



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD (IJB)

WEDNESDAY 28 JANUARY 2026

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| Present: | David Ross (DR) (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) 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 Paul Dundas (PD), Independent Sector Lead Vicki Bennett (VB), Staff Representative, NHS Fife |
| Professional Advisers: | Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Tracy Hogg (TH), Chief Finance Officer Lynn Barker (LB), Director of Nursing |
| Attending: | Amanda Wong (AW), Director of Allied Health Professionals Caroline Cherry (CCh), Principal Social Work Officer Chris Conroy (CC), Head of Community Care Services Clare Buchanan (CB), Local Democracy Reporter Karen Marwick (KM) Head of Complex & Critical Care Services Lisa Cooper (LC), Head of Primary & Preventative Care Services Vanessa Salmond (VS), Head of Corporate Services, IJB Secretary & Head of Strategic Planning & Performance Gillian McAuley (GMcA), Executive Nurse Director Jo Bennett, Non-Executive member Ashleigh Allan, Finance Business Partner, Fife Council Louise Radcliffe (item 7.3) (LR), Organisational Development and Culture Specialist Martyn Berrie, (MB), Interim Clinical Services Manager / Senior Advanced Nurse Practitioner, Urgent Care Services Sarah Hourston (SH), Executive Assistant to Lynne Garvey (minutes) |
| Apologies: | James Ross (JR), Lead of Service, Children and Families and Justice Social Work Services & Chief Social Work Officer Fiona Forrest, (FF) Director of Pharmacy and Medicines/ Controlled Drugs Accountable Officer Roy Lawrence (RLaw), Head of Culture, Engagement and Communities Colin Grieve (CG) (Vice-Chair) Aylene Kelman, Consultant Physician and Associate Medical Director Primary and Community Care Services Fife HSCP Cara Forrester (CF) Communications Adviser Professor Chris McKenna (CMcK), Medical Director, NHS Fife Clare Gibb (CG), Communications Adviser |

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| | <p>Hazel Williamson, (HW) Communications Adviser Jackie Drummond (JD), Associate Medical Director Joy Tomlinson, (JT) Director of Public Health Cllr Mary Lockhart Avril Sweeney (AS), Risk Compliance Manager Dafydd McIntosh (DM), Organisational Development & Culture</p> |
| 1 | <p>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</p> <p>David Ross, Chair of the Integration Joint Board (IJB), opened the meeting by welcoming all attendees to the first Integration Joint Board meeting of 2026 and extended warm wishes for a Happy New Year. David noted the above apologies.</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>MINUTES OF PREVIOUS MEETING & ACTION NOTE – 26 NOVEMBER 2025</p> <p>The Minute and Action Note from the meeting held on 26 November 2025 were both approved as an accurate record.</p> |
| 4 | <p>CHIEF OFFICER UPDATE</p> <p>Lynne Garvey began her update by acknowledging the continued and significant winter pressures across health and social care in Fife. Staff communication was issued jointly with the Chief Executives of NHS Fife and Fife Council outlining the current position. Pressures are being driven by workforce challenges, increased demand, and wider system constraints.</p> <p>Lynne advised that in order to help protect critical functioning services and the most vulnerable, the mobilisation of staff across the Fife HSCP, inviting colleagues in less critical functioning services to temporarily support services under the greatest strain. This approach has been agreed through the Local Partnership Forum and is focused on maintaining safe staffing, supporting continuity of care, and reducing reliance on bank and agency staff. All mobilisation is time-limited, aligned to existing skills, and supported by appropriate induction, supervision and wellbeing measures.</p> <p>Lynne noted that the Annual Locality Planning Stakeholder Event took place recently, which was very well attended and demonstrated strong engagement from across partners and communities. The event reinforced the importance of our locality approach in shaping services around local need and fed directly into the work on our Strategic Plan priorities.</p> <p>Lynne confirmed that the consultation on the Draft Strategic Plan priorities closed last Friday. Advising that engagement has taken place with around 200 people through a mix of online and face-to-face sessions, covering all key stakeholder groups, along with almost 200 online responses. While the numbers are not huge, the breadth of engagement means the feedback should be rich and insightful and will help to progress towards finalising the Strategic Plan.</p> <p>Lynne spoke about the recent service developments, including the reopening of Ward 3 at Queen Margaret Hospital after a £3 million refurbishment to enhance older adult mental health care. An additional £12 million investment over two years has been confirmed to further modernise mental health facilities in Fife. Positive inspection outcomes were reported for both the West Care at Home Service and Methilhaven Care Home.</p> |

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| | <p>Lynne highlighted some key achievements:</p> <ul style="list-style-type: none"> • Lyndsey Dunn, Clinical Services Manager for Integrated Discharge Teams, was named Manager of the Year at the Nursing Times Workforce Summit and Awards, recognised for inspiring leadership and innovation across health and social care. • Emma McAuley, District Nursing Team Leader, was awarded Queen’s Nurse status through the Queen’s Nursing Institute Scotland, recognising clinical excellence, leadership and a commitment to reducing health inequalities. • Kelly Cunningham, newly qualified Community Mental Health Nurse (Older Adults, East Fife), received the Sarah Fletcher Memorial Prize for Compassionate Practice at Abertay University. • Fife School Nursing Service progressed to the final judging stage of the RCN Scotland Nurse of the Year Awards 2026 in the Children’s Nursing and Midwifery category. • Contracts & Commissioning Team celebrated Lesley Elias achieving 40 years of service, recognising her long-standing contribution to social care finance and commissioning. • And congratulations to William McLaughlin who has been recruited to the post of Service Manager for the Care at Home Service. William held the post of interim service manager and brings with him a great deal of experience. <p>Lynne provided assurance that whilst pressures remain significant, there is clear evidence of collaboration, resilience and progress across the Fife HSCP. Lynne concluded that risks will continue to be monitored, along with staff supported, and the Board will continue to be updated on both challenges and improvements as we move through the remainder of the winter period.</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 & Communities Committee on 7th January 2026, and the Finance, Performance & Scrutiny Committee on 14th January 2026. Vanessa Salmond advised that there was no Strategic Planning Meeting nor Audit and Assurance during this committee cycle.</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 a good discussion, nothing of any concern and all agenda items were fully discussed and/or fully agreed or assurance given.</p> <p>John Kemp, Acting Chair of the Finance, Performance and Scrutiny Committee, confirmed that all relevant items are included on today’s agenda and that there is nothing requiring escalation. He noted that the Committee had a constructive discussion on the current financial position and wished to draw to the IJB’s attention that, while a formal recovery plan is not in place, members were assured that appropriate management plans are being implemented. The Committee felt it was important to highlight this, and it will be recorded in today’s minutes. It was also noted that this matter will be discussed later in the agenda.</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> |

