spend. Given current flu intelligence and predictions of the most severe strain to date, workforce capacity may be reduced, and staff mobilisation could be necessary to maintain critical services.</p> <p>Action: Lynn Barker working up a robust process which will be brought to January LPF meeting.</p> <p>LPF members were assured by the current position.</p>	LB
8	REPORTS	
	<p>8.1 Workforce Strategy Year 3 Annual Report & Three-Year Summary</p> <p>Roy Lawrence acknowledged Dafydd for leading on the development of the report and advised that, due to time constraints and member drop-off, the full report would be re-shared with members after the meeting for feedback.</p> <p>Roy explained that the Scottish Government no longer requires a three-year Workforce Strategy. Instead, the emphasis will shift to the Strategic Plan, supported by Workforce Annual Reports aligned with the annual delivery plan as of April 2026.</p> <p>Vicki Bennett complimented the report and the work ongoing.</p>	
	<p>8.2 Equality, Diversity & Inclusion Year 1 Annual Report 2024-25</p> <p>Roy Lawrence advised that, due to time constraints and member drop-off, the full report would be re-shared with members after the meeting for feedback.</p>	
	<p>8.3 Prevention & Early Intervention Strategy</p> <p>Lisa Cooper presented this report for assurance and to provide an update on the progress made during Year 1 of delivering the Prevention and Early Intervention (P&EI) Strategy Delivery Plan.</p> <p>Lisa drew members’ attention to training and education for delivering Prevention and Early Intervention, noting that a training plan is now live for all health and social care staff and is led by the Health Promotion team.</p> <p>She also highlighted staff concerns about how to effectively enable Prevention and Early Intervention, stressing the need for innovative approaches while remaining mindful of financial constraints.</p> <p>Lisa confirmed that the report has full support from the Quality and Communities Committee and will progress to the IJB on 26 November 2025.</p> <p>LPF members were assured by the current position.</p>	

9	GOVERNANCE	
	9.1 LPF Workplan The LPF workplan was included within the papers for assurance and noting.	
10	ITEMS FOR BRIEFING STAFF / AOCB Lisa Cooper highlighted a low uptake of flu vaccinations amongst Health and Social Care staff and requested support to promote vaccinations, highlighting that whilst Health and Social Care staff are not eligible for covid vaccinations this year, flu vaccinations should be encouraged. Yvonne Batehup queried peer vaccinators with Lisa confirming that these are in operation with a large cohort of staff able to perform vaccinations across Fife and pop-up clinics are in operation within care homes, Bankhead and Fife House. No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.	
11	DATE OF NEXT MEETING – LPF Development Session (Fife House) - Wednesday 10 December, 14:00-16:00 LPF Meeting (MS Teams) - Tuesday 13 January 2026 – 14:00-16:00	



Fife Health & Social Care Partnership

Supporting the people of Fife together

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

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

Attending: Lynne Garvey, Director of Health & Social Care
Tracy Hogg, Chief Finance Officer
Roy Lawrence, Head of Culture, Engagement & Communities
Caroline Cherry, Principal Social Work Officer
Vanessa Salmond, Head of Strategic Planning & Performance
Chris Conroy, Head of Integrated Community Care Service
Dafydd McIntosh, Organisational Development & Culture Specialist
Avril Sweeney, Manager, Risk Compliance
Lisa Cooper, Head of Primary & Preventative Services
Lynn Barker, Director of Nursing
Louise Radcliffe, Organisational Development & Culture Specialist
Gillian McNab, Management Support Officer (Minutes)

