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

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 30 JULY 2025 AT 10.00 AM
THIS WILL BE A HYBRID MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time

AGENDA

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1	**CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES**	**David Ross**	**Verbal**
2	**DECLARATION OF MEMBERS' INTERESTS**	**David Ross**	**-**
3	**MINUTE OF PREVIOUS MEETING AND ACTION NOTE 28 MAY 2025**	**David Ross**	**3 - 24**
4	**CHIEF OFFICER UPDATE**	**Lynne Garvey**	**Verbal**
5	**COMMITTEE CHAIR ASSURANCE REPORTS** 5.1 Audit & Assurance Committee 5.2 Qualities & Communities Committee 5.3 Finance, Performance & Scrutiny Committee 5.4 Strategic Planning Group	**Vanessa Salmond**	 **25 – 26** **27 – 28** **29 – 30** **31 - 32**
6	**STRATEGIC PLANNING & DELIVERY** 6.1 Commissioning Strategy 6.2 Alcohol & Drugs Strategy Annual Report 6.3 Home First Strategy Update – Community Hospitals Transformation 6.4 Short Stay Bed Base Provision	 **Audrey Valente** **Karen Marwick** **Chris Conroy** **Chris Conroy**	 **33 – 101** **102–191** **192-253** **254-263**
7	**LIVED EXPERIENCE & WELLBEING** 7.1 Lived Experience – Single-Handed Care	**Lynn Barker / Karen Marwick**	**-**

8	**INTEGRATED PERFORMANCE & QUALITY** 8.1 Revised Budget Direction 8.2 Finance Update 8.3 Annual Performance Report 2024-25	 **Audrey Valente** **Audrey Valente** **Audrey Valente**	 **264-290** **291-310** **311-439**
9	**GOVERNANCE & OUTCOMES** 9.1 Membership Update 9.2 IJB Workplan	 **Vanessa Salmond** **Vanessa Salmond**	 **440-442** **443**
10	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS** 10.1 Whistleblowing Annual Report	 **Roy Lawrence**	 **444-467**
11	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED** **Quality & Communities Committee** Confirmed Minute of 25 April 2025 **Strategic Planning Group** Confirmed Minute of 9 May 2025 **Finance, Performance & Scrutiny Committee** Confirmed Minute of 13 May 2025 **Local Partnership Forum** **Unconfirmed** Minute of 14 May 2025 **Audit & Assurance Committee** Confirmed Minute of 16 May 2025	 **Sinead Braiden** **Roy Lawrence** **Alastair Grant** **Vicki Bennett** **Dave Dempsey**	 **468-478** **479-481** **482-490** **491-500** **501-505**
12	**AOCB**	**ALL**	**Verbal**
13	**DATE OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION – Wednesday 27 August 2025** **INTEGRATION JOINT BOARD – Monday 29 September 2025**		

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
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UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) – WEDNESDAY 28 MAY 2025 AT 10.00AM

Present:	David Ross (DR) (Chair) Colin Grieve (CG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM), Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), John Kemp (JK), Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary James Ross (JR), Chief Social Work Officer, Fife Council Janette Keenan (JK), Nurse Director, NHS Fife Kenny Murphy (KM), Third Sector Lead Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Lead
Professional Advisers:	Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Tracy Hogg (TH), Finance Manager Helen Hellewell (HH), Depute Medical Director Lynn Barker (LB), Director of Nursing
Attending:	Ashleigh Allan (AA), Finance Business Partner, Fife Council Avril Sweeney (AS), Risk Compliance Manager Chris McShane (CMc), Participation & Engagement Officer Clare Gibb (CG), Communications Advisor Cara Forrester (CF), Communications Advisor Chris Conroy (CC), Head of Community Care Services Debbie Macguire (DG), Scottish Government Diane Roth (DR), OD & Culture Specialist, Fife HSCP Emma O'Keefe (EO), Consultant in Dental Public Health, NHS Fife Fran Simpson (FS), NHS Fife Heather Gibson (HG), Participation & Engagement Officer Jillian Torrens (JT), Head of Complex & Critical Care Services Jo Bennett (JB), Non-Exec Director, NHS Fife Joy Tomlinson (JT), Director of Public Health Kate Cormie (KC), Participation & Engagement Officer Lesley Gauld (LGau), Team Manager, Strategic Planning Lisa Cooper (LC), Head of Primary & Preventative Care Services Martyn Berrie (MB), Interim Clinical Service Manager, Urgent Care

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	Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture Vanessa Salmond (VS), Head of Corporate Services William Penrice (WP), Service Manager, Performance & QA Gemma Reid (GR), H&SC Co-ordinator (Minute)	
	TITLE	**ACTION**
1	**CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES** Cllr David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting. David advised that apologies had been received from Audrey Valente, Amanda Wong, Fiona Forrest, Kenny McCallum, Vicki Bennett and Mary Lockhart. David warmly welcomed Jo Bennett to her first meeting of the IJB. Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible. David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.	
2	**DECLARATION OF MEMBERS' INTERESTS** There were no declarations of interest highlighted.	
3	**MINUTES OF PREVIOUS MEETING & ACTION NOTE 26 MARCH 2025** The Minute and Action Note from the meeting held on Wednesday 26 March 2025 were both approved as an accurate record.	
4	**CHIEF OFFICER UPDATE** Lynne Garvey warmly welcomed everyone to the IJB. Lynne began her Chief Officer's update by advising members of upcoming movements within the Senior Leadership Team. • Lynne highlighted that Caroline Cherry takes up post as Principal Social Work Officer from Monday 2nd June. • Lynne wished Jillian Torrens well as she departs for pastures new later in the Summer, advising members that recruitment to the Head of Critical Care Services post will commence imminently and noted that NHS Fife will lead on the recruitment with the advert due to go live week commencing 2nd June. • Lynne also confirmed the retirement of Audrey Valente later this year, advising members that she is working closely with Staffside to carry out a managing change process for a restructure of the SLT portfolios. Lynne was proud to share some excellent achievements within the Health and Social Care Partnership:-	

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	• Following the 2nd cycle of the Integration Leadership Team course, Lynne was proud to share that 15 graduates have all successfully completed the 6-month course. • UNICEF Baby Friendly Gold Award – Lynne highlighted the achievement of the team from Community Children's Services who recently celebrated being awarded the prestigious gold award for infant feeding support. • Lynne recognised the achievements of Lyndsey Dunn who has recently been awarded Master of Science in Gerontology, with a particular focus on global issues in ageing and frailty. Lynne concluded her Chief Officer's update by expressing her honour at being invited to the Fife Carers Centre's 30th anniversary celebration, where she reflected on the vital and commendable role that unpaid carers play in our communities.	
5	**COMMITTEE CHAIR ASSURANCE REPORTS** David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs. Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Quality and Communities Committee on 25 April 2025, Strategic Planning Group on 9 May 2025, Finance, Performance & Scrutiny Committee on 13 May 2025, and Audit & Assurance Committee on 16 May 2025. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Committee Chairs had nothing to escalate to the IJB and no questions were intimated by Board members. **Recommendation** The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.	
6	**STRATEGIC PLANNING & DELIVERY** **6.1 Reconfiguration of Adamson and St Andrews Minor Injuries Units (MIUs)** This report was discussed at the Quality and Communities Committee on 25 April 2025, the Finance, Performance and Scrutiny Committee on 13 May 2025 and the Local Partnership Forum on 14 May 2025. David Ross introduced Lisa Cooper who presented the report. Lisa Cooper advised members that the report was being presented for assurance regarding the options appraisal and participation and engagement process carried out and requested a decision from IJB around Recommendation 3, which she noted was outlined fully within the report. Lisa highlighted that the proposal recommends reconfiguration and consolidation of MIU services from Adamson	

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Hospital, Cupar to St Andrews Community Hospital, between the hours of 8am-6pm, Monday – Friday.

Lisa noted the clear drivers for change articulated within the report, the primary driver being to deliver services which ensure best value and are data driven, and advised members that current activity and demand across both sites does not support the delivery of effective and efficient services within the resources available.

Lisa drew member attention to section 3.3.2 of the report which outlines the current MIU activity managed across both Adamson and St Andrews Community Hospital and provides a comparison to the MIU at Queen Margaret Hospital in the West Fife locality.

Lisa highlighted additional challenges around workforce, which she advised was bringing daily pressure to the teams managing and delivering the services and posing an ongoing risk to resilience and sustainability. Lisa noted that the current model of care does not ensure best value in comparison to the risk being managed.

Lisa stated that this recommendation will ensure clinical safety, quality of care and access to care, in the right place, at the right time.

A further driver for change was noted as the decommissioning of x-ray services at Adamson Hospital which results in patients being directed elsewhere for these services, leading to disjointed care pathways.

Lisa highlighted a more detailed analysis within Appendix 4 and Participation and Engagement activity in Appendix 2, which involved face to face and online meetings as well as a survey responded to by 1300 participants. The results of this survey highlighted concerns around access, transport and the future modelling of Adamson Hospital.

Lisa advised that Chris Conroy would take questions around future modelling of care at Adamson Hospital.

Lisa drew members attention to the Comprehensive Stage 2 EQIA, outlined within Appendix 3 before introducing Executive Medical Director Dr Chris McKenna for his comments on the proposals.

Dr McKenna thanked Lisa for the opportunity to talk to the paper, advising those present that the data and evidence were compelling towards the commissioning of one MIU in North East Fife, which he noted was due to staffing resilience issues and the fact that the current MIUs are not utilised to maximum effect for best value.

Dr McKenna explained that the consultation had been invaluable to understand emerging issues and unintended consequences from any decision taken, and highlighted to members that it truly demonstrated the value of Adamson Hospital to the community of Cupar and the surrounding areas.

Dr McKenna stressed that the priority was to provide safe, effective and sustainable MIU services to the population of North East Fife and give the community what they need from their community hospital, which is not necessarily a MIU. Dr McKenna noted work underway through Chris Conroy's

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	team to understand this need, highlighting that this was an exciting opportunity to enhance the offer around experienced CTAC nursing and address frailty needs. Dr McKenna concluded by confirming that the data suggests better value and a better use of resource would be to site North East Fife MIU services in one location at St Andrews Community Hospital. David Ross then invited Committee Chairs to comment in turn. Sinead Braiden, Chair of Quality and Communities noted robust discussions at Committee, with the report scrutinised in detail. Concerns were raised at Committee around public transport in rural areas, particularly for the elderly and disabled. Sinead confirmed that Committee were assured around the Participation and Engagement carried out, noting that Healthcare Improvement Scotland had been consulted throughout the process. Alastair Grant, Chair of Finance, Performance and Scrutiny confirmed minimal savings as a result of the proposal but as this was not a key driver, Alastair advised that Committee were keen to progress to the IJB for full discussion and decision. Lynne Parsons noted good discussion at LPF, with members assured of the clinically led options appraisal. Chair opened to questions from Board members. Cllr Margaret Kennedy highlighted page 53 of the papers - Option 3 which states “patients who receive an x-ray at Adamson and require immediate treatment will need to travel to St Andrews”. Lisa advised that this was a typo and would be corrected, confirming there would be no radiology services at Adamson under the proposals in Option 3. Cllr Kennedy advised that she had shared her concerns with Lynne and Helen prior to Quality and Communities Committee, noting that Adamson Hospital was initially proposed as diagnostic centre. Margaret highlighted that page 79 states there is greater availability of diagnostic capabilities at St Andrews which she suggested was a contradiction to past decisions. Cllr Kennedy shared her concerns that there was a distinct lack of confidence locally that Adamson would be sustained in an alternative model due to financial constraints, querying how a home visiting model could be sustained with current staffing levels. Cllr Kennedy raised concerns around access and community growth, given the reliance on public transport which we have no influence on and which poses significant challenges for the rural population. Cllr Kennedy gave her opinion that removing the MIU from Cupar would be a backward step for community growth. Cllr Kennedy intimated that given there was no support for the consideration of an alternative recommendation she was unable to support the recommendations in the paper for the following reasons: • They are based on current rather than future predicted demand especially with the possible growth of Cupar. • They have been developed in isolation from the wider health and care services.	**LC**

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- The loss of the MIU is likely to have a detrimental impact on the other services at the Adamson.

Lisa responded around the workforce and resilience challenges, which she reiterated were not a driver for the proposal, but indeed a risk, and highlighted that a specific skillset is needed to deliver services at Adamson in order to ensure safe delivery of care due to the autonomous nature of the working environment.

In relation to Cllr Kennedy's query around a home visiting model, Lisa advised that the best advice for patients is to contact 111 to be directed to the appropriate service for their specific healthcare need.

Chris Conroy recognised the great opportunity to innovate and develop services at Adamson Hospital, working in close partnership with local GP services and the in-patient ward confirming wider innovation will address the needs of the community.

David Ross requested confirmation that costs noted within the paper were purely operational costs, which Lisa Cooper confirmed was an accurate appraisal.

Morna Fleming noted that she was broadly in favour of the proposals and advised that Lisa had offered to meet with her separately out with the meeting to discuss specific points raised at Quality and Communities Committee. Morna recognised that the cost saving is minimal however noted a discrepancy on page 53 which states the cost saving would be £180k, whereby page 42 states £140k.

Lisa Cooper confirmed the cost saving would be circa £140k, advising that since the options appraisal some HR issues had been addressed leading to a reduction in projected savings, but again reiterated that finance was not the driver for change.

Rosemary thanked Lisa for the paper, noting robust discussions at Quality and Communities Committee with some concerns raised. Rosemary reassured members who had concerns around transport issues for the Cupar community by confirming that there are direct bus routes to St Andrews Hospital. Rosemary suggested that better communication to the public is required around what constitutes a minor injury. In regard to the continuation of services within Adamson, Rosemary requested further information around these proposals, noting that Dr McKenna had mentioned frailty. Rosemary felt that the community would be more reassured if the proposals were outlined.

Dr McKenna advised of a national commitment to enhancing the frailty model of care with proposed investment coming in through unscheduled care. Dr McKenna noted investment in more hospital at home frailty services and highlighted conversations with colleagues at Bank Street and Eden Villa GP Practices to discuss the way forward. Dr McKenna confirmed that the proposals around what this looks like would come back to the IJB at a later date, but assured members that discussions were already happening.

Lynne Garvey confirmed that plans are being drawn up currently, noting the opportunity for a bespoke community hub focussing on frailty with district nurses, an in-patient ward and hospital at home already on site. Lynne assured members that proposals would be brought back to the IJB.