LIVED EXPERIENCE & WELLBEING

6.1 Lived Experience – Martin’s Story

Lynn Barker introduced Martin who shared his own personal life story.

Lynn thanked Martin for sharing his powerful journey.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee, thanked Martin for sharing his powerful story. She expressed, on behalf of all Elected Members present, that this was an important message for everyone to hear as they engage across their Wards, and she acknowledged the significant work undertaken by the locality teams. It was noted that members of the press are attending today’s meeting, and there is hope that Martin’s story will be shared widely across our communities.

Dave Dempsey, Chair of the Audit and Assurance Committee, commented that Martin’s account was far more impactful than many of the lived-experience videos typically presented to the Board, which are often positive stories. He noted that hearing directly from Martin was particularly valuable. Dave acknowledged that Martin was fortunate to have had a friend who helped him turn a corner, and he asked whether things have improved for him now. He also raised concern that similar issues persist today and asked what is being done to support people currently facing these circumstances.

Martin explained that access to recovery cafés and having people who can offer support are essential, as there is very little advertising and no wider public promotion, such as on television. He shared that he believes he would still face the same challenges today if he were in that situation again, as he often had no credit on his phone and had sold his TV to fund his addiction. He noted that without the intervention of a good friend, he could still be in that position. Martin emphasised that promoting recovery and making support more visible is crucial.

Morna Fleming thanked Martin for such a powerful testimony and lived experience; and acknowledged that if Martin did not have his friend to point him in the right direction he did not have anywhere to go.

Morna noted the next paper to be presented by the Alcohol and Drug Partnership on the agenda and asked why is it when there is such good work going on, why are the drug figures for Fife the worst in Scotland? Morna spoke about people not knowing what is going on and this message needs to get out there and how Martin’s GP did not know where to direct him and this joined up thinking needs to be worked on. Morna advised that she is worried about the younger 15-24 age group being so high and asked what is going to be done about this.

Martin advised that his GP has been a great support to him and he has put up posters and shared flyers within the GP practice and local area to help promote recovery more. DAPL in Leven continue to keep in touch, hold meetings in recovery hubs with Martin and they continue to pass on numbers, working together, however it still comes down to promotion.

Lynne Garvey advised the Board that after hearing Martin’s story at the ADP Cocaine Summit recently, which she chaired, she invited Martin along personally today to the IJB to emphasise the work that is required to be undertaken.

Lynne advised that in Fife that there has been a nearly 50% reduction in women’s deaths and 74% reduction in 15-24 age group which is where the ADP work has been focused on. Lynne acknowledged that that one death is still one too many. In terms of improvement work, how they target work and in reach work into GP practices. Lynne stated that as the Chief Officer, she is very assurance by the ADP work being undertaken and acknowledged that there is still a long way to go.

David Ross thanked Martin again and wished him all the best in the future.

STRATEGIC PLANNING & DELIVERY

7.1 Fife Alcohol & Drug Partnership Drug Related Death Report 2024

David Ross advised that this report was discussed at SLT on 12th January 2026 and invited Karen Marwick, Head of Complex and Critical Care, to present the paper.

Karen Marwick advised that this report is being brought for discussion of the current position in Fife on drug related deaths published by national record Scotland for calendar year 2024. The 2025 data will be published in Sept/Oct 2026.

Key points highlighted:

- In Fife there has been a small reduction in drug related deaths from 2023 to 2024 and there is a stabilisation in the trend
- Reduction in women's deaths by nearly half
- 74% decrease in deaths within the 15-24 age range
- Nationally Fife is not an outlier and below the Scottish average since 2014
- Age in the 34 – 55 are mainly male deaths. This is reflected in national data

Karen advised that the ADP responds proactively to emerging trends identified through data received. She explained that assertive and preventative outreach is carried out across all localities where the data is highlighting concerns. In addition, drug alters, letters and targeted campaigns are issued as required in response to any new or concerning combinations of substances that come to light.

Karen highlighted that future work would place greater emphasis on addressing digital poverty, reflecting the issues Martin described around people not having credit on their mobile phones. She noted that work is already underway with Digital Lifelines and St Andrews Universities, to explore how access to digital support can be improved. She also advised that there will be a continued focus on strengthening existing family support, recognising the vital role families play as equal partners in an individual's care.

Karen asked the Board for assurance that Fife HSCP is taking actions to address drug deaths in Fife and support to those most needed.

Jo Bennet commended the report and acknowledged the significant efforts being made by the ADP. She particularly highlighted the focus on addressing specific challenges related to long-term health issues that can arise from even short-term ketamine use. Jo described the report as moving in the right direction, with recognition of the importance of targeting particular areas within the community that require tailored support and accountability.

Jo Bennet advised that the report was highly informative and helpful, especially regarding the adoption of 'MAT standards' as a guiding principle of care. She emphasised that this approach ensures equity of access to care, regardless of the treatment pathway an individual may follow. This was praised as a positive and inclusive strategy when considering responses to substance misuse. Jo concluded by reiterating her appreciation for the report and the constructive direction it represents.