Apologies for Absence: Karen Marwick, Head of Complex & Critical Care

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

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

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

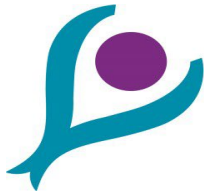
	<p>Committee noted that there are currently 6 risks with high residual risk scores which are Finance, Demographic Changing Landscapes, Primary Care Services, Workforce, Transformation/Change and Contractual and Market Capacity. These risks have all been subject to a deep dive risk review by this committee and continue to be monitored closely.</p> <p>Committee noted there are a number of risks at an operational level within the partner bodies risk systems, and these are regularly monitored at Financial Governance meetings and as part of the budget monitoring process. These are actively managed by services managers. escalated to the SLT and to a strategic level if necessary.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the Risk Register. 2. Discussed the risk register and considered whether any further information was required. 	
6.	PERFORMANCE	
6.1	<p>Winter Plan</p> <p>Chris Conroy, Head of Community Care Services, presented the winter plan to Committee for assurance and discussion.</p> <p>Committee noted that there is a winter plan produced every year, and it is used to describe the plans over winter. It is articulated in the paper that clearly there are a lot of challenges that are faced all year round and not just in winter. Along with the wider pressures faced in the partnership there is an increase in demand for acute hospitals and the data shows the number of people who leave Victoria Hospital that come into partnership based premises. There is also a rise in demand in complexity and social work demands.</p> <p>Chris Conroy highlighted to committee the Discharge without Delay Collaborative and the focus of frailty; Home First Strategy; Panned Date Discharge; Community Hospitals; Hospital to Home expansion; Rehabilitation at Home; Surge Capacity has been built into the system; Primary and Urgent Care Services; Out of Hours; Direct Access and Care at Home.</p> <p>Committee also noted that around 75% of all care homes are now able to phone GP out of hours service, by-passing NHS 24 receiving quicker access to professional or health-based advice.</p> <p>Committee’s attention was drawn to the very important vaccination programme which is ongoing for patients and staff. Members were encouraged to spread the word and get people taking this up.</p> <p>The Chair opened this up to Committee members for discussion and comment and thanked Officers for the very detailed report. Questions raised included it not being clear what route the paper follows, and</p>	

	<p>does it need to come to this committee; do we need a separate plan to the NHS winter plan; should these link together?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Are assured around the plan. 2. Discussed the Winter plan. 	
7.	SCRUTINY	
7.1	<p>Public Sector Climate Change Duties</p> <p>Lisa Cooper, Head of Service, Primary & Preventative Care Services, introduced the report as part of the annual cycle of reporting and passed over to Avril Sweeney, Risk Compliance Manager.</p> <p>Avril advised that the report was being presented to committee for assurance, discussion and to recommend a decision to IJB on the 5 priorities for climate change governance and adaptation for the year ahead.</p> <p>Committee noted that there are climate duties that have to be complied with, and a report needs to be submitted to the Scottish Government (SG) by 30th November each year. Reporting focuses on corporate emissions, and service delivery as well as key information on organisational profile, governance, management and strategy, adaptation work, procurement, and validation.</p> <p>Committee also noted that the guidance that SG provide does recognise the unique nature of IJB's and they do not expect IJB's to address every aspect of the report as the asset owners, Fife Council and NHS Fife, will report on emissions and operational delivery</p> <p>Avril highlighted the SBAR also outlines some of the work carried out in the last year and it recommends that we build on the previously agreed priorities going forward.</p> <p>The key focus for the climate change group is awareness raising and provision of training for staff. The group is also developing processes to monitor progress of climate related programmes.</p> <p>Committee's attention was drawn to Appx.1 which provided an example of the FEAT tool which is being encouraged and promoted to support members in terms of highlighting climate change impacts in relation to decisions being taken. Appx 2 highlights the climate change impacts set out within SBARs over the last year. Members noted this aligns to the Strategic Plan and also to the Climate Fife Action Plan and the NHS Climate actions.</p> <p>The discussion was opened to committee members for comment and feedback. Discussion was held on the 5 priorities, and the importance of considering actions being taken and their impact on the environment.</p> <p><u>Decision</u></p> <p>The Committee</p>	

	<ol style="list-style-type: none"> 1. Agreed the priorities highlighted for the year ahead for onward submission to the IJB. 2. Discussed the report and provide any comments. 	
8.	STRATEGIES	
8.1	<p>Advocacy Strategy</p> <p>Caroline Cherry, Principal Social Work Officer, presented the Advocacy Strategy report to Committee for assurance and to provide a two-year update. The strategy was signed off in 2023, and this gives a flavour of two years of work that has taken place. Committee noted there needs to be sufficient advocacy for certain groups of people as an NHS Board and a Local Authority. There are descriptions of independent advocacy within the report and a delivery plan on page 98. Significant work has been carried out on commissioning of a new advocacy provider which commenced in September 2024 with a good transition period.</p> <p>Committee also noted there is a very active advocacy forum which meet regularly, and it was suggested that instead of having another group, Caroline would be the key SLT link for that group.</p> <p>It was noted that service level agreements are all in place and there has been quite a lot of work carried out to make people aware of what advocacy is and how people can access it.</p> <p>The Chair opened discussion up to Committee members. Questions raised included the outcomes being limited to three people, are the people needing advocacy getting it and supporting citizen advocacy, is this a good thing or a bad thing?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Are assured that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively. 	
8.2	<p>Primary Care Strategy</p> <p>Lisa Cooper, Head of Service, Primary & Preventative Care Services, presented the report and advised committee that we are currently in year 2 of delivering the Primary Care Strategy.</p> <p>Committee's attention was drawn to page 115, the summary of key achievements which covers General Practice, Pharmacy, Dental Services, Optometry and Strategic Enablers.</p> <p>Committee also noted the ambition for year 3 is to have everything complete or on track and to continue to focus on quality and sustainability. It was also noted that there is a high-level corporate risk to the IJB around resources. Lisa Cooper advised that nationally there is to be a significant investment to be made in Primary Care and there are clear priorities aligned to this. More details will follow with the Primary Care Route Map to be published in June 2026 which will provide clear directions. It was confirmed that the paper will be presented to IJB.</p>	