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	Rosemary suggested a communication programme in the Cupar area to educate on minor injuries and how to access care. Lisa Cooper gave assurance that this was currently in development with the Comms team. Dr McKenna highlighted the importance of communicating with the public around the facility, noting stories of unsafe practice which were highlighted through the consultation process, with members of the public visiting MIUs presenting with serious illness. Dr McKenna acknowledged that comms were needed around appropriate access to appropriate care and the importance of utilising 111. Dave Dempsey noted the need to communicate processes with the whole of Fife, focussing on people who are not regular users. Alastair Grant highlighted that it would be critical to remember the varying demographics of those who may access the service and not just the elderly. Margaret Kennedy noted that she did not support the proposal, although she was assured of the robust communications. Jo Bennett queried the timescale for consolidation of MIU services with Lisa Cooper confirming that services would be consolidated on or around 17th July 2025. **Recommendation** **The IJB:** • **Noted the risks and drivers for change articulated within the paper indicating the need to review service delivery models for Minor Injury Care within the North East Fife locality to ensure delivery of sustainable, safe, high quality effective minor injury care.** • **Noted the process followed regarding the clinically led options appraisal as per appendix 1 with option 3 as the clinically preferred option being recommended for decision.** • **Noted that implementation of the recommendation would result in a cost saving of £140,000.** • **Were assured regarding the HSCPs and SLTs continued commitment to investment in the ongoing development of Adamson Hospital as a thriving hub for access to care within North East Fife Locality.** • **Noted that the IJB Committees supported the paper to progress to IJB for decision.** • **Approved the reconfiguration of MIU services within North East Fife locality to a single site at St Andrews Community Hospital and issue the Direction to NHS Fife.**	
7	**LIVED EXPERIENCE & WELLBEING** **7.1 What Matters To You?**	

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	Lynn Barker introduced Diane Roth who presented a short film highlighting the work of The Health & Social Care Alliance and the What Matters To You campaign. Diane advised that we had been approached by NES and confirmed that in partnership with NES and the Alliance this work is being extended across Scotland. Lynn Barker further explained that the work is being rolled out across all hospitals and community teams and highlighted the What Matters To You day on 3rd June 2025. Paul Dundas gave thanks for this work noting that a number of care homes had already commissioned the Alliance and Tommy to work with them and highlighted an event running on 10th June. Chris Conroy highlighted positive feedback from family stories which he noted really demonstrated the importance of this work. Morna Fleming advised that she previously took part in one of Tommy's training sessions and found it enlightening to hear his story around intelligent kindness. Sam Steele complimented a wonderful piece of work which is improving communication channels.	
8	**INTEGRATED PERFORMANCE** **8.1 Finance Update** This report was discussed at the Finance Performance and Scrutiny Committee on 13 May 2025 and the Local Partnership Forum on 14 May 2025. David Ross introduced Tracy Hogg, Finance Manager who presented the report. Tracy began her report by advising that the paper provides the financial position based on actuals to 31st March 2025, noting a current projected overspend of £34.017m, which Tracy advised was a positive movement of £2.9m from the figure reported in January 2025. The main areas of overspend were reported as prescribing, the use of locums in mental health and psychology and adult social care packages. Tracy also noted an £11m overspend within the Community Care portfolio. Tracy explained that due to the overspend position it was necessary to initiate the risk share process. Tracy highlighted savings delivery, advising members that 52% of the overall £39m of savings proposed had been successfully delivered. Tracy noted that those areas not delivered would move forward to be delivered in 2025/26 and advised that non-delivery was in the main due to timing and inter-dependencies. Tracy highlighted Progress Reporting Update meetings which started in Q4 and continue to take place weekly in the new financial year with SLT and the responsible service managers. During these meetings there is discussion around the progress made in each area and any barriers to the delivery of savings. Tracy advised of a commitment to providing an enhanced savings tracker, providing increased narrative and reassurance.	

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	Appendix 4 was highlighted which details the reserves balances, however Tracy noted that these were committed for use. David Ross then invited Committee Chairs to comment in turn. Alastair Grant, Chair of Finance, Performance and Scrutiny noted that Committee commended all efforts and recognised the increased savings made over the last quarter. Lynne Garvey, Co-Chair of the Local Partnership Forum highlighted good discussion at LPF with members assured of our grip and control processes. Lynne highlighted a specific ask from LPF around recovery plans noting the need to be prepared for this. Chair then opened to questions from Board members. Morna Fleming noted her disappointment at the Scottish Government funding cut for mental health referenced on page 138. Jillian Torrens confirmed a smaller mental health funding allocation from Scottish Government which she noted needs to be taken into consideration when planning services, and assured members that the challenges have been fed back to Scottish Government. **Recommendation** • **IJB were assured that there is robust financial monitoring in place** • **IJB noted and approved the provisional outturn position for delegated services for 2024-25 financial year as at 31st March 2025 as outlined in Appendices 1-4 of the report; and** • **IJB approved the Direction to NHS Fife for risk share transfer.**	
	8.2 Performance Report – Executive Summary This report was discussed at the Finance Performance and Scrutiny Committee on 13 May 2025. David Ross introduced William Penrice who presented the report. William advised that this was the last time the report would be presented in this format, noting that he was working on a new format to increase the scope of the paper. William was happy to answer any questions on the report. David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members. Alastair Grant, Chair of Finance, Performance and Scrutiny commended the report and noted no particular comments from Committee. Chris Conroy highlighted opportunities to work with external providers. Paul Dundas gave thanks to William and Chris and welcomed the improved approach, noting that he was looking forward to working together in a whole system approach. **Recommendation**	

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	The IJB were assured that the full report had been discussed at the relevant Committee, the areas which require improvement are under development and are subject to continual scrutiny by Head of Service.	
9	**GOVERNANCE & OUTCOMES** **9.1 Governance Committee Assurance Statements** This report was discussed at the Quality and Communities Committee on the 25 April 2025, the Finance, Performance and Scrutiny Committee, 13 May 2025 and the Audit and Assurance Committee on 15 May 2025. David Ross introduced Vanessa Salmond who presented the report. Vanessa began her update by advising members that the statements provide assurance that the 3 standing committees are fulfilling their remit, ensuring effective governance is in place and noted that no significant issues had been identified for highlighting to the IJB. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Sinead Braiden, Chair of Qualities and Communities Committee, Alastair Grant, Chair of Finance, Performance and Scrutiny Committee Committee and Dave Dempsey, Chair of Audit and Assurance Committee Committee confirmed that all committees supported the progression of the paper to the IJB. **Recommendation** **The Board were assured that good governance is in place across the Partnership.**	
	9.2 Monitoring of Directions This report was discussed at the Finance, Performance and Scrutiny Committee, 13th May 2025. David Ross introduced Vanessa Salmond who presented the report. Vanessa began her update by advising that the appendices detail the current Directions and confirmed that 2024-25 Directions would be closed following the external audit of accounts in September. David Ross then invited Alastair Grant, Chair of Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members. Alastair Grant, Chair of Finance, Performance and Scrutiny noted members were assured of the status of all open Directions and had no particular comments from Committee. **Recommendation** • **IJB noted the current status of the open Directions as per Appendix 1** • **IJB were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.**	
	9.3 Draft IJB Workplan 2025-26	

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	This was a standing agenda item for member information only.	
10	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS** **10.1 Risk Management Annual Report 2025** This report was discussed at the Audit and Assurance Committee on 16 May 2025. David Ross introduced Avril Sweeney who presented this report. Avril advised that this report provided a progress update on the delivery plan since it was agreed in March 2023, noting 10 actions within the updated delivery plan, with 7 completed and further improvement work continuing with 2 of the actions. In regard to the other 3 actions, Avril advised that one relates to a review of the risk maturity model with the other 2 actions due later this year. Avril noted that the report highlights work carried out throughout the year on completed actions. The 2 actions where further work is ongoing relate to the risk appetite where an amendment to the SBAR is currently being drafted and Avril confirmed that this will be presented to Committees in a future cycle. In addition, the development of a performance model to provide assurance that risk management processes are operating effectively. Avril explained that the initial draft of the risk maturity model was presented to the Audit and Assurance Committee in November 2024, where members were supportive but asked for further views on content and that an additional review be completed by officers. This was taken to the Extended Leadership Team Development Session in February 2025 where members discussed and developed actions. Avril highlighted the latest risk maturity model shown at Appendix 2 and noted that if agreed the areas for improvement would be drawn up into smart actions and added to the delivery plan going forward, with lessons learned currently being worked on. David Ross then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at Committee opening to questions from Board members. Dave Dempsey, Chair of Audit and Assurance noted Committee were content with the report. Colin Grieve queried if lessons learned should be wider across partner bodies and not just the HSCP. Avril confirmed that we are capturing what is already out there in terms of lessons learned, complaints and adverse events and looking across all partners and as wide as we can to find best practices to share into each area. **Recommendation** • **Members were assured that work on the delivery plan actions is progressing.** • **Members approved the Risk Maturity Model baseline as shown at Appendix 2.**	

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10.2 IJB STRATEGIC RISK REGISTER

This report was discussed at the Audit and Assurance Committee on 16 May 2025.

David Ross introduced Avril Sweeney who presented this report.

Avril advised that this report was being presented to members for assurance, discussion and decision to approve the risk register, and noted that the risk register was last presented to the Audit and Assurance Committee in March 2025 with the risks most recently reviewed in April 2025. Avril advised that all current risk scores remain the same with 2 risks moving the target risk score date to March 2026.

Avril advised that the 6 current high-level risks are show in summary on the table within the SBAR on page 231 and confirmed that all high scoring risks had been subject to a deep dive risk review and the risk register had been presented to all Governance Committees within the committee cycle.

David Ross then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at Committee opening to questions from Board members.

Dave Dempsey, Chair of Audit and Assurance highlighted Appendix 4 on page 245 which shows a trend graph, drawing member attention to the dip in the graph and queried if the targets are aspirations as he noted no movement of the risk scores towards the targets.

Alastair Grant suggested that clarification may be required on risk descriptors.

Avril responded explaining that the risk register captures risks at a point in time and acknowledged that we may need to reconsider the risk description to ensure they are captured appropriately. Avril advised that risks are aligned to the strategic plan with a new plan to be developed. Avril noted that target risk scores are optimistic, and risk owners must look at what they can achieve when smart actions are complete. Avril advised that external factors can impact on the risk register and that continuous monitoring of risks is required, and reiterated that it would be an ideal opportunity to review this during the development of the new strategic plan.

Dr McKenna noted that if descriptors are not captured correctly then everything else doesn't fall into line and suggested there is a need to describe the risk that an issue creates. Dr McKenna queried if there was an opportunity to reframe to steer away from issues and concentrate on the risk the issues are creating.

Avril resonated with Dr McKenna's comments and suggested a review with risk owners, advising that the next review point would be July.

Lynne Garvey acknowledged that this suggested action would be appropriate, and whilst she confirmed that the risks are accurate, how they are described requires reviewed. **AV/AS**

Recommendation

- **Members were assured that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive**

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	review process are helping to support the management of risks. • **Members approved the IJB Strategic Risk Register but recognise further development and maturity is to take place over the next cycle.**	
	10.3 ADULT PROTECTION BIENNIAL REPORT 2022-24 This report was discussed at the Quality and Communities Committee on 25 April 2025. David Ross introduced Jillian Torrens who presented this report. Jillian introduced the report by drawing member attention to the covering paper with a link to the Committee's Strategic Improvement Plan and advised that all Adult Support and Protecting Committees across Scotland had recently been supported by Scottish Government to develop a standardised format for the report which will be used going forward. Jillian highlighted that the report provides statistical information within the appendices relating to characteristics of harm and local activity data, noting an increase in activity of 27% since the last reporting period. Jillian explained that 18% of overall referrals progressed onto the enquiry phase which she noted was reassuring in terms of processes and the ability to manage referrals timeously when referrals are received. The Committee has a Strategic Improvement Plan with 4 main focus areas which are noted within the paper. Jillian advised that the Committee are responsible for oversight of the Improvement Plan following inspection by the Care Inspectorate in 2021, with the main action from the improvement plan being the use and promotion of chronologies. Jillian advised that the Committee were engaged in inspection preparation due to the awareness of a planned programme of local inspections and noted that a short life working group had been set up to focus on this. Jillian noted the current focus on multi-disciplinary and multi-agency training, working with partner agencies and lived experience, with future work planned to maintain focus in relation to stakeholder engagement, workforce development, policy procedure review and audit activity to improve outcomes overall. David Ross then invited Sinead Braiden, Chair of Quality and Communities to comment on discussions at Committee before opening to questions from Board members. Sinead advised that Committee were assured of the current position. Janette Keenan noted that the report came to the Health and Wellbeing Committee and Clinical Governance Committee where members were assured. Morna Fleming gave thanks for the report and for the incorporation of updates following Quality and Communities Committee. Morna commended the move to look at outcomes as well as output and complimented the use of leaflets and radio as communication means, noting that in her opinion there is too much reliance on social media communications. Morna had a number of points to be addressed:	

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	• Morna questioned if LSI recording paperwork would be available to the Care Inspectorate when inspections take place. • Morna highlighted that page 268 makes reference to work with the deaf communication service and queried whether we had addressed the visually impaired and deaf/blind. • On page 293 the first table details the number of ASP investigations by client group, 147 of which are classed as "other" with Morna querying what other means. • Morna noted a low percentage of IRD completion on page 314 and queried if this was a staffing issue? Jillian responded to Morna's points by confirming that LSI paperwork will be provided to inspectors and advised that there is no current work related to the blind, but she will feed this back. Jillian confirmed that IRD completion numbers are due to scheduling and availability of staff. In terms of "other", Jillian acknowledged that it may be helpful to give an example within the report of what the other variables are, and Morna agreed that this would be acceptable. Dave Dempsey noted that the percentages don't add up on the table on page 255 and suggested that the data was not presented in the most user-friendly format. John Kemp confirmed that this report had been discussed at the Public Health Committee where assurance was taken but noted the significant increase in the number of referrals investigated. John noted that Jillian had presented hypothesis behind this but asked if we can ascertain accurate reasons. Jillian advised that every call into service is recorded as a referral and acknowledged that a deeper dive around this was required to ensure accurate reporting. Rosemary gave her thanks to Jillian for the report and raised a question around Life Pod, noting that in the Cowdenbeath area they have No Wrong Door and queried whether welfare teams can make referrals to Life Pod. Jillian advised that she would share information around referral routes for awareness raising and upskilling. Colin Grieve queried if the percentage increases were reflective of the national position. Jillian confirmed they were, but we are perhaps not reporting the same as other areas. Jo Bennett queried the data around location of harm breakdown and care homes and asked how we analyse this. Jillian confirmed that trends are assessed which help to identify if a focussed piece of work is required, by looking at the variables that contribute to the trends. Lynne Garvey invited Lynn Barker to provide further information around this. Lynn Barker highlighted the Care Home Liaison Team and noted that a governance assurance group monitor and collect data, and highlighted that we have care home liaison nurses in each locality with intelligence data collated.	**JT** **JT** **JT**