John Kemp advised that this report has been tabled at other Committees, Public Health & Wellbeing Committee, the NHS Board and now the IJB however after Martin's presentation he felt this report had a much clearer focus. John acknowledged all the work that is being undertaken and how the numbers are going down in some areas, but more focus is required in other areas. John added that it still more need to be done to support the staff delivering this work, being flexible and responding to the more direct promotional needs in local areas.

Morna advised that the Implications and Impact section of the report remained inaccurate. She reiterated her longstanding view that the impact on service users should be included within the first box of the statement. She noted that references to inequalities of care and supports available for carers had been placed under Quality of Care, and she emphasised that these matters should

properly appear within the initial implications section. She stated that, in her opinion, the statement was still not presented correctly.

Morna further highlighted ongoing concerns regarding the high prevalence of drug use among individuals aged 15–24. While acknowledging the reported reductions in certain figures, she stressed that the continued high rate of drug-related deaths was closely associated with significantly higher levels of substance use within this younger cohort. She noted that, as described earlier in the meeting, when drug use becomes normalised within peer groups, young people are more likely to become involved. She added that although some individuals may limit their use to occasional or recreational patterns, others—particularly those with a greater susceptibility to addiction—may be at risk of escalating harm. She emphasised that targeted intervention for this age group is essential, as many young people initiate substance use because it is perceived as a routine element of social activity. Drawing on her own experience of youth, Morna indicated that she understood the context described. She noted that although the precise solution was not yet clear, it was evident that focused and proactive engagement with this cohort would be required to reduce future harm. She concluded by welcoming the wider discussion and affirming her support for continued development of the work.

Lynne advised that both she and Karen are resonating with everyone's opinions and how Elizabeth Butters and the ADP are fundamental along with key stakeholders to drive this forward. She noted that ADP continually learns from emerging trends and data, using this evidence to inform decision and target resources to where they are needed most. Lynne thanked IJB for this discussion.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee advised that the report had been commended at the Quality & Communities Committee and noted that it clearly demonstrated that improvement work is ongoing and being recognised. She stated that this progress bolsters the efforts of teams across the Partnership and that positive findings help to empower staff, providing reassurance that they should continue with their current approaches as they are seeing tangible results.

Rosemary further highlighted that there has been a five-year increase in the ADP budget through Drug Mission funding. She acknowledged that Martin's contribution was extremely powerful and would give confidence to others within his peer group who are on similar recovery journeys. She also recognised the work of the lived experience teams and the KY Groups operating in Levenmouth and Cowdenbeath, noting that these are particularly challenging areas. She emphasised that while progress is evident, continued work is required across all of Fife to maintain a positive trajectory.

Eugene noted the significance of Martin's account of being supported by a friend on his path to recovery. He queried how such support could be made easier to access for others in similar circumstances. He suggested that increased publicity, including the use of leaflets and wider communication, may assist in raising awareness. He further observed that direct conversations remain one of the most effective means of engagement and asked how the various agencies involved intended to undertake this work. He concluded by noting his comments as an observation.

Debbie noted that Martin's contribution had a significant impact and emphasised that responsibility for addressing drug and alcohol issues should not rest solely with health and social care services. She advised that, through her work in housing and homelessness, she is aware that a substantial number of individuals experience drug- or alcohol-related issues, and she queried whether more could be done across services to widen support.

Debbie further advised that, in her capacity within the trade union, there is recognition that some members require support; however, this is often identified only at a late stage, typically through HR, attendance or disciplinary processes. Debbie offered to work collaboratively with Karen's team to assist in promoting and disseminating information, noting that these issues are not often spoken about openly. Debbie confirmed her willingness to work with Karen to help develop a joint strategy to strengthen awareness and support across services.

Karen thanked Debbie for her comments and advised that there is further opportunity to enhance communication across the system. She noted that this could include both digital and non-digital methods and emphasised that with the large workforce across both Fife Council and NHS Fife, there is significant scope to utilise existing staff networks to extend the reach of information and support. She confirmed that any additional opportunities to collaborate with housing and homelessness services would be welcomed, noting that Elizabeth already undertakes work in this area.

David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee reflected on Martin's account of losing everything and having no remaining support, noting that this raises a significant challenge around how to reach and engage individuals in similar circumstances. He observed that each person's experience of recreational drug use is different, which presents a complex issue for services, particularly as there is often limited support or sympathy within communities for those affected.

David asked whether naloxone kits, previously used extensively by the police, continued to be deployed as effectively as before. He also queried whether there had been any recent shift in drug-use patterns, specifically asking whether crack cocaine had now become more prevalent. Ken Fraser acknowledged Martin's story and highlighted the importance of raising awareness and addressing the gaps that remain, particularly around the sharing of knowledge and perceptions within communities. He expressed the view that both NHS Fife and the Fife Health and Social Care Partnership are not yet addressing the issue in its entirety. He emphasised the need for early intervention and education, and questioned what input and responsibility agencies are taking to ensure earlier engagement within schools and educational settings. Ken noted that people affected by these issues live within local communities, and greater efforts are required to intercept early and increase awareness of long-term harm.

Ken further observed that younger age groups are increasingly becoming involved, suggesting that greater guidance within the education system, particularly around self-worth, may be required. He also noted the absence of an education representative at the meeting and suggested that relevant agencies should be more directly engaged to intervene before individuals reach crisis point.

Karen responded by confirming that the ADP works closely with children's social workers, education staff, link workers and school nurses across high schools in Fife.

Karen advised that naloxone training is available to anyone, and that members of the public are able to carry naloxone. Karen invited any IJB members wishing to undertake this training to make contact so that arrangements can be made. This training is going through governance sign off for all Fife Council employees on a voluntary basis, not part of their job, but is open to members of the public.

Recommendation

The Board were assured of the work ongoing to address drivers and prevent drug related deaths in Fife.

7.2 HSCP Digital Strategy Year 1 Report

David Ross advised that this report was discussed at Quality & Communities Committee on 7th January 2026, and Finance and Performance & Scrutiny Committee on 14th January 2026.