	<p>The Chair opened this up to Committee members for discussion and questions. Questions raised included report not being quantified and the application process for new pharmacies?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Are significantly assured that the delivery of the Primary Care Strategy remains on track. 2. discussed the actions proposed for Year Three delivery. 	
<p>8.3</p>	<p>Workforce Strategy (Inc. Wellbeing Action Plan)</p> <p>The Committee considered a report presented by Roy Lawrence, Head of Culture, Engagement and Communities, for assurance and discussion on the Workforce Strategy 2022-2025.</p> <p>Committee were asked to note the full report is Appx. 1, and Appx. 2 contains the summary of actions agreed from the year.</p> <p>It was highlighted the report also celebrates our workforce and their dedication, collaboration and partnerships throughout Fife. Over 50 people co-designed and co-deliver the annual report. Roy Lawrence extended a huge thank you to Dafydd McIntosh and everyone who has supported the report.</p> <p>Committee noted that the Workforce Action Plan records 48 actions across the 5 pillars, Plan, Attract (93%), Train, Employ and Nurture (82%). 81% of these actions are complete, with the remaining 19% actively progressing, which is 176 priority actions over the 3 years.</p> <p>It was also highlighted the development of the Fife College Care Academy and how this is supporting qualifications across the Partnership. Youth programmes like the Kings trust which provides sector-specific training, employability skills, and hands-on work experience and workplace training of Manager and Supervisors to make sure the workforce feel supported, motivated and valued.</p> <p>It was also noted the strategic shift that the Scottish Government no longer require Fife Council to publish a Workforce Strategy. Work will continue on the actions into April with a focus on the priorities within the Strategic Plan. We await further guidance from the Scottish Government for 2026 on what they will want reported.</p> <p>The Chair opened this up to Committee members for discussion and questions and thanked Officers for the exhilarating report. Discussions were held on the huge number of jobs within HSCP, the different routes into these jobs, apprenticeship programmes and retaining students, is there a way to make the other routes for less traditional applicants work better and recruiting & sustaining the workforce while looking to the future.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Are assured on the Workforce Strategy. 2. Discussed the report. 	

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



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 2025 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)

Attending: Tracy Hogg, Chief Finance Officer (Fife H&SCP) (TH)
Vanessa Salmond, Head of Strategic Planning and Performance (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Sinead Braiden, NHS Non-Executive Board Member (SB)
Lynne Garvey, Director of Health & Social Care Partnership (LG)
Isabella Middlemass, Management Support Officer (Note Taker)

In attendance: Rachel Heagney (NHS Fife) joined the meeting for item 9

Apologies: Cllr David Alexander, Fife Council (DA)
Amy Hughes, External Auditor (AH)
Chris Brown, External Auditor (CB)

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were approved.	
3.	ACTION LOG Action note discussed and all actions closed appropriately.	
4.	INTERNAL AUDIT PROGRESS REPORT Jocelyn Lyall presented this report to provide moderate assurance on progress of 2024/25 and 2025/26 Internal Audit Plans and Appendices 1 & 2. There are no further relevant Fife Council or NHS Fife internal audits to be reported since the last Audit and Assurance Committee on 19 th September 2025. 2024/25 Plan - Internal Audit F05-25 Performance Reporting which is delivered jointly by Fife Council and NHS Fife Internal Audit teams remains as a work-in-progress. Fieldwork is substantially completed, and it is anticipated that this report will be	