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	Janette Keenan noted no concerns with the escalation systems and processes in place. Paul Dundas assured members that he works closely with multi agency partners in review of all cases, noting work with Alan Adamson in Commissioning to shift the current significant occurrence reporting structures using a whole system approach. Jillian concluded by advising that we have a link officer at the Care Inspectorate with regular engagement sessions discussing adult support and protection. **Recommendation** **Members were assured of the current position, noting work is ongoing.**	
	10.4 SPRING BOOSTER CAMPAIGN This report was discussed at the Quality and Communities Committee on 25 April 2025. David Ross introduced Lisa Cooper who presented this report. Lisa noted that the report notes progress on the local delivery plan for the national Covid Spring Booster campaign, advising that the Chief Medical Officer letter was attached at Appendix 1 which instructs delivery of the programme. Lisa noted a significantly reduced cohort eligible for this programme in comparison to the winter programme. Lisa advised that we are currently at 60% delivery of programme, with an increased uptake anticipated by the end of programme on 15th June 2025. Lisa highlighted the uptake for care home residents which is 74.6% as of 18th May, noting that a "mop-up" programme with care home residents was in place. Assurance was provided to members that there is oversight of programme through the Community Immunisation Programme Board and Lisa was happy to bring a further report on the final position to the Quality and Communities Committee. David then invited Sinead Braiden, Chair of Quality and Communities to comment on discussions at Committee before opening to questions from Board members. Sinead advised that assurance was provided to committee in line with the national direction. Dave Dempsey noted images on page 342 and highlighted that the non-appointment figures for NHS Fife are significantly higher than the Scottish figures. Morna Fleming also noted concern around the non-appointment figures, noting that 24.9% of care home residents have never had an appointment and she was interested to find out why. Lisa advised that she would feedback to Dave offline and bring narrative around this in the final report. Rosemary highlighted that more work was needed to support the uptake across the 3 and under age range, noting that work in nurture centres is required.	**LC**

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	Lisa advised that this report was related to the covid booster specifically, although noted a reduction in other boosters which was highlighted through the performance report. Lisa confirmed that nurture centres are being utilised as vaccination centres however uptake remains low. **Recommendation** **Members took a significant level of assurance regarding the planning and Implementation of the Spring Vaccination campaign by Fife HSCPs Community Immunisation Service.**	
	10.5 LOCAL PARTNERSHIP FORUM ANNUAL REPORT 2024-25 This report was discussed at the Local Partnership Forum on 14 May 2025 David Ross introduced Roy Lawrence who presented this report. Roy provided a brief introduction to the 5th LPF Annual Report, noting that he was seeking approval to publish this on the website. Roy highlighted that the report had been developed in collaboration with LPF Co-Chairs and noted that the Forum was a key advocate for the workforce. Roy gave his thanks to both the Organisational Development and Culture and the Comms team for delivering the Co-Chairs vision. David then invited Lynne Garvey, Co-Chair of the Local Partnership Forum to comment on discussions at Committee before opening to questions from Board members. Lynne commended the report, noting areas of focus in relation to the nurture and development of staff and highlighted the EDI work undertaken by the Partnership. Lynne noted that Lynne Parsons and Debbie Fyfe are active contributors to the LPF and invited their comments. Lynne Parsons welcomed the report noting that it provided assurance that the LPF is fulfilling its remit. **Recommendation** **Members approved the report for publication on the Health and Social Care Partnership website.**	
11	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP** The minutes of the following Governance Committees were provided for information: • Strategic Planning Group – 5 March 2025 • Quality & Communities Committee – 6 March 2025 • Local Partnership Forum – 11 March 2025 • Finance, Performance & Scrutiny Committee – 12 March 2025 • Audit and Assurance Committee – 14 March 2025 David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.	

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12	**AOCB** Lynne highlighted that this was Janette Keenan's last IJB meeting due to her impending retirement, highlighting the contribution made by Janette to the IJB throughout the years ensuring professional oversight, guidance and support. Lynne provided an update for the next IJB Development session which will have a focus on structure of Governance Committees and SLT meetings. Proposal will come to IJB Development Session in June and IJB engagement will be welcome.	
13	**DATE OF NEXT MEETING** IJB DEVELOPMENT SESSION (Teams) – WEDNESDAY 25 JUNE 2025 INTEGRATION JOINT BOARD – WEDNESDAY 30 JULY 2025	

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ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 28 MAY 2025

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	IJB 280525 – Strategic Risk Register Review with risk owners to be carried out.	**Audrey Valente / Avril Sweeney**	**Sept 25**	**Review of the Strategic Risk Register is due to complete by end of July. The revised risk register is scheduled to go to Audit and Assurance Committee on 19 September.**
2	IJB 280525 – Adult Protection Biennial Report 2022-24 • Work ongoing with deaf communication service however no reference to visually impaired. Jillian to feed this back. • ASP investigations by client group – example to be provided within the report on the "other" variables. • Increase in number of referrals investigated – deeper dive required to ascertain accurate data. • Jillian to share information around referral routes.	**Caroline Cherry**	**July 2025**	**Due to internal restructure of responsibilities within SLT – verbal update will be provided at IJB meeting 30.07.25**

COMPLETED ACTIONS

IJB 290525 – Reconfiguration of MIU Services Page 53 of the papers - Option 3 states "patients who receive an x-ray at Adamson and require immediate treatment will need to travel to St Andrews". Lisa advised that this was a typo and would be corrected, confirming there would be no radiology services at Adamson under the proposals in Option 3.	**Lisa Cooper**	**Immediate**	**Action Complete**
IJB 290525 – Spring Booster Campaign Non-appointment figures for NHS Fife are significantly higher than the Scottish figures – Lisa to feedback to Dave Dempsey offline and provide narrative around this in final report.	**Lisa Cooper**		**25.6.25 Email sent to Dave Dempsey from Lisa Cooper and Olivia Robertson detailing the narrative around this.**
IJB 260325 9.2 Draft IJB Workplan 2025-26 Review draft workplan to explore if this could be set up as a rolling year (as per comment from Dave Dempsey)	**Vanessa Salmond**		**The process for developing Committee and IJB workplans is complex with lots of inter-dependencies. Unfortunately, having explored this suggestion, it is not feasible at this time.**
IJB 260325 8.2 Revenue Budget 2025/26 & Medium-Term Financial Strategy Typo on page 14 of the report relating to budget uplift Request from Dave Dempsey to ensure that Directions are specific to each individual partner. Review of Respite – position to be clearly articulated within documentation (per request from Morna)	**Audrey Valente** **Vanessa Salmond** **Jillian Torrens**		**09.05.25 Noted and corrected.** **Directions amended prior to issue.**

IJB 260325 – 6.2 Carers Eligibility Criteria Dave Dempsey noted that the table on page 116 is an image and therefore would not be accessible to people with sight loss. Monitoring to be incorporated into the plan (as per comment from Arlene Wood)	**Roy Lawrence**		**The image on page 116 is due to the papers being combined and converted to PDF to create the full IJB papers. The image in the original document is a table and not an image. This is the version that will be distributed so this should not be an issue.** **Roy met with James Ross as Chief Social Work Officer and Chris Conroy to begin to think about the implementation of the Eligibility Criteria framework. This work will be continued with Caroline Cherry, our new Principal Social Work Officer, when she starts in post, alongside the CSWO and our Heads of Service. As part of the work to implement the new framework, monitoring we will be built in to ensure we are receiving feedback from staff and service users on the process.**
IJB 260325 – 6.1 Strategic Plan Annual Report & Year 3 Delivery Plan Dave Dempsey noted that page 57 states "completed work continues" which does not make sense.	**Audrey Valente**		**Original action completed as planned with additional work underway to enhance delivery.**
IJB 290125 – Fife Immunisation Strategic Framework	**Lisa Cooper**		**LC confirmed all actions complete**

Morna requested uptake percentage be added to the report along with narrative around why people are not attending and actions taken to encourage. Word omission within the report (page 41 of the IJB papers at end of paragraph 1) Page 19, figure 7 is an image which breaches accessibility guidelines	**Lisa Cooper** **Lisa Cooper**		
IJB 290125 – Mainstreaming the Equalities Duty Lisa to confirm & feedback to Morna if training to support safe eating and drinking for those with learning difficulty is available to unpaid carers. Arlene suggested a Development Session around outcomes and how these are quantified and requested information around metrics and how we report back on these. Audrey Valente to confirm. Rosemary Liewald requested data related to how we are doing in terms of recruitment, engagement and retention of male carers. Data to be shared around service user preference of gender of those caring for them (request from Mary Lockhart)	**Lisa Cooper** **Audrey Valente** **Roy Lawrence** **Roy Lawrence**	**ASAP**	**Response from Hilary Munro 27.02.25:** Where a person has been identified with an eating, drinking and swallowing issue and where upskilling is required, this will be provided to whomever requires it as part of person-centred care. **Action complete.** Equalities Outcomes added to list of potential topics for future development sessions. **Action complete** **Data shared 14.03.25 – action complete** **Data shared 14.03.25 – action complete**

IJB 290125 – Fife Immunisation Strategic Framework Concern around content of Direction – Lisa and Vanessa to connect with Dave Dempsey to support revision of Direction.	**Lisa Cooper / Vanessa Salmond**		Teams meeting scheduled – meeting progressed, following meeting it was agreed Direction no longer required. Action closed.
IJB 290125 Timescales to be added to action note	**Gemma Reid**	**Following meeting**	Complete - further updates requested and some actions now closed with one ongoing (Q&C revised ToR)
IJB 290125 Invitation to Morar Living Open Day to be circulated to members	**Gemma Reid**	**Following meeting**	Complete 290125

Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**5.1**
Report Title:	**Chair's Assurance Report** **Audit and Assurance Committee**
Committee Chair:	**Dave Dempsey**
Responsible Officer:	**Audrey Valente, Chief Finance Officer**
Report Author:	**Vanessa Salmond, Head of Corporate Governance**

1 Introduction

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

2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. There were 3 items of business due to be presented at this Committee cycle delayed. The Internal Audit – Follow-Up Report, Sharing Protocol and Performance Audit Report. The Follow-Up report was not presented due to no material changes having occurred since the last report was presented. Both the Sharing Protocol and Performance Audit Report were not yet complete. These have been rescheduled.

At the meeting on 27th June the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Draft Annual Accounts and Financial Statements
- Items related to Audit: Internal Audit Progress Report; Internal Audit Annual Report (incl. IJB Annual Assurance Statement) and Internal Audit Internal Control Evaluation (ICE) Report.
- Governance & Compliance: Annual Review of Terms of Reference.

3 Update on Risks

There was no discussion at this meeting pertaining to risk.

4 Committee Levels of Assurance / Decisions / Recommendations

The Audit and Assurance Committee made the following decisions at its meeting on 27th June 2025:-

Assurance

- **Internal Audit Progress Report** – Members were assured on progress with current Audit plan acknowledging flexibility with 2025-26 plan.
- **Internal Audit Annual Report** - Committee were assured by the Chief Auditors opinion that the IJB has adequate and effective governance, risk management and internal control arrangements place.
- **Internal Audit Internal Control Evaluation (ICE) Report** – Members were assured that an action plan has been agreed in response to internal audit identifying 9 areas for improvement with progress being monitored and reported to this Committee.

Decisions

- **Draft Annual Accounts and Financial Statements** – Members agreed to remit the draft accounts to the Azets, External Auditors to commence the formal external audit.
- **Terms of Reference** – Members agreed to slight amendments to current terms of reference.

5 Escalations/Highlights to the IJB

There were issues highlighted requiring formal escalation to the IJB.

6 Forward Planning/Horizon Scanning

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

Dave Dempsey, Chair, Audit and Assurance Committee

Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**5.2**
Report Title:	**Chair's Assurance Report** **Quality and Communities Committee**
Committee Chair:	**Sinead Braiden**
Responsible Officer:	**Helen Hellewell, Deputy Medical Director** **Lynn Barker, Director of Nursing, HSCP**
Report Author:	**Vanessa Salmond, Head of Corporate Governance**

1 Introduction

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

2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. There were 2 items of business due to be reported at this Committee cycle delayed. The Community Led Support Progress Report delayed due to competing work demands and has been rescheduled. All other items of business were presented as planned. In summary, at their meeting on 4th July the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters Report and IJB Deep Dive Risk Review – Clinical and Care Governance and Terms of Reference Review.
- Strategic Planning: Learning Disability Strategy, NHS Safe Delivery of Care Mental Health Inspection, Home Frist Strategy Update and Review of Short Stay Bed Base.
- Legislative Requirement and Annual Reports: Alcohol and Drugs Partnership Annual Report, Duty of Candour FC and Annual Performance Report.

3 Update on Risks

A deep dive risk review of Clinical and Care Governance was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report, recognising a more detailed action plan was being progressed.

4 Committee Levels of Assurance / Decisions / Recommendations

The Quality and Communities Committee made the following decisions at its meeting on 4th July 2025:-

Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board.
- **Learning Disability Strategy** – A verbal update provided assurance to Committee that national requirements are being progressed.
- **NHS Safe Delivery of Care Mental Health Inspection** – Members discussed the report and agreed that it provided assurance on current position.
- **Annual Performance Report** – Committee were assured by the content of the report on Partnership activity throughout 2024-25.
- **Fife Council Duty of Candour** – Members were assured by this report and noted there are no issues to be escalated to Board.

Recommendations

- **Home First Strategy: Community Hospitals Transformation –** Members were assured by the progress of activities contained within this report on delivery of this transformation.
- **Review of Short Stay Bed Base –** Members agreed that this report should progress to IJB for formal agreement.
- **Alcohol and Drugs Partnership Annual Report** - Members commended this report and agreed to proceed to the IJB for formal agreement prior to publication.

Decision

- **Review of Terms of Reference –** Member agreed to slight changs to current Terms of Reference.

5 Escalations/Highlights to the IJB

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

6 Forward Planning/Horizon Scanning

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

Sinead Braiden, Chair, Quality and Communities Committee

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**5.3**
Report Title:	**Chair's Assurance Report** **Finance, Performance and Scrutiny Committee**
Committee Chair:	**Alastair Grant**
Responsible Officer:	**Audrey Valente, Chief Finance Officer**
Report Author:	**Vanessa Salmond, Head of Corporate Governance**

1 Introduction

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

2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. The Carers Strategy Annual Report has been deferred due to competing work priorities, all other items of business scheduled to be reported at this Committee cycle as per the Committee workplan were presented. In summary, at their meeting on 16th July the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Revised Budget Direction, Finance Update and FPS Strategic Risk Register Deep Dive Review - Governance
- Performance: Annual Performance Report
- Scrutiny: Whistleblowing Annual Report and Review of Short Stay Bed Base
- Strategies: Home First Update – Community Rehabilitation Hospitals Transformation and Alcohol & Drugs Partnership Annual Report
- Governance: Terms of Reference Review

3 Update on Risks

A deep dive risk review of Governance was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report, recognising a more detailed action plan was being progressed.