David invited Tracy Hogg, Chief Finance Officer, to present the HSCP Digital Strategy Year 1 Report.

Tracy advised the Board that the report starts on page 52 of the papers which provides assurance on the progress made in delivering the first year of the 3-year Digital Strategy. In year one, the focus has been on building the digital foundation needed to modernise care and key improvements highlighted within the report are:

- Wifi has been installed in all Fife Council care homes
- Near Me virtual consultation numbers continue to grow
- The Digital First Approach is being used in all reviews
- Digital Oversight Board has been established

Tracy advised that the Report sets out progress made, areas where delays have been experienced and informs development of 2-year plan.

Rosemary Liewald, Interim Chair of Quality & Communities, advised that the report had been discussed and that no concerns were raised. She noted that there had been discussion regarding awareness of age demographics and the need for this to be examined closely. It was acknowledged that, through the rollout with CLD groups, there is increasing digital engagement among older age groups. Rosemary confirmed that the paper had been fully discussed, assurance was taken, and she was content for it to come forward.

John Kemp, Acting Chair of Finance, Performance & Scrutiny, advised that the paper had been discussed at the NHS Board meeting yesterday and at the Finance Committee. He noted that this discussion is particularly important given the ongoing national digital developments across NHS systems, including new applications coming online. John emphasised that productivity remains a crucial factor.

Jo Bennet emphasised that digital is the way forward and queried how the Partnership can ensure full utilisation of existing digital capability, citing Near Me as an example where a more detailed plan is required. She asked what confidence there is in the ability to align local systems with national NHS and Fife Council systems, noting that investment in digital infrastructure is essential to support future development. Jo reiterated the importance of maximising the use of Near Me, improving system alignment, and sustaining investment in this area.

Lynne Garvey advised that there had been a good discussion at the NHS Board meeting yesterday, highlighting the strong connectivity across NHS East and West Regional Working. She noted that a range of digital solutions are being developed, particularly around flow and navigation into hospitals, with work underway to streamline these processes. Lynne emphasised that this collaborative approach with NHS partners is essential in building digital capacity as part of the 'Once for Fife' ambition. Lynne further noted that both Digital Chief Executives work closely together, ensuring joined-up progress across systems, for example, linking the Ark Angel housing platform with health platforms, illustrating the breadth of ongoing collaboration. Lynne added that Near Me capacity work continues, and while AHPs and GPs used the system extensively during COVID, usage has dipped slightly as face-to-face consultations have become a preferred option for some.

Morna Fleming advised that Tracy Hogg had answered her questions following the Quality & Communities Committee. Morna queried whether HSCP professionals are ensuring that people are fully aware of Near Me, noting her belief that many individuals do not understand what the HSCP is or the range of services it encompasses, and therefore would not think to visit the HSCP website or be able to make contact.

Eugene advised that he would like to see a strategy on how communities can be supported to help people with digital skills. He stressed that this is not about technical expertise but about having trusted individuals who can show people how to use equipment. He noted that Fife Voluntary Action has been carrying out work in this area by using local people, rather than digital specialists, to support their communities. Eugene suggested that this approach should be considered, rather than moving towards a more complex and expensive model.

Vanessa Salmond, Head of Corporate Governance, advised that the Report has been presented at the Finance, Performance & Scrutiny Committee and highlighted the close partnership working between the Communications team and wider system partners. She noted that there is now an interlink between NHS Fife and Fife Council, meaning that searches via platforms such as Google will automatically redirect users to the HSCP website when looking for relevant services.

Vanessa further advised that digital is one of the Strategic Priorities for 2027–29, and that work is underway to develop delivery plans. She confirmed that greater clarity around these plans, along with associated actions, will be provided as the work progresses.

Tracy ended by advising that when people are offered a Near Me appointment there is detailed instructions provided which also includes the option to have an in person appointment or phone call if preferred.

Recommendation

The Board were assured by the HSCP Digital Strategy Year 1 Delivery Plan progress and approved the HSCP Digital Strategy Year 1 Report.

7.3 Fife HSCP Reverse Mentoring Pilot Programme

David Ross advised that the report was discussed at Quality & Communities Committee on 7th January 2026, and the Local Partnership Forum on 13th January 2026 and invited Louise Radcliffe to present the report.

Louise provided an overview of the Reverse Mentoring Pilot Programme, noting that the paper was presented for assurance, discussion and noting. She advised that the programme, believed to be a national first, aimed to strengthen senior leaders' understanding of colleagues lived experiences relating to equality, diversity and inclusion. Originally planned for five pairs, high interest led to expansion to 11 pairs, all of whom completed the programme.

Louise explained that the reverse model positioned staff with lived experience of areas such as neurodiversity, disability, race and mental health as mentors, with senior leaders participating as mentees. The programme included structured training, interviews, careful matching, midpoint check-ins and evaluation, creating psychologically safe spaces for honest conversations. Feedback from both mentors and mentees was highly positive, with leaders reporting increased confidence and awareness, and mentors feeling valued and empowered.

Louise highlighted tangible organisational benefits, including improved understanding of workplace accessibility, increased awareness of hidden barriers and adjustments to local processes. Lessons learned included the importance of protected time, the resource-intensive nature of matching, and the value of reflective tools.

Recommendations for the next cycle include expanding to 15–18 pairs, increasing senior leadership participation, embedding reflective resources, ensuring protected time, and considering themed cohorts. Louise noted that the pilot was low-cost but high-impact, supporting inclusive leadership and cultural change across the Partnership. She welcomed any comments or questions from Board members.

Rosemary Liewald, Interim Chair of Quality & Communities Committee advised that the paper was well discussed, and feedback has proved how effect this programme has been. The paper highlighted each stage and felt it was interesting to see who this develops going forward as it is very worthwhile.

No comments from Kenny McCallum or from Vicki Bennett.