	<p>issued as a priority.</p> <p>2025/26 Plan - Internal Control Evaluation (ICE) with an indicative start date of 8th September.</p> <p>Members expressed concerns around the timing of the Performance Report and members were assured that the report is progressing.</p> <p>Recommendation Members considered and noted the Progress Report at Appendices 1 and 2 and took assurance on the progress on the 2024/25 and 2025/26 Internal Audit Plans.</p>	
5.	<p>INTERNAL AUDIT - FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</p> <p>Jocelyn Lyall presented this report to the Committee for assurance and to brief members on the progress with audit actions from Internal Audit Reports.</p> <p>The Internal Annual Audit Report 2022/23 has been removed from the system as all actions from that report are now complete and have been validated by Internal Audit.</p> <p>Three actions remain in the system for reports published more than a year ago, this has decreased by one from the August report. Eight actions remain from reports published less than a year ago and that compares to 9 at the end of August, thus resulting in 11 outstanding actions at the time of this report. Four of these actions are not yet due, 1 has been completed and validated and 6 have been extended.</p> <p>Discussions took place around the number of actions being extended and Jocelyn stated that she was not particularly concerned about the extensions and explained that these had been agreed due to changes in SLT roles and as there was not going to be an Audit and Assurance Committee in January 2026 felt that these were acceptable reasons for these extensions.</p> <p>Recommendation: Members noted this report and were assured by its content.</p>	
6.	<p>INTERNAL AUDIT CHARTER</p> <p>Jocelyn Lyall presented this paper to the Committee to provide significant assurance that the updated Internal Audit Charter complies with Global Internal Audit Standards and with the Application Note for Global Internal Audit Standards in the UK public sector. It also incorporates recommendations from the March 25 external quality assessment of the wider FTF Internal Audit Consortium which includes the NHS Fife team. This Charter was prepared in line with the template provided by the Institute of Internal Auditors. The Charter was presented to this Committee to be updated annually, and it is therefore presented here to the Committee today for approval.</p> <p>The Global Internal Audit Standards require each organisation to agree an Internal Audit Charter and that includes the mandate, the organisational position, reporting relationships and the scope of work on the types of work that they provide. The Internal Audit Mandate is a new requirement under Global Internal Audit Standards and that sets out the internal audit functions rules and</p>	

	<p>responsibilities. A new requirement under GIAS is the requirement for formal approval by the Chair of the Audit and Assurance Committee and the Chief Officer.</p> <p>Recommendation: Members were assured and approved the Audit Charter which sets out the internal audit function’s mandate, organisational position, reporting relationships, scope of work, types of services and other specifications.</p>	
<p>7.</p>	<p>RISK MANAGEMENT UPDATE REPORT (UPDATE ON PROGRESS)</p> <p>Avril Sweeney presented this report to the Committee for assurance and discussion and provided an update on progress with implementing the IJB Risk Management Policy and Strategy Delivery Plan since the last annual report which was in May 2025.</p> <p>There are 10 actions of which 8 are complete although they are doing further improvement work with the development of the Risk Maturity Model Action Plan. Two remain outstanding which are around lessons learned and process review work and the aim is to complete these by March 2026.</p> <p>It was felt that further work was required to understand where the processes can and should be replicated and how they can better evidence the impact of learning.</p> <p>Discussion took place around risk management and the work developing a maturity model in the lessons learned exercise. As this is part of the Action Plan for the delivery of the IJB Risk Management Policy and Strategy it will be reported back to this Committee again in 6 months.</p> <p>Recommendation: Members discussed the work carried out to date and with the IJB Risk Management Policy and Strategy Delivery Plan and were assured both by progress and suggested future approach.</p>	
<p>8.</p>	<p>DEEP DIVE RISK REVIEW UPDATE REPORT</p> <p>Avril Sweeney presented this report for assurance and discussion.</p> <p>This report was to update the Audit and Assurance Committee on the process of the deep dives and whether these have helped support the governance committees in their function and improve the management of risk.</p> <p>Members were also asked to consider whether the deep dive risk review process should continue in the same format that they have been doing or whether they think something else is required. Perhaps the focus should be given to high scoring risks, new and emerging risks or where there is a risk score increasing or perhaps remaining static for a lengthy period of time.</p> <p>Discussion took place around the process and how well these were working and what has implemented is the opportunity to have much deeper discussions and understand the risks and focus on the mitigation to bring scores down. Further discussions took place regarding other committees having discussions in what they are expecting from the deep dive.</p> <p>Recommendations: Members discussed future approaches to strengthen the deep dive risk review process. It was agreed to</p>	