4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 16th July 2025:-

Assurance

- **Annual Performance Report** – Committee were assured by the content of the report and that this report provides updates on all areas as prescribed by SG guidance.
- **Whistleblowing Report -** Members were assured by the work detailed in this report which supports the IJB to meet the requirements of Part 8 of the Whistleblowing Standards.
- **Home First Strategy: Community Hospitals Transformation –** Members were assured by the progress of activities contained within this report on delivery of this transformation, noting a Direction will be issued by the IJB.
- **Mid-Year Workforce Update** - Committee were assured by the activities described with this report.

Recommendations

- **Revised Budget Direction** – Following discussion, Committee agreed to remit the Revised Budget Directions which detail movement in budget allocation to IJB for formal agreement to issue.
- **Finance Update** – A visual presentation accompanied this paper at Committee and members were assured by financial monitoring being undertaken. Members agreed to remit the Directions to IJB for formal agreement to issue.
- **Review of Short Stay Bed Base** - Members agreed that this report should progress to IJB for formal agreement.
- **Alcohol and Drugs Partnership Annual Report** - Members commended this report and agreed to proceed to the IJB for formal agreement prior to publication.

Decision

- **Review of Terms of Reference –** Member agreed to suggested changs to current Terms of Reference.

5 Escalations/Highlights to the IJB

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

6 Forward Planning/Horizon Scanning

There is no planned activity to report.

Alastair Grant, Chair, Finance, Performance and Scrutiny Committee

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**5.4**
Report Title:	**Chair's Assurance Report** **Strategic Planning Group**
Group Chair:	**Colin Grieve**
Responsible Officer:	**Audrey Valente, Chief Finance Officer**
Report Author:	**Vanessa Salmond, Head of Corporate Governance**

1 Introduction

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

2 Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. There was one item deferred which was scheduled to be reported at this meeting as per the Groups' workplan which was the Alcohol and Drugs Partnership Annual Report, however due to competing demands this has been rescheduled. All other items of business scheduled were presented.

At the meeting on 18th July the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log
- Strategic Planning: Strategic Plan Update
- Annual Reports: Annual Performance Report and Alcohol and Drugs Strategy Annual Report.
- Strategy Updates: Home First Strategy Update – Community Hospitals Transformation

3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 18th July 2025:-

Decision

- **Strategic Plan** - In addition to the accompanying paper, the SPG received a presentation. Following extensive discussion, the group endorsed a co-production approach to promote collaboration and maintain oversight throughout the development of the Strategic Plan. A strict timeline was also approved for its development, consultation, and preparation of the draft.

Assurance

- **Annual Performance Report** – The SPG were assured by this report and supported submission to the IJB.
- **Alcohol and Drugs Strategy Annual Report** – The SPG commended this report and supported progression to IJB and Scottish Government.
- **Home First Strategy Update – Community Hospitals Transformation** – The SPG welcomed the progress detailed within this report and supported progression to the IJB noting the inclusion of a Direction to NHS Fife.

4 Escalations/Highlights to the IJB

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

5 Forward Planning/Horizon Scanning

There were no issues for highlighting.

Colin Grieve, Chair, Strategic Planning Group

Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**Wednesday 30th July 2025**
Agenda Item No:	**6.1**
Report Title:	**Commissioning Strategy Annual Report**
Responsible Officer:	**Audrey Valente – Chief Finance Officer**

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance – this report has been compiled to provide assurance that the Commissioning Strategy 2023 – 2026 is being effectively delivered in line with the Commissioning Strategy Vision and Principles.

This Report relates to which of the following National Health and Wellbeing Outcome(s) *(delete as appropriate):*

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

This Report Aligns to which of the Integration Joint Board 5 Key Priority(ies) *(delete as appropriate):*

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

2 Route to the Meeting

This report has been developed by the Commissioning Strategy Working Group, their feedback has informed the development of the content presented in this report.

- Commissioning Strategy Working Group

This report has been presented for assurance to the following:

- SLT Business (14th April 2025)
- Strategic Planning Group (9th of May 2025)
- Finance, Performance and Scrutiny Committee (13th May 2025)

There were no amendments requested.

3 Report Summary

3.1 Situation

The Commissioning Strategy 2023 – 2026 is identified as one of Fife's Health and Social Care Partnerships enabling strategies within the Strategic Plan 2023 – 2026 and details our approach to the commissioning of social care services in Fife.

Fife's Integration Joint Board (IJB) approved Fife's Commissioning Strategy in May 2023. The strategy is supported by annual delivery plans which set out the programme of work for each year. This Annual Report (Appendix 1) provides an update on these actions and is intended to show some of the activity that has taken place over the last two years.

3.2 Background

This Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 sets out our commissioning vision, principles, priorities, Partnership behaviours and expectations that we have of our providers. It sets out how we will work collaboratively with our partners to develop and deliver ethical, sustainable and innovative social care services that will ultimately improve the outcomes for the people of Fife.

The Partnership's Strategic Plan 2023 to 2026 sets out the health and social care vision for Fife, this includes five identified strategic priorities: **Local, Sustainable, Wellbeing, Outcomes and Integration**. The Commissioning Strategy 2023 - 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 has been developed to support the delivery of these strategic priorities by embedding these priorities into our commissioning principles and across all of our commissioning and contracting activity.

Approved in May 2023, the Commissioning Strategy Vision is:

'To Commission high quality, local, sustainable and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place and enable people to live independent and healthier lives in their own home, and within their own community'

The Commissioning Strategy details the Partnerships commitment to:

- Strong, meaningful connections with our localities to ensure people have the right care and support at the right time and in the right place.
- A continuous improvement approach focusing not only on "what" we do to improve our performance, outcomes and sustainability but also "how" we do things.
- Embracing collaborative working - we want a personalised approach to be evident in all our activities and for individuals to have greater choice and control over the care and treatment that is offered to them.
- Promoting health and wellbeing and strengthening early intervention and prevention.
- Embracing the opportunities that digital platforms can provide.
- Developing innovative social care solutions that are ethical and sustainable.

3.3 Assessment

The Annual Report contained within Appendix 1 provides a comprehensive overview of the progress on the delivery of key actions within the year one and year two delivery plans.

The Annual Report also includes updates on the following areas:

- Procurement support and activity over the two-year period.
- Third sector organisations.
- Workforce developments.
- Care at Home and Care Home Collaboratives, and
- Commissioning for positive outcomes.

3.3.1 Quality/ Customer Care

Our commissioning directions, standards and activities continue to be informed by our ongoing engagement with local people and local providers both in the private and third sector. Only by working collaboratively, can we achieve an improvement in the health and wellbeing of the people of Fife.

The Commissioning Strategy and annual report demonstrates a commitment to meeting the needs of the people of Fife by providing access to high quality, flexible, and responsive, care and support services that meet our vision and mission, maintain our values, and promote good practice standards.

3.3.2 Workforce

The Commissioning Strategy acknowledges the workforce challenges and fragility across the social care, nursing and GP workforce and demonstrates a commitment to supporting our workforce both internally and our extended workforce through our third and independent sectors. Our Commissioning Strategy is linked to our Workforce Strategy which details our workforce planning approach in alignment with the Scottish Governments Fife Pillars framework, the Workforce Strategy has identified actions that will be taken forward over the short and medium term to support the ambition of recovery, growth and transformation.

The appended Commissioning Strategy Annual Report highlights some key work that has taken place to support our workforce, developments include the Care Academy model, regulatory changes and progress in the implementation of the Health, Care Staffing (Scotland) Act 2019. In addition to this, updates relating to developments in our collaboratives (Care at Home and Care Homes) are also included within the annual report.

The Commissioning Strategy recognises the importance of the relationships that we have with our providers and that our providers in the third and independent sectors will benefit from access to support, advice and learning opportunities. Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership is committed to supporting providers through the Supplier Development Programme. Small and Medium Enterprises (SME) and third sector organisations that are interested in working with the public sector can access free training, support and information from the Supplier Development Programme including the opportunity to attend 'Meet the Buyer' events (Supplier Development Programme | Helping you bid better (sdpscotland.co.uk).

Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership has adopted UNISON's Ethical Care Charter for the commissioning of homecare services. The Charters objective is to establish a baseline for the safety, quality, and dignity of care by ensuring employment conditions which do not routinely short-change clients and ensure the recruitment and retention of a more stable workforce through sustainable pay, conditions, and training levels.

In line with the Procurement Reform (Scotland) Act 2014 Statutory Guidance, Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership considers fair work practices in all procurement activity.

3.3.3 Financial

The Commissioning Strategy 2023 – 2026 and Market Facilitation and Delivery Plan are linked to the Medium Term Financial Strategy and acknowledge the current and anticipated financial gap and the need to develop and deliver services differently through a continuous improvement approach and working collaboratively with our partners to develop innovative social care solutions.

Strategic Commissioning activity aims to support the optimisation of all resources to maximise the opportunities for positive outcomes whilst achieving best value.

3.3.4 Risk/Legal/Management

As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan. The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions going forward over the period of the overarching Strategic Plan 2023 – 2026.

A Risk Register was completed during the development of the Commissioning Strategy.

3.3.5 Equality and Diversity, including Health Inequalities

Equality responsibilities, including children's rights, health inequalities and Anchor Institute ambitions are usually considered during strategic planning, service planning and service delivery.

Equality Impact Assessments are required when new policies, strategies, or services are being developed and/or when existing ones are being reviewed, particularly where the proposed change(s) has the potential to impact people differently based on their protected characteristics.

The Commissioning Strategy Annual Report includes updates on activities and services that have already been completed. The report does not include any proposed changes to the Partnership's policies, strategies or services and therefore an Equality Impact Assessment is not required.

3.3.6 Environmental / Climate Change

The Commissioning Strategy details one of its priority aims as maximising opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes and efficiency.

Development of more collaborative commissioning approaches with our partners can lead to an added benefit of minimising unnecessary travel

for providers and reduction in environmental impacts in line with Fife Council's Climate Change agenda.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

The Commissioning Strategy 2023 – 2026 was developed with a diverse range of individuals across the Partnership as well as our external partners in the third and independent sectors and members of the public**.**

As part of the implementation of the strategy, further engagement was carried out with our staff and our partners in the third and independent sectors on three key areas:

- Awareness of the Strategy
- Understanding of the Strategy, and
- Compliance with the Commissioning Principles.

The preferred engagement method was two online surveys, one for internal stakeholders and one for external stakeholders. The main reason for choosing this method was due to the relatively short timeframe for engagement. When compared to other methods, online surveys allow for reaching a larger number of people quickly following the agreement of survey questions. This method therefore maximised feedback within the engagement timeframe and offered the most effective and efficient engagement solution.

In total, 118 respondents participated in the engagement activity which took place between 10 February and 3 March 2025. Of those 118 respondents, 49 (42%) were internal stakeholders while 69 (58%) were external stakeholders.

A sample of feedback from the engagement activity is included in Appendix 1 (pages 15 & 16) and the full engagement report can be seen at Appendix 2.

4 Recommendation

Assurance

This report has been compiled to provide assurance that the Commissioning Strategy 2023 – 2026 is being effectively delivered in line with the Commissioning Strategy Vision and Principles.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Commissioning Strategy Annual Report
- Appendix 2 – Participation & Engagement Report

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

N/A

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

10 Directions Required to Fife Council, NHS Fife or Both

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

11 To be completed by SLT member only

Lead	**Audrey Valente**
Critical	
Signed Up	
Informed	

Report Contact

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www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Supporting the people of Fife together

Commissioning Strategy

Annual Report

May 2025



NHS Fife

Supporting the people of Fife together

Fife Council

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Glossary of Terms

Contract	A contract is awarded to one provider via a formal tendering process.
Framework Agreement	A framework is awarded to multiple providers via a formal tendering process.
Direct Award	Direct award procurement is the process of awarding a contract to a supplier without them going through competitive tendering.
Grant	A grant is awarded via a competitive grant process. Grants can be recurring. Grant funding is reviewed as appropriate.
Service Level Agreement	A Service Level Agreement is the basis of the agreed outcomes and performance monitoring for a grant award.
Tendering	Tendering is the formal process for advertising and awarding a contract in the marketplace via Public Contract Scotland.
Public Procurement	Public procurement is the process where public bodies buy goods, services and works from third parties.
Commissioning	Planning the Services that are needed by the people who live in the area that it covers.
Joint Commissioning	Joint commissioning is a complex strategic activity combining strategic planning, service design, procurement, internal service planning and performance management and applying all these activities in a multiagency environment.
Operational Commissioning	Operational Commissioning in a Social Care context generally means the commissioning of an individual care package or service from an already contracted provider under a Framework Agreement.
Strategic Commissioning	Strategic commissioning is the term used for all activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range, and quality of future services, and working in partnership to put these in place.

Introduction

Welcome to the annual report for the Commissioning Strategy and Market Facilitation Plan 2023 – 2026. The Commissioning Strategy is an overarching and enabling strategy intended to support all areas of commissioning activity across the Health and Social Care Partnership by offering an approach to commissioning that supports our strategic direction to deliver reform, transformation, and sustainability and to create more service user aligned care pathways. The Commissioning Strategy sets out how we will work collaboratively with our partners to develop and deliver ethical, sustainable and innovative social care services that will ultimately improve the outcomes for the people of Fife.

Fife Health and Social Care Partnership is committed to meeting the needs of the people of Fife by providing access to high quality, flexible, and responsive, care and support services that meet our vision and mission, maintain our values, and promote good practice standards. These services are delivered via a combination of direct support from the Partnership, or on our behalf by external providers in the voluntary or independent care sectors.

This report is intended to show some of the activity that has taken place over the last two years since the Commissioning Strategy was approved in May 2023. We hope that this report will demonstrate progress in our collaborative working approaches, highlight our partnerships with the third and independent sectors, evidence commitment to the Commissioning Vision and Principles both internally and by our external partners and demonstrate 'commissioning for positive outcomes.'

This report includes an update on the planned actions shown as:



Completed



Partially Completed



Not started/Delayed

Where an action has been delayed or has not started, an explanation will be provided to support this.

Strategic Context

As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan. The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions over the period of the overarching Strategic Plan 2023 – 2026 (www.fifehealthandsocialcare.org/media/bj2nwsxa/fife-strategic-plan-2023-to-2026.pdf)

The Partnership's Strategic Plan 2023 to 2026 sets out the health and social care vision for Fife, this includes five identified strategic priorities: **Local, Sustainable, Wellbeing, Outcomes, and Integration.** The Commissioning Strategy 2023 - 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 has been developed to support the delivery of these strategic priorities by embedding these priorities into our commissioning principles and across all of our commissioning and contracting activity.