Paul Dundas shared his experience of participating in the programme, noting that it provided a valuable opportunity to reflect on his own practice and learn from his mentor. He highlighted that the conversations helped deepen his awareness, particularly in relation to ethnicity and the wider health and social care system. Paul referenced his role in hosting the International Employers Network for Scotland as an example of how this work aligns with broader inclusion efforts. He added that the programme enabled him to look inward at how he works, consider the effectiveness of his approaches, and become more conscious in his interactions with staff and professionals.

Recommendation

The Board were assured that Fife HSCP is committed to ensuring our workforce feel valued, included and supported within the workplace.

7.4 Unscheduled Care Programme Update

David Ross advised that this report was discussed at Quality & Communities Committee on 7th January 2026, and the Local Partnership Forum on 13th January 2026 and invited Chris Conroy, Head of Community Care Services to present the Unscheduled Care Programme Update.

Chris Conroy, Head of Community Care Services, presented the report and advised that this is the first of three Programme Initiation Documents (PID) supporting the Unscheduled Care Programme. He outlined the expansion of Hospital @ Home+, aiming to deliver acute-level care in people's homes and create 125 virtual beds across 7 specialties by December 2026.

Chris noted that the updated PID more clearly reflects key stakeholders, including carers, staff-side and trade unions. The programme has two strands: rapid scaling-up of existing Hospital @ Home services over the next 2–3 months, and development of a more integrated, digitally enabled 'hospital without walls' model. This work builds on Fife's established Hospital @ Home frailty model and forms part of the wider Unscheduled Care and Clinical Services Redesign programme.

Chris highlighted that the model will support admission avoidance and early supported discharge, complementing existing home-based care, with staggered timelines demonstrating the scale and ambition of the work.

Chris confirmed that the report provides a moderate level of assurance and asked the Board to be assured that robust governance and control arrangements are in place to support delivery and manage programme risks.

Rosemary Liewald, Interim Chair of Quality & Communities advised that the paper was discussed at Quality & Communities Committee and good conversations took place and were assured regarding the timelines.

Vicki Bennett and Kenny McCallum had no comments.

Seonaid mentioned about discussions at previous Committees and at the NHS Board yesterday and asked the risks associated with technology and wondered about putting this risk higher up the scale due to its importance.

Jo Bennet advised that this work represents a key element of the transformational agenda and will strongly support delivery of the Strategic Plan. She asked when implementation would begin, noting links to the performance data later on the agenda. Jo also referenced the developing national evaluation framework and queried whether a timescale had been set. Finally, she asked whether there are any risks, particularly those out with local control, that could impact delivery of Hospital @ Home+, the expansion of frailty pathways, or the wider 'hospital without walls' model.

Dave Dempsey, Chair of the Audit and Assurance Committee advised that he struggled to take assurance from the written report, noting that much of the assurance he gains comes from information shared verbally rather than what is presented on the page. He expressed concern that the reports often rely on background knowledge held by those working in the area, making them difficult for others to interpret. Dave highlighted that the timeline on page 116 was unreadable, the benefits outlined on page 114 were unquantified, and the risks on page 120 suggested that slippage or failure was likely if taken at face value. He stated that, while aware from wider discussions and context that more work is taking place, the current presentation of reports does not work for him.

Chris responded that both Seonaid and Jo were correct in highlighting the critical importance of digital, particularly as the programme moves toward the more ambitious 'hospital without walls' model. He noted that the main risk relates to the timing of national digital developments, as local work is already underway to assess needs and explore options for a more integrated health and social care system. He advised that alignment between national and local systems will be important, particularly should the programme move toward procurement.

Chris also acknowledged the presentational issues raised by Dave. He confirmed that these had been picked up at the drop-in session and that an updated version of the report format would be provided. He added that, as with any programme of this scale, risks around digital, staffing and delivery must be articulated. While the list may appear extensive, significant mitigation work is already in place and ongoing, much of which has progressed since the PID was first drafted.

Morna Fleming thanked Chris for addressing the questions she had previously submitted by email and commended the improvements made to the paper, particularly the clearer inclusion of carers, which she noted had been fully incorporated into this iteration. She then queried the risk outlined on page 121 regarding acute notes not being available quickly enough to support step-down and initiate treatment in the patient's home. Morna asked whether this delay was due to incompatible IT systems or whether there were other reasons that acute notes might not be readily accessible.

Chris responded that although the PID identifies this as a risk, in practice acute notes are already made available to support step-down from acute care into Hospital @ Home, and this currently happens safely. He explained that while the process can be a little clunky, there is no active risk to continuity of care or to the accuracy of clinical information. The risk is therefore more about system integration in the longer term rather than a present operational issue.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee referred to page 106 regarding step-up/step-down pathways and welcomed Chris's clarification that this is not viewed as a risk, particularly in relation to RMO transfers between specialist teams. She asked for further expansion on this point. She also queried progress against the commitment on page 108 to increase frailty virtual bed capacity from 40 to 60 by March 2026.

Finally, Rosemary noted strong support from communities for the Hospital @ Home+ approach. She advised that, through her locality work and conversations with constituents, people consistently express a preference to recover at home rather than spend prolonged periods in hospital. She emphasised that the assurance of being cared for at home by experienced teams across specialties, older people's care, acute, paediatrics and respiratory as this is exactly what the public wishes to see.

Lynn Parsons welcomed the direction of travel and emphasised the importance of ensuring the right clinical model is in place. She highlighted the need to involve clinicians and wider staff fully in the development work to ensure the programme delivers what people need.

Lynne Garvey thanked Chris for the overview and advised that this forms part of a national ambition. She provided assurance that the programme will be delivered and confirmed that the target of 125 virtual beds remains on track for achievement by the end of the year. She also confirmed that frailty capacity is progressing as planned, with the increase from 40 to 60 virtual beds expected by March 2025.

Lynne noted that, as with any service change, it is important to clearly articulate potential risks and associated mitigations. She emphasised that the level of assurance presented reflects both the identified risks and the work already underway to mitigate them, and reiterated that the programme is being delivered on a whole-system basis.