	<p>escalate the importance of other Committees roles in applying appropriate scrutiny to these deep dive risk reviews. This escalation will be via Chairs Assurance Report to the IJB.</p> <p>Members also discussed the update report on the deep dive risk reviews and agreed no further information is required.</p> <p>Members agreed to keep the same format of review but agreed to continue to monitor.</p>	
9	<p>HORIZON SCANNING (presentation on transformation) Verbal update</p> <p>This is being presented to the Audit and Assurance Committee for discussion and noting and Tracy Hogg introduced Rachel Heagney who gave a presentation on transformation and change.</p> <p>Rachel gave an overview on the Programme Management Office (PMO) workplan which currently has 4 live transformation programmes which supports the Strategic Plan. These consist of Home First and Community Care Services transformation; the Primary Care Improvement Plan which is about Scottish Government Policy around primary care reform which started in 2018 and due to go onto 2027; Mental Health Service Redesign Programme which supports the mental health strategy which started back in 2022 and has just had the recently published mental health strategy which goes on until 2028/2029 and the Digital Programme which supports the digital strategy which started in 2023 and is due to end in 2027.</p> <p>Discussion took place around the definition of transformation and the redesign of services to support sustainability to be financially viable to deliver good quality care.</p> <p>This was brought to the Audit and Assurance Committee to see whether we should be looking at how well we as an organisation or a group of organisations do transformations and the Audit and Assurance Committee should be assured that we have the best possible system in place.</p> <p>Recommendations: Tracy and Vanessa agreed to revisit the governance reporting of Transformation progress and support provided to ensure scale and pace of transformation is delivered</p>	
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>Deep Dives</p> <p>Transformations</p>	
15	<p>AOCB</p> <p>None</p>	
16	<p>DATE OF NEXT MEETING</p> <p>13th March 2026</p>	

Fife Health & Social Care Integration Joint Board

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**UNCONFIRMED MINUTE OF THE STRATEGIC PLANNING GROUP
FRIDAY 14TH NOVEMBER 2025 AT 2PM
VIA MS TEAMS**

- Present:** Dave Dempsey, Paul Dundas, Paul Short, Roy Lawrence, Vanessa Salmond, Colin Grieve, Tracy Hogg, Lynne Garvey, Nicola Broad, Dafydd McIntosh, Jacquie Mellon, Alan Admason, Lesley Gauld, Vicki Birrell, Lynn Barker
- Apologies:** Caroline Cherry, Karen Marwick, Lisa Cooper, Morna Fleming, Ben Hannan, Fiona Forrest, Tom McCarthy-Wilson, Chris Conroy, Jacquie Stringer, Cllr Rosemary Liewald, Cllr Sam Steele, Claire Dobson, William Penrice, Helen Hellewell
- In Attendance:** Susan Fraser, Lee Cowie, Lynda-Reid Fowler; Rachel Heagney, Nicola Thomson, Leesa Radcliffe, Ruth Bennett, Gillian Muir (Minutes)

ITEM	MAIN DISCUSSION	ACTION
1	<p>WELCOME & APOLOGIES</p> <p>Colin Grieve welcomed everyone to the meeting and noted the meeting would be recorded for minute taking purposes.</p> <p>Apologies were noted as above.</p>	
2	<p>MINUTES & ACTION NOTE OF LAST MEETING – 3RD SEPTEMBER 2025</p> <p>The minutes of the previous meeting and action log of 3rd September were approved as an accurate record.</p> <p>Noted the PMO agenda item had been deferred to the March meeting where a comprehensive update would be provided to the group, offering more robust and meaningful information to support discussion to enable the group to review for assurance or escalate any concerns as required.</p>	
3	<p>ANNUAL REPORTS</p> <p>Chair noted that all reports being presented had previously been considered by the Quality & Communities Committee, where some members had had the opportunity to provide comments. Given this prior review, the Chair proposed proceeding with a brief summary of each report, followed by questions and key discussion points.</p>	