The Commissioning Strategy is interlinked with a number of the Partnerships other strategies and approaches including locality planning, participation and engagement, prevention and early intervention, digital, workforce, the medium-term financial strategy, and many others. The Commissioning Strategy and Market Facilitation Plan demonstrates the interconnectivity of how our Commissioning approach spans across the entirety of our activity as a Partnership.







Market Position

The Fife commissioned market reflects a diverse range of providers including third/voluntary, independent, and private sectors as well as Fife HSCP's in-house provision.

Many providers particularly across the third and voluntary sector typically fall into the Small to Medium Enterprise (SME's) category, whilst those across other sectors (including Care at Home and Care Homes), due to their size and volume of business are typically categorised as Large Enterprises (LE's).

Current contracts include a mixture of individual contracts awarded to one provider, block, spot, and framework agreements, some of which are commissioned locally whilst others for example, the National Care Home Contract are commissioned nationally via Scotland Excel. The Partnership also commission a number of services from the third and voluntary sector via grants.

Vision

The Commissioning Strategy vision and supporting statement was developed with a diverse range of individuals across the Partnership as well as our external partners in the third and independent sectors, those who use social care services, carers of individuals who use social care services and members of the public.

Vision

To commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place and enable people to live independent and healthier lives in their own home, and within their own community.

Supporting statement

We will make a commitment to delivering an outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, high-quality, individualised care provisions and support solutions, that are aligned to strategic priorities and local needs.

Our contracting and commissioning activity will encompass a commitment to community wealth building, sustainable and ethical purchasing and the climate change agenda

Principles

The commissioning principles are instrumental to achieving the Commissioning Strategy Vision and were developed in line with the HSCP Strategic Priorities. We aim to ensure that the commissioning principles are embedded in all our commissioning activity.

LOCAL	• We will commission social care services locally wherever possible. • We will work with our localities to ensure that they have an active role in local planning of health and social care service provision.
SUSTAINABLE	• We will demonstrate a commitment to community wealth building and embed sustainable and ethical purchasing practices in all our commissioning activity. • We will make a commitment to work collaboratively with our partners to create innovative and sustainable health and social care solutions. • We will balance innovation and risk in our commissioning practice.
WELLBEING	• We will actively promote commissioning solutions that enable prevention and early intervention. • We will actively promote self-care and self-management. • We will continue to support our unpaid carers and ensure that their needs are met.
INTEGRATION	• We will invest in enablers to support integration. • We will adopt a whole system approach to our commissioning practice. • We will co-design and co-produce solutions with our partners and communities.
OUTCOMES	• We will commission services with an outcome focus. • We will ensure feedback from those who use social care services is at the heart of our development and improvement plans.

Commissioning Strategy Priorities

Priority	Deliverables	Outcomes	Strategic Theme
1. Through our commissioning practice, there will be an increase in the choice and availability of social care services through implementation of digital solutions where appropriate in line with our Digital Strategy.	An increase in technology enabled care, empowering individuals to successfully manage their own care and wellbeing, where suitable to individual needs.	Alternative models of care embedded across all relevant health and social care services (video conferencing, the use of self-assessment tools, technology enabled care). This will compliment non-digital services which will continue to be available as appropriate.	**SUSTAINABLE**
2. Through our commissioning practice, we will make a commitment to commission services locally wherever possible, maximising opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes, and efficiency. Our commissioning activity will also demonstrate a commitment to community wealth building and sustainable and ethical purchasing practices.	An increase in the number of local providers that we commission and an increase in the number of collaborative commissioning projects underway.	Collaborative commissioning is embedded in all commissioning practice and services are commissioned locally wherever possible. Consistency of service/carer for the service user leading to improved service user satisfaction. Minimising unnecessary travel for providers and reduction in the environmental impacts in line with Fife Council's climate change agenda.	**LOCAL** **SUSTAINABLE**
3. Commissioning practice will actively promote solutions that enable prevention and early intervention in line with our Prevention and Early intervention Strategy.	A service model which focusses on prevention and early intervention and promotes community-based supports over residential settings and builds resilience through self-care and self-management.	Our social care provider partners will actively support our prevention and early intervention strategy by building resilience, encouraging independence, and enabling individuals to take ownership of their own health and wellbeing.	**WELLBEING**

Priority	Deliverables	Outcomes	Strategic Theme
	Commissioning activity that promotes positive health and wellbeing choices.		
4. Commissioning practice will adopt a whole system approach with solutions co-designed and co-produced with our partners and communities. We will ensure that feedback from those who use and those who deliver social care services is at the heart of our development and improvement plans through ongoing engagement activity in line with our Participation and Engagement Strategy.	Collaborative working with all partners, communities, and localities to inform decision making around our commissioning plans.	Robust participation and engagement with our partners and service user groups including those groups who are hard to reach and protected characteristic groups. Commissioning decisions based on proactive input from people with lived experience evidenced through increased participation and engagement activity e.g., collaborative meetings and market engagement activity.	**INTEGRATION**
5. Our commissioning activity in line with our Medium-Term Financial Strategy will encompass our duty of 'Best Value' delivering on continuous improvement through effective ways of working, finding innovative and creative social care solutions and using our financial resources effectively to deliver better outcomes for the people of Fife.	Best Value principles embedded in our commissioning approach and effective use of our financial resources to transform services.	Maximisation of our resources to transform models of care leading to more sustainable care models and better outcomes for the people of Fife.	**SUSTAINABLE**

Year One Delivery Plan

Where do we want to be in 2026	In 2023/24, we will:	Update	Priority	RAG Status
Commission high quality, local, sustainable, and collaborative services that are person-centred and outcome focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.	Finalise and publish our Commissioning Strategy 2023 – 2026, this will be fully integrated and aligned with other strategies. We will work closely with other strategy leads to deliver on our commissioning priorities.	Completed. The Commissiong Strategy 2023-2026 and the Market Facilitation and Delivery Plan were approved by the Integration Joint Board on 26th May 2023. A Commissioning Strategy Working Group (CSWG) is being established which will include colleagues and representatives from the Health and Social Care Partnership along with other key stakeholder groups such as Fife Council Procurement, Scottish Care, and Fife Voluntary Action. The CSWG will meet bi-monthly to develop a Delivery Plan and monitor progress of this Plan.	1, 2, 3, 4, 5	 Completed
Strengthened relationships with our Procurement Partners and a shared understanding of Commissioning Principles.	HSCP will work closely with our Partner Procurement teams to ensure that a shared understanding and direction is achieved.	Throughout 2023/2024, the Commissioning team have worked closely with its Procurement Partners to ensure that the commissioning and contracting requirements have been met within appropriate timescales as detailed in the Procurement Activity Tracker and additional activity based on identification of need. Further detail of the number of procurement strategies, tender exercises, direct awards, minutes of variation etc completed are detailed on page 14 of this document.	2, 3, 4	 Completed

Where do we want to be in 2026	In 2023/24, we will:	Update	Priority	RAG Status
An increase in the number of local providers that we commission and an increase in the number of collaborative commissioning projects underway.	Establish baseline by capturing the number of local v non- local providers. Identify and progress collaborative commissioning opportunities.	Local Providers = **116** Non-local providers = **107** Fife's Care at Home Collaborative continued to develop in 2023/2024 and has an annual work plan in place to support collaboration across Care at Home Providers in Fife. In 2023, the Health and Social Care Partnership, along with Fife based care home providers, began discussion around establishing a Care Home Collaborative. This work has continued to develop in 2024 aiming to bring closer working relationships across this sector.	2, 5	Completed

Other activity in 2023 – 2024



National Care at Home and Housing Support Awards – Fife Care at Home Collaborative was a finalist for the Care Service Co-ordination and Administration Award.

Year Two Delivery Plan

Where do we want to be in 2026	In 2024/25, we will:	Update	Priority	RAG Status
Commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.	During 2024, several care contracts will be awarded through formal tendering processes, supported by Fife Council's Procurement Service. The main contract to be awarded will be the framework for Supported Living Services, where a number of care providers will be accepted onto the contract framework, and we will build on existing services and relationships, or establish new relationships with new providers who want to deliver care and support services in Fife, with an expectation that all care providers will provide high quality and local services to the people in Fife who need care and support in their own home.	Throughout 2024, the Commissioning team have worked closely with its Procurement Partners to ensure that the commissioning and contracting requirements have been met within appropriate timescales as detailed in the Procurement Activity Tracker and additional activity based on identification of need. Further detail of the number of procurement strategies, tender exercises, direct awards, minutes of variation etc completed are detailed on page 14 of this document.	2, 3, 4, 5	 Completed
A demonstratable increase in the number of local providers v non local providers that we commission care and support services from.	Through our commissioning practice, we will make a commitment to commission services locally wherever possible.	Local Providers = **129 (increased from 116 in 2023/2024)** Non-local providers = **107**	2	 Completed
An improvement in digital accessibility in care homes (wi-fi). *Linked to Digital Strategy	Establish current position and progress a model or models of digital accessibility improvements in care homes.	A survey was developed late 2024 and issued early 2025 to establish and capture current the position with regards to wi-fi availability within the care home sector. Analysis of survey feedback will be carried out early 2025 and improvement planning will commence.	1	 Partially Completed

Where do we want to be in 2026	In 2024/25, we will:	Update	Priority	RAG Status
Members of staff who undertake social care commissioning activity will have a robust understanding of our commissioning approach, legal frameworks and the skills and knowledge to apply ethical and sustainable commissioning practices.	We will work with our Procurement partners to enhance and develop the skills of our workforce. The Social Care Category Team will complete Sustainable Procurement Training (delivered by Sustainable Scotland) The Contracts and Commissioning Team will complete Sustainable Procurement Training (delivering by Social Category Team) HSCP staff who are named evaluators in competitive tendering opportunities will complete training on the evaluation of tenders and service briefs.	3 members of the Social Care Category Team completed Sustainable Procurement Training (delivered by Sustainable Scotland). 20 HSCP staff completed training on the evaluation of tenders and service briefs. 16 members of the Contracts and Commissioning Team completed Monitoring and Evaluation Framework Training.	2	
Providers delivering care and support on behalf of Fife Health and Social Care Partnership are able to demonstrate a commitment to ethical employment practices.	We will encourage providers to work in in alignment with the Ethical Care Charter Stages (Care at Home Providers) We will ensure that Providers of Social Care Services in Fife are paying the Scottish Adult Social Care Pay rate.	Number of providers that are aligned with the Ethical Care Charter Stages (Care at Home Providers): **47** Number of providers paying the Scottish Adult Social Care Pay rate and are aligned with Fair Work Practices: **81** Providers.	2	 Completed
Commissioning practice will adopt a whole system approach with solutions co-designed and coproduced with our partners and communities.	We will review service level agreements in line with strategic priorities and outcomes (Re-imagining third sector project). SLAs will be linked to the Strategic Plan and relevant Strategies e.g. Carer's Strategy, Alcohol and Drug Partnership Strategy.	**64** Service Level Agreements reviewed and updated in collaboration with our third sector partners.	4	 Completed

Where do we want to be in 2026	In 2024/25, we will:	Update	Priority	RAG Status
Maximise opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes and creating efficiencies.	Continue to support and develop the Care at Home Collaborative. Encourage regular attendance and offer a space for creative social care solutions to be identified and considered.	Bi-weekly Care Home Collaborative meetings held. Attendance at each meeting is monitored. **No of meetings in 2024 = 23** **Average attendees at each meeting = 33** **Percentage of attendees = 75.61%** The Care Home Collaborative is still developing and will continue to evolve, aiming to bring care home providers from across Fife to work closer together and establishing closer working relationships. Meetings and planning for ongoing development of this Collaborative will continue into 2025.	2, 5	 **Completed**





Commissioning and Procurement

Our commissioning activity is governed by procurement legislation known as the Public Contracts (Scotland) Regulations 2015. The regulations relating to the procurement of social care services allow for a more flexible and creative approach to the purchase of these services known as The Light Touch Regime (LTR).

The Fife Integrated Joint Board is not a contracting authority and as such directions must be issued by the IJB to Fife Council and NHS Fife to procure health and social care services on their behalf.

Fife Council has adopted the National Procurement Journey which supports all levels of procurement activity and provides guidance for public sector buyers. The National Procurement Journey provides one source of guidance and documentation for the Scottish public sector which is updated on a continual basis with any changes in legislation and policy and it also facilitates best practice and consistency.

Since the Commissioning Strategy 2023 – 2026 was approved, we have continued to work collaboratively with our procurement partners in Fife Council and NHS Fife to deliver on our contracting and commissioning requirements.

Our procurement partners support the Partnership to:

- Ensure best value is obtained in all our commissioning activity.
- Ensure financial benefits/savings are met where applicable.
- Practice a risk optimisation approach to procurement activity where appropriate.
- Improve collaborative working across the organisation by practising a responsive, pro-active, and agile approach.
- Ensure activity is compliant with applicable procurement legislation and is aligned with the strategic direction.
- Ensure the Partnership meets its aim of having as much of the procurement spend spent with local suppliers as possible, where legally possible, where best value can be achieved by doing so and in having due regard to individual choice.
- Promote sustainability in line with best practice/regulation requirements.
- Develop policy and processes to tackle fraud in procurement, i.e., prevention, detection, and reporting, and
- Consider and articulate the Partnerships significant role as a buyer in influencing inclusive growth.

Procurement Activity 2023 -2025

20 Contract Awards

11 Procurement Review Board Reports

6 Contract Extensions

46 Contract Variations

5 Roll-up Reports

public contracts scotland





Note: Figures represent the period April 2023 to February 2025 and is based on the data available at the time this report was prepared.

Communication and Engagement – HSCP

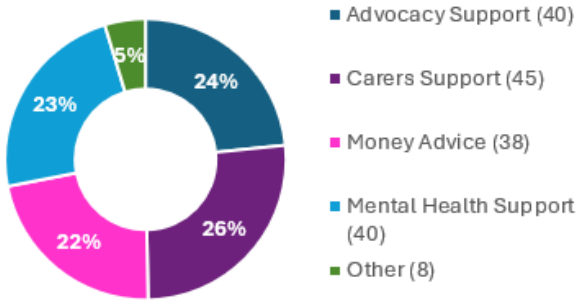
A sample of feedback from our staff survey is shown below, the full engagement report can be seen at Appendix One.