Chris concluded by reinforcing Lynne's comments, noting that this is an extensive Programme Initiation Document that sets out the full scope, governance and assurance arrangements for the work. He emphasised that the project forms a significant part of the wider transformation programme and expressed confidence in successful delivery.

Recommendation

The Board were assured that robust governance and control arrangements are in place to support implementation and manage programme risks.

8 INTEGRATED PERFORMANCE & QUALITY

8.1 Finance Update – Month 8

David Ross advised that this report was discussed at Local Partnership Forum on 13th January 2026 and Finance Performance & Scrutiny Committee on 14th January 2026 and invited Tracy Hogg, Chief Finance Officer to present the report.

Tracy Hogg advised that the Month 8 position (as at November) shows a projected year-end overspend of £8.6m, just over 1% of the total budget. The main pressures relate to increased demand across mental health, psychology, adult packages of care, care at home, and nursing and residential placements, along with non-delivery of some savings, service-level event charges and out-of-area treatment costs. These are partly offset by vacancy underspends and agreed management actions.

Since the last report, the overspend has increased by £1.7m. This deterioration is mainly due to rising demand for care at home packages and care home placements, and the partial removal of some expected management actions aimed at reducing bank and agency use and repatriating out-of-area clients. A small improvement was noted within Primary and Preventative Care. Savings delivery remains on track at 82% of the £29.4m target, and reserves stand at £5m, with £1.5m factored into the forecast.

Tracy highlighted ongoing recovery actions, including workforce mobilisation to reduce reliance on bank and agency staff, and confirmed that financial performance continues to be reviewed through regular tripartite meetings. She advised that any further actions to achieve financial balance would now likely impact service provision, and that any such measures would require IJB approval, with an extraordinary meeting convened if required.

Vicki Bennett and Kenny McCallum no comments.

John Kemp, Acting Chair of Finance, Performance & Scrutiny, noted that Tracy had outlined the recovery actions in detail and provided assurance that the overspend is not expected to worsen. He confirmed that appropriate actions are in place and are being continually monitored as we approach the end of the financial year.

Lynne welcomed John's comments and reaffirmed Tracy's points regarding management actions. She noted that when slippage was identified, the Senior Leadership Team acted quickly and these actions have already helped recover the position. Lynne asked that the minutes clearly reflect that these are active recovery measures, supported by the mobilisation plan. She added that, while an extraordinary IJB meeting may be required if actions impact care provision, this would be a last resort.

On forecasting, Lynne noted that scrutiny is appropriate, but emphasised that forecasts can change, particularly late in the financial year. She confirmed that the Senior Leadership Team has robust processes in place and will continue to monitor the projected position closely over the coming months.

Dave Dempsey, Chair of the Audit and Assurance Committee, reiterated comments he had made previously about the wording of Directions. He noted that Directions instruct partners on how funds

are to be allocated, while performance monitoring states that regular review will ensure delivery within the resource envelope. However, he highlighted that in practice some areas will overspend and others will underspend, and current phrasing does not reflect this reality. He suggested that a different approach to expressing Directions should be considered in future.

Rosemary Liewald, Interim Chair of the Qualities and Communities Committee asked about the non-delivery of savings shown at line 134, specifically the reprovision of out-of-area care. She noted the significant financial impact and queried whether work is underway to enable more of these packages to be brought back to Fife. She acknowledged this is not strictly a financial question but relates to resources and capability.

Lynne confirmed that significant work is ongoing, as the aim is to avoid people being placed far from their families and to support the vision of people living well and closer to home. She advised that out-of-area cases are reviewed weekly, with plans in place for each individual, but highlighted the complexity involved. This includes whole-system issues such as housing availability, legal processes (including guardianship), and ensuring safe and appropriate transitions. Lynne noted that this work is being led by Caroline and Karen's portfolios and that excellent progress is being made.

Rosemary thanked Lynne for the assurance.

Recommendation

The Board noted and approved

- the projected outturn position for delegated services for 2025-26 financial year as at November 2025 as outlined in Appendices 1-4 of the report;
- that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2025-26; and
- the Directions to NHS Fife and Fife Council for additional allocations.

8.2 Performance Report – December 2025

David Ross advised that this report was discussed at the Finance Performance & Scrutiny Committee on 14th January 2026. David invited Vanessa Salmond to present the Performance Report 2025.

Vanessa Salmond introduced the paper, noting that it represents a significant shift from previous performance reporting to the IJB. Developed by the Senior Leadership Team, the new format strengthens scrutiny and focuses on a core set of critical performance indicators across all delegated health and social care services.

Vanessa referred members to page 154, highlighting the current six escalations, which have been raised to the Senior Leadership Team for enhanced oversight, clearer understanding of performance issues, and agreement of improvement actions. Vanessa advised that the detailed report on pages 155–205 has been included to demonstrate the breadth of ongoing performance management activity across the Partnership. She also confirmed that, following committee discussions, the February IJB Development Session will be dedicated to exploring this revised approach in more depth, including methodology, reporting outputs, and the intended outcomes of the new performance framework.

John commented on the format of the report, noting, echoing Vanessa's introduction, the need for clearer articulation of key issues, rather than requiring members to work through a large volume of otherwise useful information. He emphasised the importance of understanding what escalations mean and what associated action plans involve. John advised that this reflected the discussion at Committee and supported the proposal for a future development session.

Jo Bennet welcomed the inclusion of social care data, noting that it clearly illustrates the pressure across the system, echoing points made earlier in the meeting. She welcomed the reduction in

mental health delays and the continued improvement in CAMHS and in drug and alcohol treatment access within 21 days. Jo raised two questions:

- Given increased waits for care home packages and nursing home places, is current nursing home capacity appropriately sized?
- Are housing adaptations acting as a constraint to discharge from STAR beds, thereby contributing to increased length of stay?