ITEM	MAIN DISCUSSION	ACTION
<p>3.1</p>	<p>Advocacy Strategy Annual Report for 2025</p> <p>Vicki Birrell presented the Advocacy Strategy Annual Report for 2025 for assurance noting the report provides an update on the delivery plan and outlines the key activities undertaken over the past two years since the strategy was approved in May 2023.</p> <p>It was also noted that the strategy sets out the Partnerships approach to meeting its statutory obligations for independent advocacy under relevant legislation. Over the past two years significant progress has been achieved in strengthening advocacy provision including the renewal of the independent advocacy contract, review and update of service level agreements with third-sector providers, delivery of awareness-raising initiatives and collaboration with the Fife Advocacy Forum.</p> <p>Whilst progress has been strong in areas such as contract renewal and awareness campaigns it is acknowledged that some priorities such as completion of gap analysis and reinstatement of the joint planning group require further attention.</p> <p>It was noted that feedback from the Finance, Performance & Security Committee and Quality & Communities Committee had been noted and would be incorporated into a refreshed action plan and an update provided prior to submission to the Integration Joint Board. Committee feedback would also be reflected in the SBAR.</p> <p>The discussion was opened to Strategic Planning Group members. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> 1. Took assurance that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively. 	
<p>3.2</p>	<p>Prevention & Early Intervention Strategy</p> <p>Ruth Bennet presented the Year 1 report on the Prevention & Early Intervention Strategy for assurance noting the report provides an update on progress made in the first year of delivery since the launch of the strategy in November 2025.</p> <p>It was noted that the Partnership remains committed to implementing the strategy which sets out a clear framework and rationale for embedding preventative approaches across services and partner organisations, with its aim to shift focus towards preventing health and social care challenges before they arise and making early intervention standard practice.</p>	

ITEM	MAIN DISCUSSION	ACTION
3.2	<p>Prevention & Early Intervention Strategy (continued)</p> <p>The three-year plan is now actively guiding the Partnerships efforts and provides a shared direction for integrating prevention and early intervention into everyday practice, commissioning and strategic planning.</p> <p>Ruth Bennett highlighted the five key areas of achievements in Year 1 noting that strategic oversight and delivery groups had been established and meet regularly to drive forward the ten identified areas of action; communication and briefing sessions have been delivered to engage service managers, staff and partners in the strategy and its implications; a baseline assessment survey has been developed and piloted to capture current levels of prevention and early intervention and inform future planning; work is underway to develop a performance framework for monitoring and evaluation; staff training and capacity building opportunities have been delivered through the prevention and early intervention training programme with impact measured via training audits.</p> <p>It was also noted that during the development of the strategy and over the course of the first year three key themes have been raised by key services, these being partners and frontline staff - limited capacity and resources to scale prevention and early intervention activity; workforce skills and knowledge gaps and lack of evidence and understanding of which activities deliver the greatest impact. To mitigate these risks the baseline survey will identify gaps and target support where needed; a robust and sustainable training model which offers flexible, targeted options for services and frontline staff and ensuring communication efforts including monthly bulletins to provide clear guidance, toolkits, best practice examples and case studies to support implementation.</p> <p>The discussion was opened to Strategic Planning Group members who provided their comments and feedback. Chair noted this was a key strategy which will be at the fore as we move forward with the next iteration of the strategic plan and looked forward to updates coming forward.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> 1. Took assurance on the progress made during Year 1 of delivering the Prevention & Early Intervention Delivery Plan, following the launch of the Fife Health & Social Care's Prevention & Early Intervention Strategy 2024-27 in November 2024. 	

ITEM	MAIN DISCUSSION	ACTION
3.3	<p>Primary Care Strategy</p> <p>Nicola Thomson presented the Year Two Annual Report for the Primary Care Strategy, providing assurance and summarising key outcomes.</p> <p>It was noted that the Year 2 delivery plan had established a strong foundation for implementing the Primary Care Strategy across Fife. Collaborative efforts had improved access, strengthened multi-disciplinary teams, and embedded innovation while maintaining community-based care at the heart of services.</p> <p>Key achievements noted include enhanced GP practice resilience through expanded teams and improved tools; community pharmacies increasingly being recognised as trusted health hubs; improved emergency access and referral pathways within public dental services; Optometry services delivering more care at home reducing hospital demand and strategic enablers such as workforce planning, communication, and performance monitoring are being embedded to ensure long-term sustainability.</p> <p>Workforce pressures, variation in access and experience and better support for carers and registered patients remain key challenges therefore year three will focus on evaluating impact using data and feedback to identify areas for improvement; co-designing solutions with local communities to ensure services reflect lived experience; strengthening integration by improving service connections and simplifying access. Success will be measured through the Primary Preventative Care Outcomes Map, aiming for a system where people are empowered, services are accessible and care is co-ordinated across the patient pathway.</p> <p>Lynne Garvey commended the reduction of 2C practices from seven to one, noting this as a significant achievement and also welcomed the alignment with the renewal framework and emphasised opportunities in prevention and intervention strategies.</p> <p>Nicola Thomson also highlighted the recent announcement of £250m investment in general practice from 2026 onward for three years, alongside the £15m allocated this year to bolster workforce and digital solutions.</p> <p>The discussion was opened to Strategic Planning Group members. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> 1. Took assurance that the delivery of the Primary Care Strategy remains on track. 2. Discussed and endorsed the actions proposed for Year Three delivery. 	