We asked about staff awareness of the Commissioning Strategy 2023 - 2026

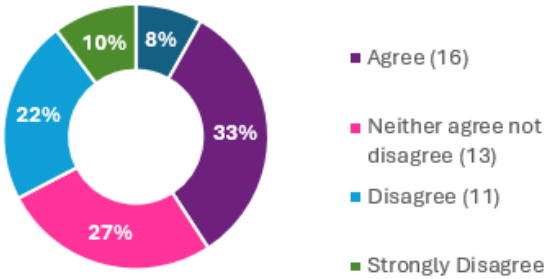
Yes = 73%

No = 27%

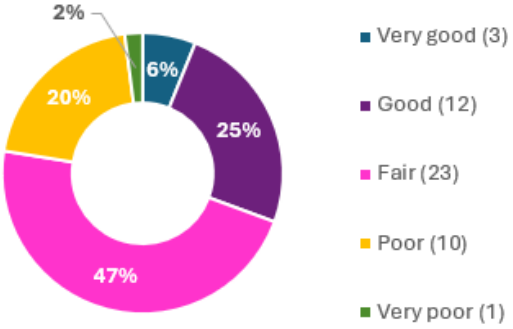
We asked about staff awareness of commissioned third sector and community resources:



We asked if Fife HSCP is achieving its vision to commission high-quality, local, sustainable, and collaborative services that are person-centred and outcome-focused:



We asked how well we are doing adopting a whole system approach, embracing opportunities for collaborative working with our partners and co-designing solutions:



What staff told us:

"I think we need to continually raise awareness of third sector and community resources and how they can provide support"

"Collaboration is good where there is consistent and strong leadership"

"We need to find a way to measure the progress people are making towards their agreed outcomes"

"We need to ensure we continue to listen to what people need and develop services that can meet those needs within (where possible) their localities"

Communication and Engagement – External Partners

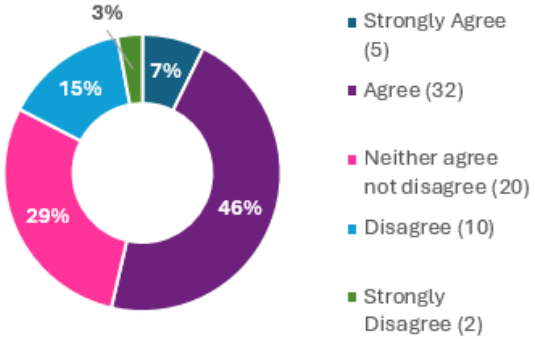
A sample of feedback from our external survey is shown below, the full engagement report can be seen at Appendix One.

We asked our external partners about their awareness of the Commissioning Strategy 2023 - 2026

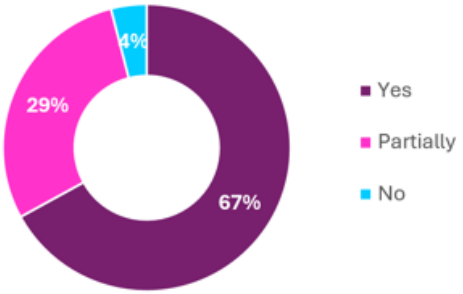
Yes = 88%

No = 12%

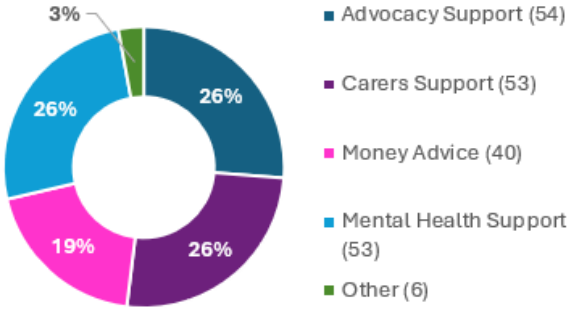
We asked if Fife HSCP is achieving its vision to commission high-quality, local, sustainable, and collaborative services that are person-centred and outcome-focused:



We asked our external partners if they agreed that Fife HSCP have adopted a whole system approach and embrace opportunities for collaborative working with our partners to co-design solutions:



We asked about external partners awareness of commissioned third sector and community resources:



What our partners told us:

"We cover Fife wide and feel that the principles are being met"

"The knowledge of what services are in Fife is reasonably good i.e. Local Area Co-ordinators are good at signposting, however this is only completely successful when organisations have small waiting lists"

"More collaborative working between organisations delivering similar services"

"There needs to be an improvement in collaborative working particularly with the third sector organisations directly"

Third Sector Update

Where do we want to be in 2026	In 2023, we will:	Update	Priority	RAG Status
An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable support solutions that are aligned to strategic priorities and local needs.	Complete the Project Closure Report and establish and embed a new Service Level Agreement template and monitoring framework. Ongoing third sector development work will be transferred under the Strategic Planning Team.	Service Level Agreements (SLA's) are being reviewed and updated (where appropriate) with each organisation to ensure they are outcome focussed, collaborative and supportive of participation and engagement with key stakeholders. A new SLA template will be developed in 2024, this is linked to the wider Fife Council SLA template review. All third sector commissioning activity has been organised into seven domains so that reporting will align to strategic groups and priorities. Annual monitoring of activities will be reported to the strategic planning group to ensure alignment to strategic priorities and local need.	2, 3, 4, 5	 Partially Completed
An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable support solutions that are aligned to strategic priorities and local needs.	Further develop annual monitoring of activities, to be sorted by domains, which will be reported to the Strategic Planning Group to ensure alignment to strategic priorities and local needs and provide evidence of need to relevant decision-making groups.	Organisations with newly developed SLAs from exercise below in 2024 are currently being subjected to an Annual Monitoring exercise to determine performance against the expectations of the SLA and reflect revisions in SLA for 25/26. Further work will then be required using this data in the summer to report against strategic priorities.	2, 3, 4, 5	 Partially Completed
An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.	Develop new health and social care Service Level Agreement (SLA) template, aligned to the wider Fife Council SLA template review, which will better record outcome focussed activities, incorporate specific collaboration activities and expectations of facilitating participation and engagement.	New SLAs will be subject to review and possible revision by June each financial year following Annual Monitoring Exercise as per Fife Council's Monitoring & Evaluation Framework.	2, 3, 4, 5	 Completed

Our third sector grant funded organisations area supported by 16 Link Officers and are subject to monitoring in line with Fife Council's Monitoring and Evaluation Framework. The Link Officers provide both formal and informal support to organisations and ensure that governance and control mechanisms are in place to measure how well each organisation is meeting their agreed objectives. The monitoring activity also provides a framework to demonstrate that public finding is being spent effectively.



2024

64 Service Level Agreements (SLAs) prepared and agreed with Third Sector Organisations

Link Officers attended **136** Third Sector Committee Meetings

Link Officers attended **30** Third Sector Annual General Meetings (AGM)

61 Annual Monitoring meeting and reports completed.



Collaborative Update

Fife Care at Home Collaborative

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 Collaboration of Provider Organisations has continued to respond positively to the demands of flow within hospital and community settings and capacity has been generated to ensure that the flow is maintained. Some pressure points of over capacity reported by a number of Providers is currently being responded to, with work ongoing to identify mitigations.

Whilst the Collaborative routinely meets on Microsoft Teams to ensure accessibility and promote high levels of engagement, it also holds as many networking and development sessions as can be accommodated. In March and July of 2024 two events were held, one in Leven and one in Kirkcaldy. They were very well attended and the discussions ranged from GIRFE to Cyber Security. These events included members of the Senior Leadership Team, the Care Inspectorate, NHS - National Education for Scotland and others.



Care Home Collaborative

The Fife Care Home Collaborative formed through a process of appreciative inquiry and is structured to represent the best interests of the Fife Health and Social Care Partnership, Fife Care Home Providers, and the people of Fife. A Terms of Reference and Memorandum of Understanding have been agreed together with a Care Home Collaborative Strategy 2024-27. This has been created by a process of participation and engagement and seeks to reflect key national and local drivers including Fife's Workforce Strategy, My Health, My Care, My Home-Healthcare Framework, and the Independent Review of Adult Care in Scotland.

The Collaborative has continued to develop over the past year and has brought together Providers including those in the Fife Care Home Co-operative, HSCP and NHS Fife staff, Scottish Care and others in a series of meetings in a variety of locations across the region, discussing areas of mutual interest including the implementation of the Safe Staffing Act and the development of the National Induction Framework. The face-to-face nature of the meetings has provided participants the space to develop connections and build on relationships formed in a more virtual environment.

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

Scottish Care
Social care that works for Scotland

Fife Care at Home Collaborative

Fife Care Home Collaborative

Commissioning for positive outcomes

Quarriers – Sawers Close Care and Support Service

The Sawers Close Care and Support Service is a good example of commissioning for positive outcomes. The Service provides for a group of five individuals who have complex care and support needs and has been successfully delivered by Quarriers within their owned accommodation over the last ten years. The H&SCP were happy with the service that was delivered over that time as it was successfully supporting the individuals to meet their agreed outcomes, and the provider was pro-actively working with the Partnership to improve the Service and identify cost savings where possible.

The contract was due to expire at the end of 2024 and as the procurement regulations allow for a direct award to a chosen provider to be made in certain circumstances, Procurement were able to work with the H&SCP to invite Quarriers to bid for the opportunity to continue to deliver the Service. This resulted in a new contract being awarded to Quarriers for a period of up to 6 years.

This approach has ensured continuity of care, stability, and sustained high-quality support for the individuals. By maintaining an established provider with a proven track record, commissioners can minimise disruption to vulnerable individuals who rely on consistent relationships and familiar environments. This approach enables the continuation of person-centred care, leveraging the provider's existing expertise, staff knowledge, and service infrastructure to drive ongoing improvements. This also provides stability and continuity for the care provider.

Furthermore, using a direct award fosters a collaborative partnership, allowing for agile service enhancements, proactive quality assurance, and the achievement of positive outcomes, such as increased independence, wellbeing, and community participation, while ensuring value for money and compliance with regulatory standards.

Pasha Keir, Fife Council, Corporate Procurement Officer

Quarriers are proud of the successful service we have been delivering at Sawers Close, Cowdenbeath for the past 10 years. The Direct Award Contracting and Commissioning route from Fife Council in Autumn 2024 enabled Quarriers to demonstrate our experience and ability to continue delivering a high quality, responsive and accessible service to the people we support in Sawers Close. The process covered Quarriers Service Delivery Model, Staff Recruitment, Induction and Training (including management, retention and wellbeing), our robust Health and Safety policies and Quarriers commitment to Fair Work First. We outlined how we tailor support to individual needs and continuously improve the service based on feedback and views of the people that we support.

The commissioning for positive outcomes approach ensured minimal disruption and uncertainty for the staff team (who can often become unsettled during a competitive tendering process), ensuring their focus remained on providing quality care and support to the residents of Sawers Close.

Another key benefit of the direct award approach was the people we support at Sawers Close received continuity of care from familiar Quarriers staff, which is crucial for maintaining trusting relationships and achieving their personal outcomes.

Marie Redden, Quarriers, Senior Bid Writer

Workforce

The HSCP Workforce Strategy & Plan 2022/25, set specific medium term strategic actions, examples include:

- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- The development of a Care Academy Partnership arrangement as part of enabling the whole system to align with our Workforce, Strategic and Financial Plans and creating a culture of continuous improvement' by ensuring our workforce growth requirements are sustainable.

The Care Academy is a model tasked to provide a coordinated approach to the benefit for the Partnership to counter supply and demand concerns as well as sourcing a range of funding options only available via the College sector, creating a level playing field across the integrated partners.

In November 2024 and March 2025, the Academy hosted care specific career events with both events combined drawing 500 people to meet over 30 different Independent and Third sector employers. Social care staff, work leads in Fife council and representation from nursing services in NHS Fife also attended.

These events will be held at least annually and demonstrate a proactive approach to attracting people into our care sector workforce.



Regulatory Changes

The last year has included two significant regulatory changes for our workforce, the SSSC have consulted and designed the 'Register for the Future' with a vision that being registered with the SSSC is simple, easy to understand and that people know about the benefits and value of being registered and the standards, skills and qualifications needed to deliver high quality care.

The SSSC also introduced changes in 2024 for 'Qualifications and skills' which includes reducing the timescale to achieve a qualification from five years to three years from the 1st of June 2025 for all new registrants. Staff in supervisory and management roles require two qualifications so the five years' timeline will remain unchanged.

The changes include that the SSSC will ask registrants to complete an annual declaration based on their registration date to confirm personal and employment details or provide updated details and pay the annual fee (where applicable). Staff failing to provide this will result in them being withdrawn from the register, rendering them unable to continue in that role until they apply for registration again.

Implementation of the Health, Care Staffing (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 (HSCA) was passed by the Scottish Parliament in 2019. Enacted on the 1st of April 2024, the Act is applicable to all health and care staff in Scotland. In Part 3 of the Act 'Care Services', employers were invited to complete a self-assessment exercise to ascertain their own readiness for the implementation using a bespoke tool created to support them.

The work undertaken was recognised by Stephanie Thom, the Care Inspectorate safe staffing lead who commented:

"We appreciate the complexities of service planning and procurement for all HSCP's. The work you all dedicated to this testing process has been integral to our work here at the Safe Staffing Programme"

Health and Social Care Partnerships must report to Scottish Government on the steps taken, and any ongoing risk that may affect our ability, to comply with section 3(6) of the Act by the 30th of June 2025. An annual report must also be published each year to demonstrate compliance with the duties.



Scottish Social Services Council

Conclusion and Next Steps

In conclusion, there is a considerable amount of activity taking place across the Partnership which aims to support the delivery of the Commissioning Strategy as well as embed the Commissioning Strategy Vision and Principles.

We hope that this report has demonstrated the progress that has been made in raising awareness of the Strategy, developments in our collaborative working approaches, demonstrated an example of 'commissioning for positive outcomes', highlighted our partnerships with the third and independent sectors and demonstrated a commitment to the Commissioning Strategy Vision and Principles.

Our planned activity for 2025 and beyond is captured in the table below:

1.	The Commissioning Strategy Working Group will prepare a communications plan with a view to increasing awareness and understanding of the Commissioning Strategy both internally and with our external partners.
2.	Continue to work with the Locality Service Manager to support the identification of gaps in service provision and explore options to meet any identified gap/need.
3.	Public engagement will be carried out to measure awareness and impact of the Commissioning Strategy from the public perception.
4.	Continue to invest and develop our workforce through identified needs and structured training.
5.	Continue with business-as-usual activity on all work plans (Procurement, Commissioning, Third Sector etc)
6.	Continue to attract Social Care Workforce through the Care Academy.
7.	Continue to support Social Care Workforce through encouraging external partners to adopt the Ethical Care Charter Stages and ensure that external care partners are paying the Scottish Adult Social Care rate of pay and adopting Fair Work practices for their employees.
8.	Continue to support and develop the Care at Home and Care Home Collaboratives and embrace new opportunities for collaborative working.