Morna Fleming repeated her previous request that all abbreviations be written out in full at first mention, and ideally throughout, as they cannot always be easily recalled. She referred to page 175, questioning the logic of the Scottish Government reducing Mental Health Outcomes Framework funding while continuing to set RTT targets, noting that CAMHS performance is strong despite the pressure. Morna also queried pages 204–205, observing that no targets or improvement actions appear to be listed for staff absence, despite the high rates, and asked whether anything may have been missed.

Vanessa responded that work on care home and care at home capacity is being progressed collectively by the Senior Leadership Team, with commissioned analysis due to begin shortly to assess system-wide capacity and demand.

Vanessa apologised that abbreviations had not been written out in full, noting that the report originated as an SLT paper and should have been refined for the IJB. Vanessa confirmed that CAMHS performance is a positive story, with continued improvement. On staff absence, she advised that although the detail is not fully reflected in the IJB report, absence is examined extensively through established processes, including at the Local Partnership Forum.

Lynne added that pressures across the whole system acute, social care and social work remain extremely high, reinforcing the need for investment to meet increasing complexity and an ageing population. Demand for care home beds continues to exceed capacity locally and nationally. Work is ongoing to better understand demand and target resources accordingly.

On housing adaptations, Lynne clarified that responsibility lies with Fife Council, though HSCP Occupational Therapy services work closely with housing colleagues. Increased complexity and community demand make it challenging to keep pace despite established assessment processes.

On staff absence, she noted that multiple initiatives are underway, and absence patterns reflect current pressures, including stress and musculoskeletal issues. Partnership work continues via the Local Partnership Forum to support staff and address underlying causes.

Paul Dundas advised that although overall care home bed numbers have increased—with three new independent sector homes adding over 180 beds in the last 2.5 years—the key issue is ensuring the right mix of residential and nursing beds to meet increasing frailty and complexity. He noted that individual choice, location and the level of need all influence demand for specific homes.

Paul also highlighted ongoing work to revise and adapt new models of care within care homes to provide greater flexibility across nursing and social care staff. He acknowledged the pressures within care at home and confirmed that Fife has a sizeable care home collaborative well placed to respond to demand. In North East Fife, a separate project is underway with care-at-home providers to explore different collaborative approaches to support service flexibility and meet local pressures.

Morna Fleming referred back to the impact statement and highlighted the continued pressure created by the number of people waiting for care home placements and care at home packages. While the number waiting for care at home is declining, it remains at Red (RAG) status. Morna emphasised that delays place significant strain on unpaid carers, who often have to absorb the additional burden. She reiterated that the impact on unpaid carers should be explicitly reflected in the impact statement where packages cannot be provided.

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| | <p>Eugene raised a question regarding staff absence, noting the significant difference between Fife Council and NHS Fife rates—around 50% higher for the Council. He asked whether the reason for this variation is understood or can be identified.</p> <p>David Ross advised that this point would be taken offline and a response provided to Eugene directly.</p> <p>Recommendation</p> <p>The Board were assured of the HSCP performance approach, scope and outputs within the revised performance framework and that a development session will be undertaken.</p> |
| 9 | <p>GOVERNANCE & OUTCOMES</p> <p>9.1 IJB Workplan</p> <p>David Ross advised that the IJB Workplan is a standing agenda item for member information.</p> |
| | <p>9.2 Monitoring of Directions</p> <p>David Ross advised that this report was discussed at the Finance Performance & Scrutiny Committee on 14th January 2026, and invited Vanessa Salmond to present the paper.</p> <p>Vanessa Salmond advised that the paper provides assurance on the delivery and progress of this year’s Directions. Although most Directions are now closed, four remain open, two on track and two assessed as at risk due to the gap between the 2025–26 budget and expenditure. The Finance, Performance & Scrutiny Committee discussed the rationale for the “at risk” ratings and agreed to review and refine the Directions framework to ensure clearer expectations, progress measures and risk criteria, strengthening governance and transparency.</p> <p>John Kemp, Acting Chair of Finance, Performance & Scrutiny Committee confirmed that Vanessa’s summary accurately reflected the Committee’s discussion.</p> <p>Recommendation</p> <p>The Board were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.</p> |
| 10 | <p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Armed Forces Covenant Duty – Annual Report 2025</p> <p>This report was discussed at Quality & Communities Committee on 7th January 2026. David invited Karen Marwick who presented the Armed Forces Covenant Duty – Annual Report 2025.</p> <p>Karen advised that the 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.</p> <p>Main points highlighted:</p> <ul style="list-style-type: none"> • 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.

Rosemary Liewald, Interim Chair of Quality & Communities welcomed the positive results and highlighted the excellent work at Lochore, noting the team's commitment and strong partnership with housing services. She emphasised the importance of continuing to support and value veterans.

Recommendation

The Board were assured that Fife HSCP is meeting its statutory requirements under the Armed Forces Covenant Duty and approved the Armed Forces Covenant Duty Annual Report 2025.

10.2 Chief Social Work Officer Report

This report was discussed at Quality & Communities Committee on 7th January 2026. David introduce Caroline Cherry who presented Chief Social Work Officer Report.

Caroline Cherry referred IJB members to page 227, advising that the report was approved by Fife Council in November 2025 and comes to the IJB for information and assurance. This report has also been submitted to the Scottish Government. This is an annual requirement for each Chief Social Work Officer and has a prescribed format, providing both a retrospective overview and a forward-looking assessment.

Caroline advised that the Chief Social Work Officer has a critical responsibility for the governance and leadership of social work and social care staff and services, whether services are delivered within the Health and Social Care Partnership or Fife Council. This year there was a collaborative and collective effort to work across children and families, justice and adults and older people in compiling the report. The role of the Principal Social Work Officer is central to the link between the HSCP and the Chief Social Work Officer and Fife Council. She added that governance arrangements will be further strengthened in the coming months through the establishment of dedicated Social Work and Social Care Governance structures.