ITEM	MAIN DISCUSSION	ACTION
3.4	<p>Workforce Strategy</p> <p>Roy Lawrence presented the Year 3 report for Workforce Strategy (2022-2025) for assurance. This marks the final report in the three-year cycle highlighting significant achievements across the five pillars of the national workforce strategy, reflecting the dedication, innovation and collaboration within the Partnership.</p> <p>It was noted that the strategy remains closely aligned with the Partnerships overarching strategic plan and partner strategies with appendix 2 of the report providing a clear status update on actions completed during the past year, with detailed information contained in the main report as agreed with the auditors.</p> <p>Key highlights were noted and include 81% of the 48 strategic actions for the year are complete; over three years 176 priority actions have been delivered as well as high success in attracting and supporting staff, including workforce wellbeing initiatives, Care Academy programmes securing over £200k in funding from Fife College for training and qualifications; technology enabled care projects and youth engagement programmes such as the King's Trust.</p> <p>Roy Lawrence also highlighted the Partnership faces ongoing pressures to maintain a sustainable, motivated workforce amid financial constraints and external factors out with its control. Continued investment in staff development and inclusion initiatives such a neurodiversity work and reverse mentoring remain essential.</p> <p>Roy Lawrence informed members that the Scottish Government no longer requires a formal workforce strategy for 2025. Annexe A has been submitted as requested, but future requirements for 2026 onward remain unclear and may change. The plan going forward is to integrate workforce planning into the overarching strategic plan and develop an annual workforce delivery plan starting in April 2026 aligned with the financial year cycle and will be adapted as necessary to meet any new government requirements</p> <p>Discussion was opened to Strategic Planning Group members who gave their recognition of Fife's leadership, proactive approach and commitment to integrated workforce planning and whole system working. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> 1. Took assurance on the progress made during year three of delivery providing a comprehensive overview of progress against planned actions, highlighting the impact, value and purpose of the Partnerships work. 	

ITEM	MAIN DISCUSSION	ACTION
<p>4</p> <p>4.1</p>	<p>STRATEGY UPDATES – FLASH REPORTS</p> <p>Alcohol & Drug Strategy</p> <p>Lynda Reid-Fowler provided an overview of the flash report submitted and progress of work undertaken over the last six-month period.</p> <p>Progress across the key themes were noted as follows:</p> <ul style="list-style-type: none"> • Wellbeing, Prevention & Early Intervention – all four projects are on track. • Local Risk Reduction and Protection – all four projects are on track; one is experiencing minor delays. • Integration – seven of the eight projects are on track; one is experiencing minor delays • Sustainability – all projects are on track, with one requiring remedial action currently in progress. <p>Lynda Reid-Fowler highlighted the achievements/positive developments, emerging actions and initiatives, risks and challenges and strategic impacts noting strong progress across most priorities with notable achievements in harm reduction and service integration and continued focus on workforce development and finally inclusive practice and emerging substance trends are always critical.</p> <p>The Strategic Planning Group accepted the progress update.</p>	
<p>4.2</p>	<p>Commissioning Strategy</p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken since the strategy was approved by the Integration Joint Board in July 2025 noting that the Partnership continues to work collaboratively with partners, ensuring regular communication and exploring opportunities for improvement.</p> <p>The Care at Home Collaborative in Fife meets fortnightly with consistently high engagement demonstrating a strong buy-in. The group is now well established and evolving.</p> <p>Recently the Supported Living Collaborative was launched followed by a positive feedback session. Providers welcomed the opportunity to engage, share information and strengthen partnership working.</p> <p>Following the annual report approval, focus has shifted to the Strategy Delivery Plan. The working group has been re-established and met recently to progress the eight key recommendations and actions outlined in the report.</p> <p>Alongside business-as-usual activities continue, including managing new contracts, extensions and variations.</p> <p>A review is being undertaken of the Significant Occurrence reporting in collaboration with providers, aiming to develop a process that works for all parties while supporting digital innovation and more efficient ways of working.</p>	