Commissioning Strategy 2023 – 2026

Participation & Engagement Feedback Report

Finlay Macleay

Participation & Engagement Officer

12/03/2025

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1. Introduction

The Commissioning Strategy 2023 – 2026 details Fife Health and Social Care Partnership's (HSCP) approach to the commissioning of health and social care services in Fife over a three-year period and builds on the commissioning foundations established through the Commissioning Strategy 2021 – 2023.

The strategy sets out Fife HSCP's Commissioning Vision, Principles, Priorities and the partnership behaviours and expectations of providers, which together make clear how the Partnership will work collaboratively with its partners to develop and deliver ethical, sustainable and innovative social care services.

Approved in May 2023, the strategy was developed with a wide range of individuals across the Partnership and external partners in the third and independent sectors, those who make use of social care services, carers of individuals who use social care services and members of the public.

The full Commissioning Strategy 2023 – 2026 can be accessed on Fife HSCP's website: www.fifehealthandsocialcare.org/media/rujfbomz/commissioning-strategy-2023-2026.pdf

2. Engagement Purpose

Fife HSCP set out to engage with its staff as well as commissioned external partners in the third and independent sectors on three key areas: **awareness of the strategy**, **understanding of the strategy**, and **compliance with the commissioning principles**.

Through this engagement, the expected engagement outcomes were to understand:

- Whether internal stakeholders believe they are working in alignment with Commissioning Strategy Principles.
- The level of awareness and engagement of independent sector partners with Commissioning Strategy Principles.
- How well Fife HSCP is delivering its vision for high-quality, sustainable, collaborative and person-centred care.
- How well the Commissioning Strategy Principles are embedded and what further actions are needed.
- Where co-design and partnership working can be strengthened.
- Gaps in knowledge about third sector and community resources and their integration into care pathways.
- Whether both internal and external stakeholders have accessible ways to provide feedback and influence commissioning decisions.

The Partnership also recognises that there are several challenges facing the health and social care sector and is committed to responding to these challenges by delivering seamless services through transformation, collaboration and integration. This survey will help the Partnership to understand whether its Commissioning Strategy Vision and Principles continue to meet the needs of the current landscape of health and social care across Fife.

3. The Engagement Timeline



4. Stakeholder Engagement

4.1 Designing the Consultation

The consultation was designed to engage with stakeholders both internal and external to Fife HSCP. In terms of the internal stakeholders, these were defined as staff within Fife HSCP, while external stakeholders were defined as commissioned partners within the third and independent sectors.

When considering the questions to ask both groups of stakeholders, the engagement outcomes (listed above in Section 2) were used to inform the questions. A full list of questions for the internal survey can be found in **Appendix 1** while a full list of questions for the external survey can be found in **Appendix 2**.

4.2 Engagement Methods

The preferred engagement method was two online surveys, one for internal stakeholders and one for external stakeholders, and was selected by the Project Lead and agreed by the Commissioning Strategy Working Group. The main reason for choosing this method was due to the relatively short timeframe for engagement. When compared to other methods, online surveys allow for reaching a larger number of people quickly following the agreement of survey questions. This method would therefore maximise feedback within the engagement timeframe and offer the most effective and efficient engagement solution.

4.3 Engagement Reach

In total, **118** respondents participated in the engagement activity which took place between 10 February and 3 March 2025. Of those **118** respondents, **49** (42%) were **internal stakeholders** while **69** (58%) were **external stakeholders**.

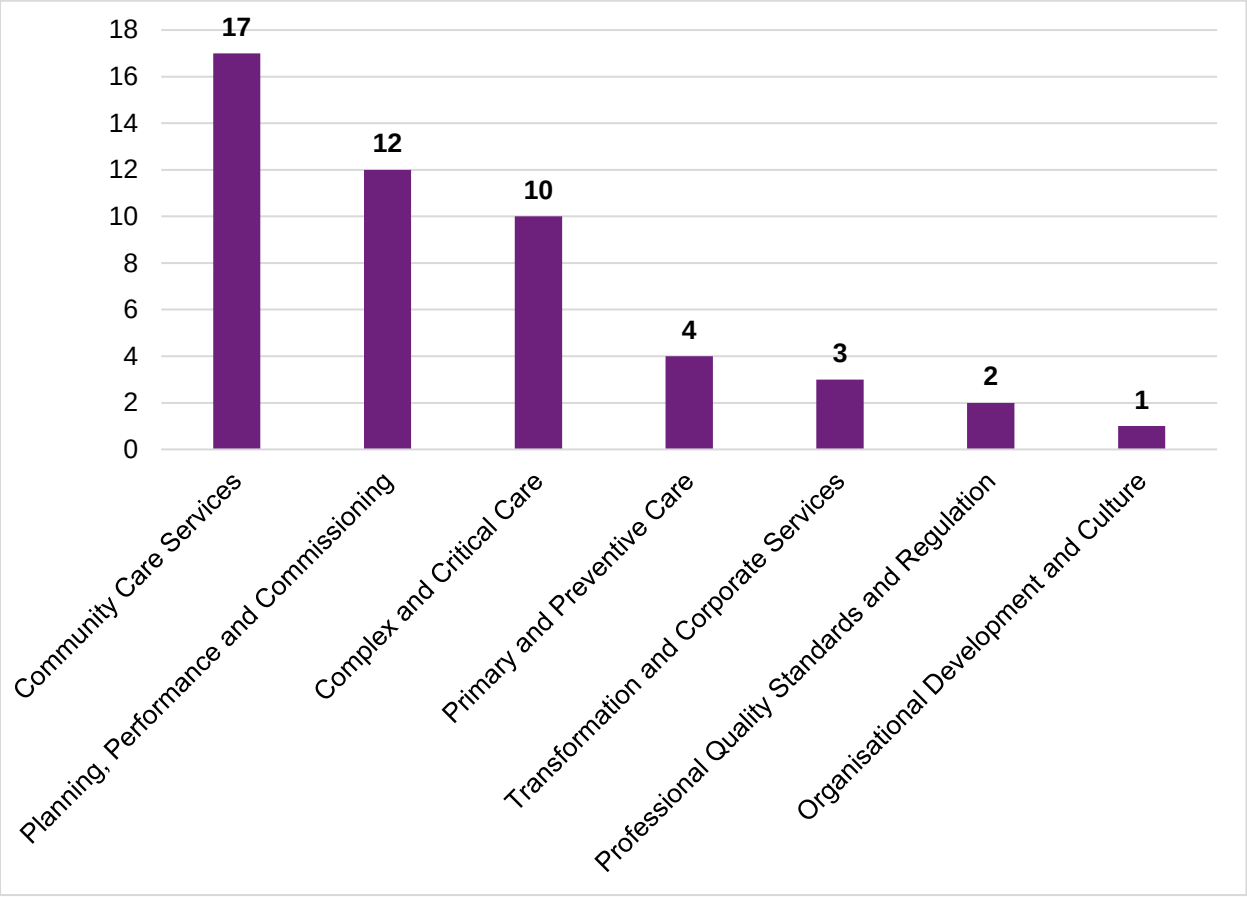
20 (17%) of the **118** respondents identified as an **unpaid carer**.

4.3.1 Work Areas

In terms of their work areas, a breakdown can be found below between both internal and external stakeholders.

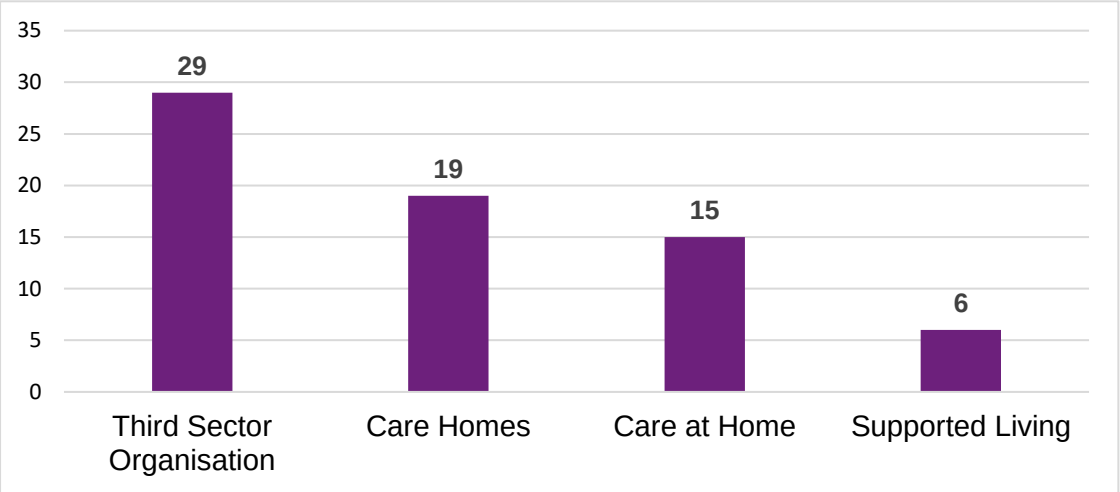
Among the **49** respondents from the **internal survey**, their responses are captured below in Figure 1.

Figure 1



Among the **69** respondents from the **external survey**, their responses are shown below in Figure 2.

Figure 2



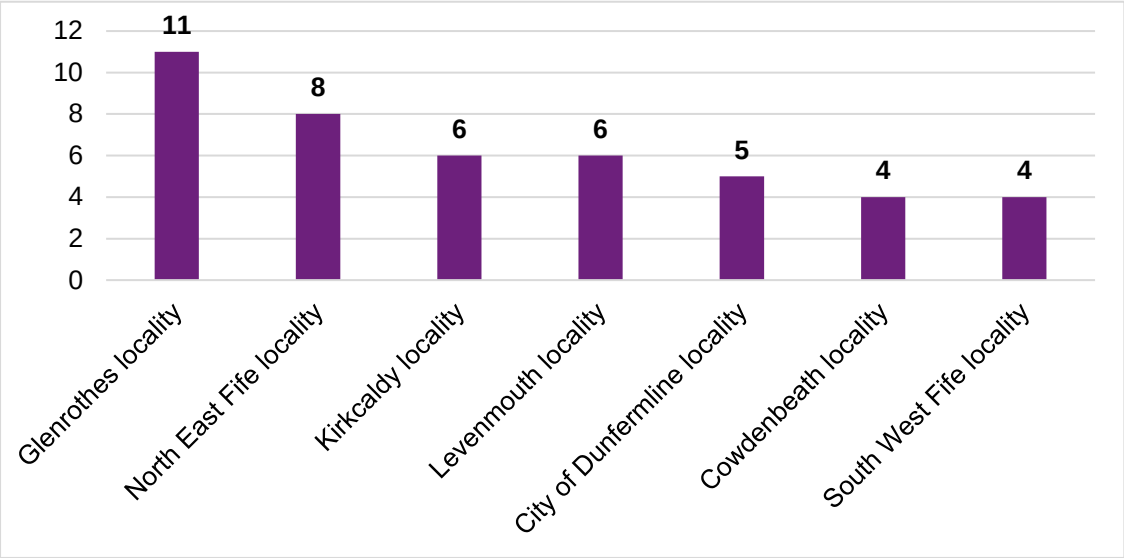
It is worth nothing that while 19 respondents identified as working within the Care Home sector, in some cases responses were completed by a Senior Manager on behalf of their respective Care Group meaning that response numbers are lower than if each Care Home had responded individually.

4.3.2 Localities

When asked where they live, responses were received for each of Fife's seven localities, the data for which can be found below for both the internal survey and external survey.

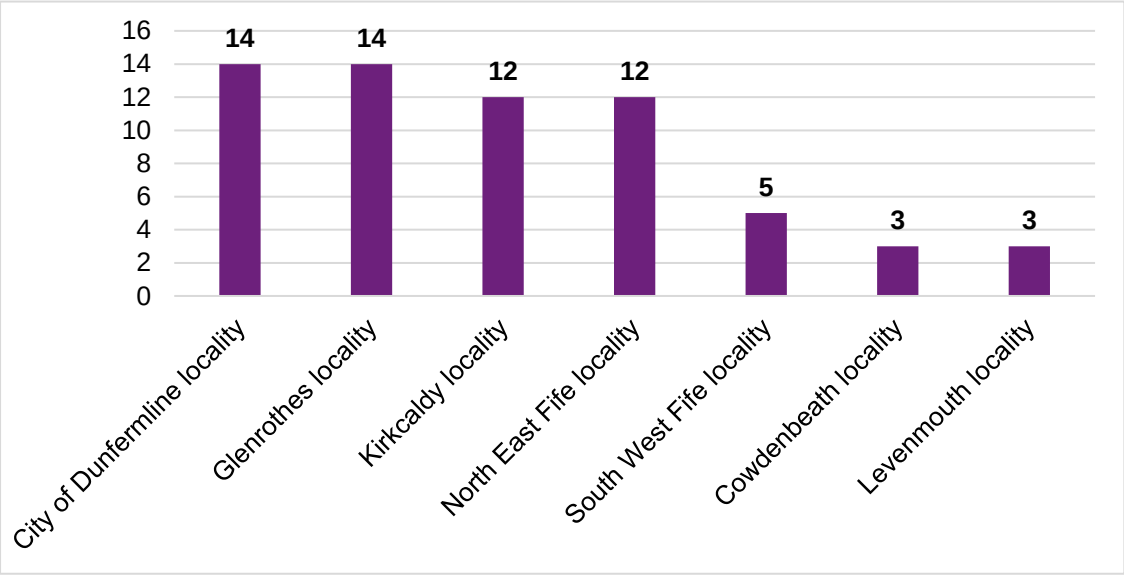
Among **44** (90%) of the **49** respondents from the **internal survey**, their responses are shown below in Figure 3.

Figure 3



Among **63** (91%) of the **69** respondents from the **external survey**, their responses are captured below in Figure 4.

Figure 4



4.3.3 Equalities, Diversity and Inclusion

Of the **118** respondents who participated in the engagement activity, **14** (35%) out of **49** respondents from the **internal survey** and **42** (71%) out of **69** respondents from the **external survey** completed the equality, diversity and inclusion section, the full data for which can be found in **Appendix 3**.

5. Themes from Feedback

Themes from the feedback collected via the online surveys are detailed throughout this section and are broken down by the three key areas for engagement: **awareness of the strategy**, **understanding of the strategy**, and **compliance with the commissioning principles**. The majority of questions were asked on both surveys meaning that direct comparison is possible and is explored in Section 6.