The report outlines governance, workforce, performance, resources and service priorities. Caroline highlighted sections 2.3-2.6 of the report on page 229, outlining priorities for adult and older adult social work and social care:

- Workforce: Connection with the workforce, there will be a report from PSWO from direct face to face contact with all SW Teams. We will strengthen that face to face connection in this year ahead.
- Public Protection: there will be a continued join up across areas of public protection and a new Public Protection Service Manager will be in place in 2026 accountable to all partners
- Thresholds of service: The CSWO notes disparity between thresholds of intervention and support across care groups
- The priorities for 2025-2026-all link with areas of transformation within the HSCP or legislative compliance: The wider vision for social work and social care for example links with the strategic work around community and locality teams. The review of the MHO (AWI) function; moves of

adults to Fife; more focussed development of Intermediate Care models and reduced waits for assessment waits.

Caroline and the Chief Social Work Officer acknowledged and thanked the work and contribution to all social work and social care staff across the HSCP whether employed by Fife Council or across the wider independent sector.

Rosemary Liewald, Interim Chair of Quality & Communities, advised that the paper was well discussed. She acknowledged the current work and challenges, noted the update on the future location of Children and Families services, and confirmed that James Ross has kept members informed of the timeline. She concluded that it was a good report.

Recommendation

The Board were assured of the activity across Social Work services during 2024-25.

10.3 Social Work Adult Support & Protection Annual Report 2024/25

This report was discussed at Quality & Communities Committee on 7th January 2026. David introduced Caroline Cherry, who presented the Adult Support and Protection Social Work Report.

Caroline Cherry referred IJB members to page 260 of the meeting pack, with the main report itself starting on page 267. Social Work is the legislative lead for implementation of the Adult Support and Protection (Scotland) Act 2007.

The report notes the number of referrals increasing by 26% over the past year. Referrals can be several for one person, so numbers relate to referrals rather than people. This mirrors the national picture and trend. The report speculates on other potential reasons for an increase in referrals- including the aftereffects of Covid-19, socio-economic impacts and the impact of increasing awareness raising of adult protection which in many ways positive.

This increase is of course additional operational social work pressure which we are alert to managing however several supports and mitigations are noted within the report.

It is positive that the level of training as a Council Officer (able to carry out Adult Support and Protection duties) is high. There is good managerial oversight of Adult Support and Protection; there is an improved use of chronologies (which are essential in understanding patterns of risk), and the report highlights the real commitment to staff learning and to the audit of practice through the Self Evaluation Group.

Caroline explained that appendix 2 to the main report on page 302 indicates the Self-Evaluation and Improvement Framework for the Adult Protection Committee. This to page 306 indicates the measures that we will undertake to measure effectiveness including single and multi-agency audits. Appendix 3 to the main report starting on page 310 indicates the way that the Care Inspectorate will measure the performance and effectiveness of adult support and protection. The highlighted by colour numbers, for example Purpose, Vision and Strategy, give the high-level indicator of performance.

The report indicates areas of focus for 2025-2026 including amongst other areas, addressing the timescale for completion of Initial Referral Discussions (IRD)s. Whilst immediate concerns for an adult's safety is progressed, the initial referrals discussions are not completed within our local timescale and the Social Work service has already updated procedures and practice to reduce the workload on adult and older people social work.

The main risks remain pressures on our front-line teams which we are actively addressing. In short, this report demonstrates the assurance of delivering of the legislative functions of Adult Support and Protection with a commitment self-evaluation, audit and strong inter-agency working.

Rosemary Liewald, Interim Chair of Quality & Communities, advised that a good discussion was held. She noted the increase in referrals and highlighted that community awareness of vulnerable adults has improved since COVID. Rosemary welcomed this as a positive development and commended the joined-up working across teams.

Recommendation

The Board were assured of the data, activity and improvement within Social Work services.

10.4 Fife Dental & Oral Health Improvement Annual Report 2025

David Ross advised that the report was discussed at Quality & Communities Committee on 7th January 2026 and invited Lisa Cooper to present the report.

Lisa Cooper introduced the Dental and Oral Health Improvement Annual Report 2025, outlining delivery across general, public and emergency dental services. She highlighted continuing challenges and the high-level risk associated with dental services, particularly due to contractual limits on local influence.

Despite this, the report shows improved access and registration, supported by the Scottish Dental Access Initiative, with one new practice opened in Dunfermline and two more planned. All oral health improvement programmes, including Childsmile, have continued, with reductions in dental decay in Primary 7 children.

Lisa noted that the report is positive overall, with ongoing work to improve access and participation. It provides a moderate level of assurance, reflecting both current constraints and active improvement efforts.

Rosemary Liewald, Interim Chair of Quality & Communities, noted that the report had been well discussed. She welcomed the improvements being seen, particularly in children's oral health, and thanked the team for presenting the information so clearly. Rosemary added that dental pressures are a UK-wide issue and encouraged the teams to continue their positive work.

David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee queried the reference to 10 Fife dental practices accepting new patients and asked about ongoing challenges with Home Office sponsorship for overseas dentists. Lisa Cooper confirmed sponsorship remains a national issue with limited local influence and confirmed that she will arrange for the list of new practices to be shared with IJB members.

Morna Fleming asked why Fife appears less attractive to dentists. Lisa advised that while reasons are unclear and unable to comment however the HSCP works closely with academic partners and student placements to encourage dentists to stay in Fife and continues to promote Fife as a positive place to work.

Recommendation

The Board 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.

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| 11 | <p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</p> <p>The minutes of the following Governance Committees have been provided for information:</p> <ul style="list-style-type: none">• Quality & Communities Committee – 5 November 2025• Local Partnership Forum – 11 November 2025• Finance, Performance & Scrutiny Committee – 12 November 2025• Audit and Assurance Committee – 14 November 2025 (unconfirmed)• Strategic Planning Group – 14 November 2025 (unconfirmed) <p>Any queries on the content of the above should be 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> <p>David Ross advised that the next IJB Development session is Wednesday, 25th of February, and the next IJB Board meeting is 25th of March 2026.</p> |