ITEM	MAIN DISCUSSION	ACTION
4.2	<p>Commissioning Strategy (continued)</p> <p>Looking ahead, the Partnerships priority is delivering the 2025-26 delivery plan and achieving key milestones to strengthen collaboration and transform care through a digital -first approach.</p> <p>The Strategic Planning Group expressed appreciation for the ongoing work, noting that its collaborative approach sets a strong example for others.</p> <p>The Strategic Planning Group took assurance from these developments.</p>	
4.3	<p>Digital Strategy</p> <p>Rachel Heagney provided an overview of the flash report submitted and progress of work undertaken noting the year 1 Digital strategy had delivered significant progress across key priorities with some actions continuing into year 2. The report summarises the year 1 actions which have been achieved.</p> <p>Key achievements were highlighted including wi-fi access in all Fife Council operated care homes with work ongoing with partners to assess connectivity in independent care homes; improved on-line access; growth in e-consulting and sensor technology; system access for staff across the Partnership. It was also highlighted that the National GP IT procurement had been delayed for on-line GP appointments, but implementation was expected next year.</p> <p>Year 2 progress includes Business Administration Transformation; Centres of Excellence; Technology Enabled care Group and Microsoft 365 Federation.</p> <p>Next steps include SLT Digital Opportunities Development Session to review staff survey insights and shape future priorities and SBAR to be prepared on Centres of Excellence to be presented to SLT.</p> <p>It was noted that there is a risk to programme resources due to changes in Digital PMO capacity. Resource prioritisation will be reviewed by SLT.</p> <p>Significant progress has been made, but further work is required to achieve full digital maturity. The strategy remains central to delivering optimised digitally enabled health and social care services across Fife.</p> <p>Discussion was opened to Strategic Planning Group Members who provided comments and feedback. No further questions were raised.</p> <p>The Strategic Planning Group took assurance from these developments.</p>	

ITEM	MAIN DISCUSSION	ACTION
4.4	<p>Local Housing Strategy</p> <p>Paul Short provided an early overview of the Local Housing Strategy ahead of its presentation to the Fife Housing Partnership next week. The update highlighted key areas relevant to the Health & Social Care.</p> <p>Key points included:</p> <ul style="list-style-type: none"> • Housing First – over 100 tenancies established, reducing demand on care services. • Independent Living – 310 housing adaptations completed last year. • Digital Initiatives – rollout of Archangel platform integrating sensors and technology-enabled care in 193 properties; pilot with Amazon Alexa for tenant check-ins. Digital inclusion work ongoing supported by a dedicated worker and portable Mi-Fi solutions. • Specialist Provision – 32% of affordable housing programme for tenants with additional needs; care village developments progressing in Cupar and Anstruther; older persons’ housing projects planned for Lochgelly and Saline. <p>Discussion was opened to Strategic Planning Group members. No further questions were raised.</p> <p>The Strategic Planning Group took assurance and noted the progress being made.</p>	
5	<p>STRATEGIES</p>	
5.1	<p>Strategic Plan 2026-2029 – Update</p> <p>Vanessa Salmond provided the Strategic Planning Group with a verbal update on progress and apologised due to timing constraints, the current draft and accompanying summary document could not be circulated in advance but would be shared following the meeting for feedback.</p> <p>Following the recent Extraordinary Strategic Planning Group meeting where it was confirmed progression to the next stage of the plan, feedback received had been incorporated, resulting in a substantially revised draft. This iterative process reflects ongoing consultation input.</p> <p>It was noted that significant work had been undertaken collaboratively by the Strategic Planning, Participation & Engagement and Communications teams which has resulted in a summary document designed to make the plan more accessible to the public. The aim is to ensure clarity around the Partnerships priorities and invite feedback on whether these are correct or anything is missing. This will form the basis of the upcoming public consultation.</p>	

ITEM	MAIN DISCUSSION	ACTION
5.1	<p>Strategic Plan 2026-2029 Update (continued)</p> <p>Targeted engagement has already begun with presentations given at the Third Sector Interface and the Public Forum, raising awareness of the consultation which is scheduled to go live on 24th November 2025. Additionally, consultation has also taken place with care at home and care home providers with further sessions scheduled up until January.</p> <p>Vanessa Salmond confirmed that following the meeting the current consultation framework, draft strategic plan and summary document would be circulated and asked members to provide feedback by 19th November to ensure readiness for the consultation launch and to share widely to encourage inclusive engagement.</p>	VS
6 6.1	<p>GOVERNANCE</p> <p>Workplan</p> <p>Chair confirmed that the workplan was on schedule, except for the review of the Terms of Reference. Following discussion with Vanessa Salamond, a revised Terms of Reference will be developed over the coming months in alignment with the workplan. The updated Terms of Reference will be presented at the Strategic Planning Groups meeting in March.</p>	VS
7	<p>AOCB</p> <p>No notification of other business was received.</p>	
8	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Wednesday 4th March 2026 at 2pm via MS Teams. 	