5.1 Awareness of the Strategy

5.1.1 Commissioning Strategy Awareness

When asked whether they were aware of the Commissioning Strategy 2023 – 2026:

Among the **49** respondents from the **internal survey**:

- **36** (73%) responded 'Yes'
- **13** (27%) responded 'No'

Among the **69** respondents from the **external survey**:

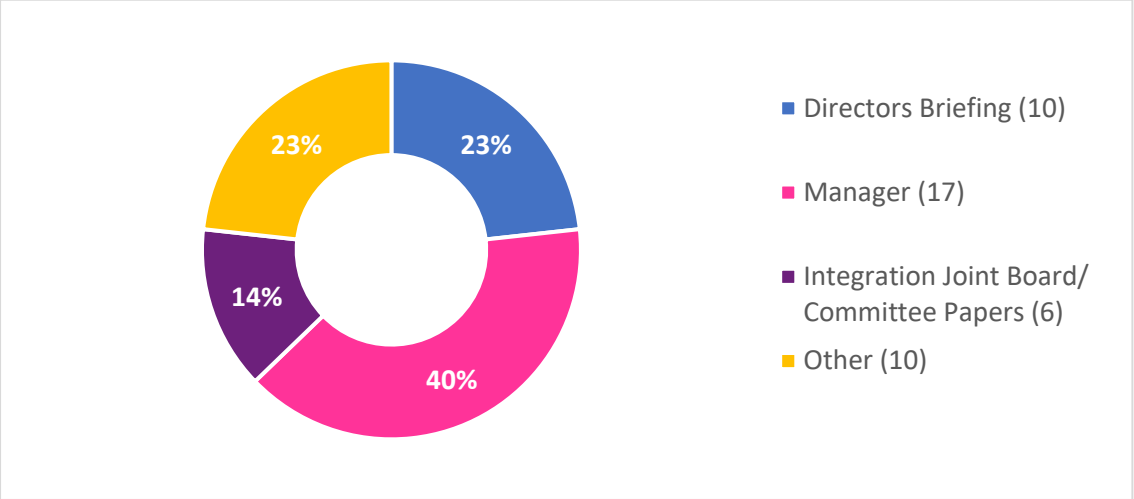
- **61** (88%) responded 'Yes'
- **8** (12%) responded 'No'

5.1.2 Commissioning Strategy Discovery

When asked how they had heard about the Commissioning Strategy 2023 – 2026:

Among the **36** (73%) respondents from the **internal survey** who responded 'Yes' to whether they were aware of the strategy, their responses are displayed below in Figure 5.

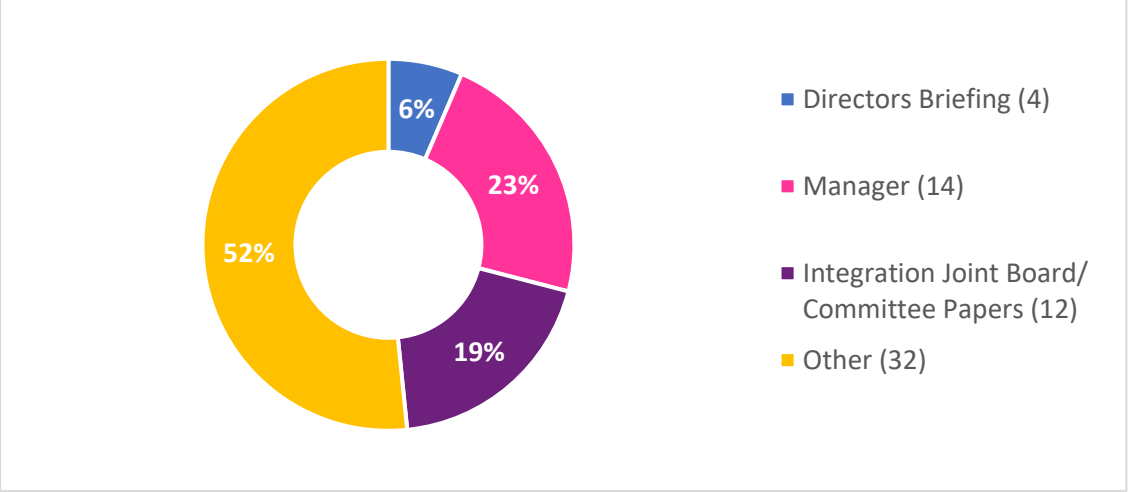
Figure 5



And among those who responded 'Other', responses included: email, working groups and Fife HSCP website.

Meanwhile, among the **61** (88%) respondents from the **external survey** who responded 'Yes' to whether they were aware of the strategy, their responses are displayed below in Figure 6.

Figure 6



And among those who responded 'Other', responses included: email, team meetings, providers, Grant Officers, Liaison Officers, Fife HSCP Participation and Engagement Team, Fife Voluntary Action and Scottish Care.

5.1.3 Commissioning Strategy Updates

When asked how they could be kept up to date with developments relating to the Commissioning Strategy 2023 – 2026:

Among **11** (85%) of the **13** respondents from the **internal survey** who responded 'No' to whether they were aware of the strategy, responses included: more regular updates, asking managers to share updates with teams, and sharing updates at team meetings.

Meanwhile, among **7** (88%) of the **8** respondents from the **external survey** who responded 'No' to whether they were aware of the strategy, responses included: more regular updates and making sure that updates were relevant and focussed to how they would impact work areas.

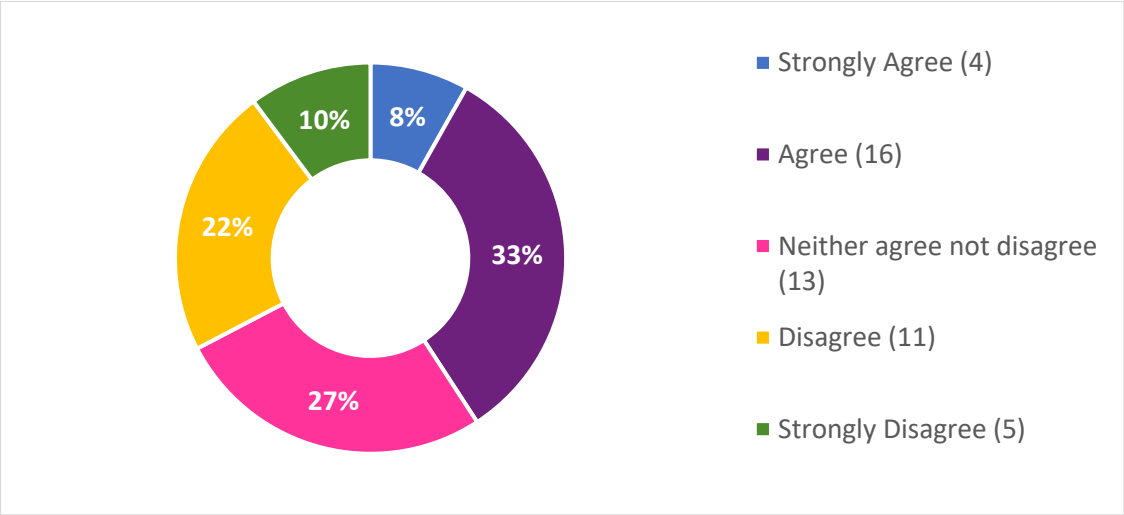
5.2 Understanding of the Strategy

5.2.1 Fife HSCP Vision

When asked whether they agreed that Fife HSCP is achieving its vision to commission high-quality, local, sustainable, and collaborative services that are person-centred and outcome-focused:

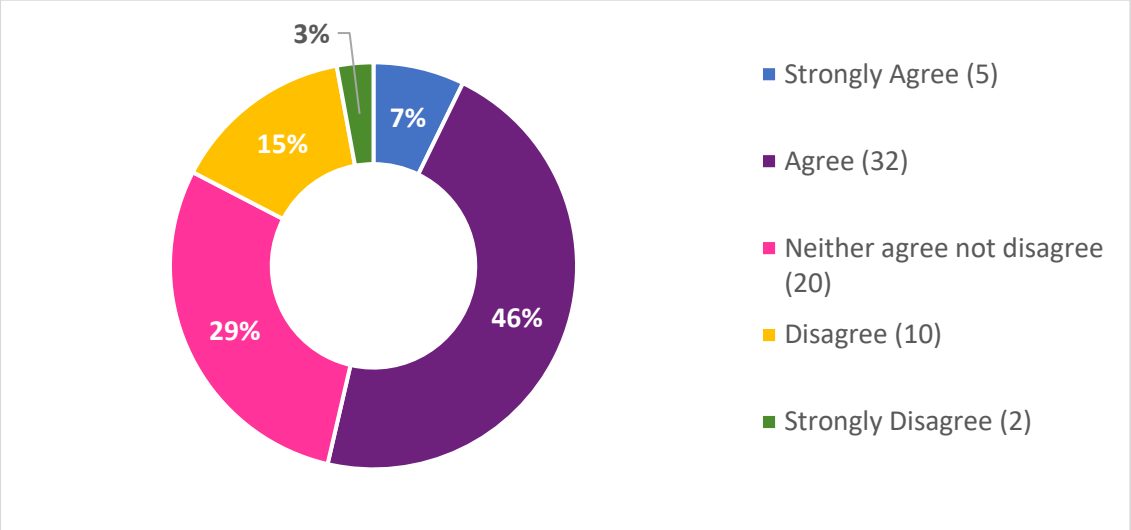
Among the **49** respondents from the **internal survey**, their responses are displayed below in Figure 7.

Figure 7



Among the **69** respondents from the **external survey**, their responses are displayed below in Figure 8.

Figure 8

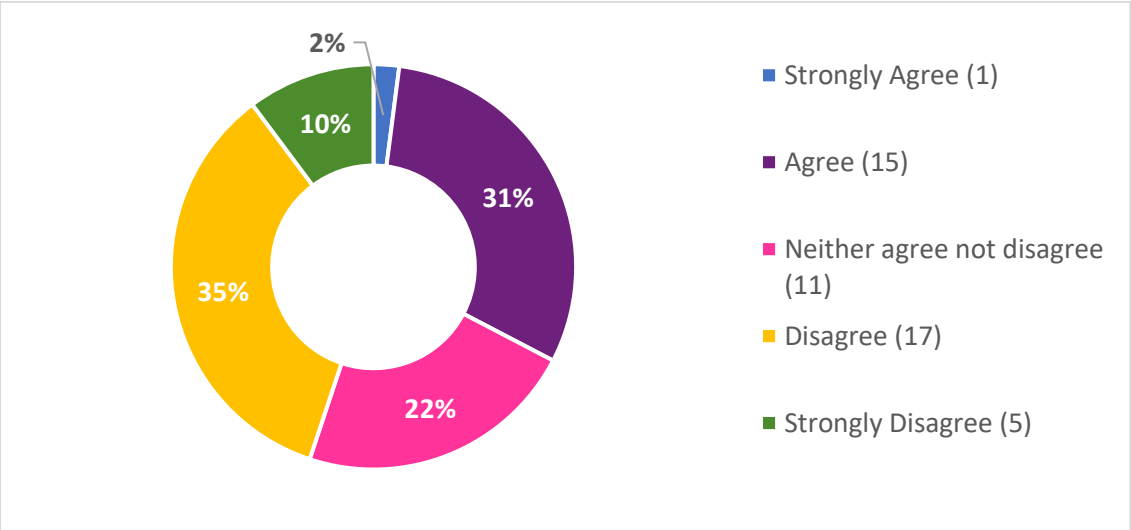


5.2.2 Provision of Fife HSCP Services

When asked whether they agreed that Fife HSCP services were being provided at the right time to support people to live independent and healthier lives in their own home and community:

Among the **49** respondents from the **internal survey**, their responses are displayed below in Figure 9.

Figure 9

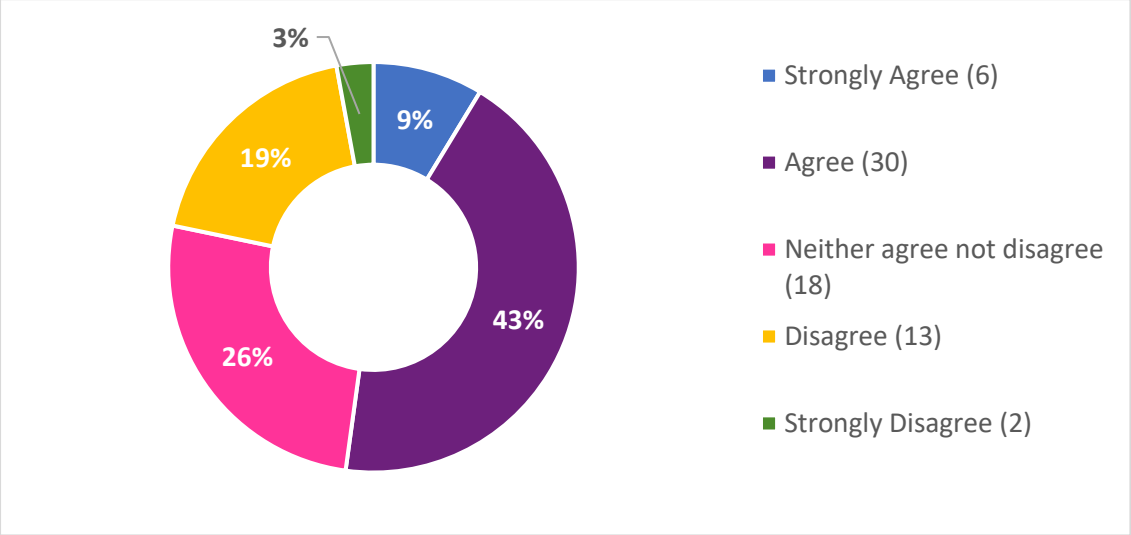


5.2.3 Provision of Commissioned Services

When asked whether they agreed that commissioned services were being provided at the right time to support people to live independent and healthier lives in their own home and community:

Among the **69** respondents from the **external survey**, their responses are displayed below in Figure 10.

Figure 10



5.3 Compliance with the Commissioning Principles

5.3.1 Commissioning Principles - Local Strategic Priority

When asked about the Commissioning Principles based on the Local Strategic Priority, and whether Fife HSCP is working in a way that is aligned with those principles:

Among the **49** respondents from the **internal survey**:

- **22** (45%) responded 'Yes'
- **15** (31%) responded 'No'
- **12** (24%) responded 'Unsure'

And when asked what suggestions they had to support working in alignment with those principles, common response themes included: improve collaboration between services and sectors, more resources would allow staff to work in alignment with the principles, more staff involvement in decision-making, ensure that care can be provided when and where it is needed, and more focus on listening to the needs of the public.

Among the **69** respondents from the **external survey**:

- **40** (58%) responded 'Yes'
- **21** (30%) responded 'Unsure'
- **8** (12%) responded 'No'

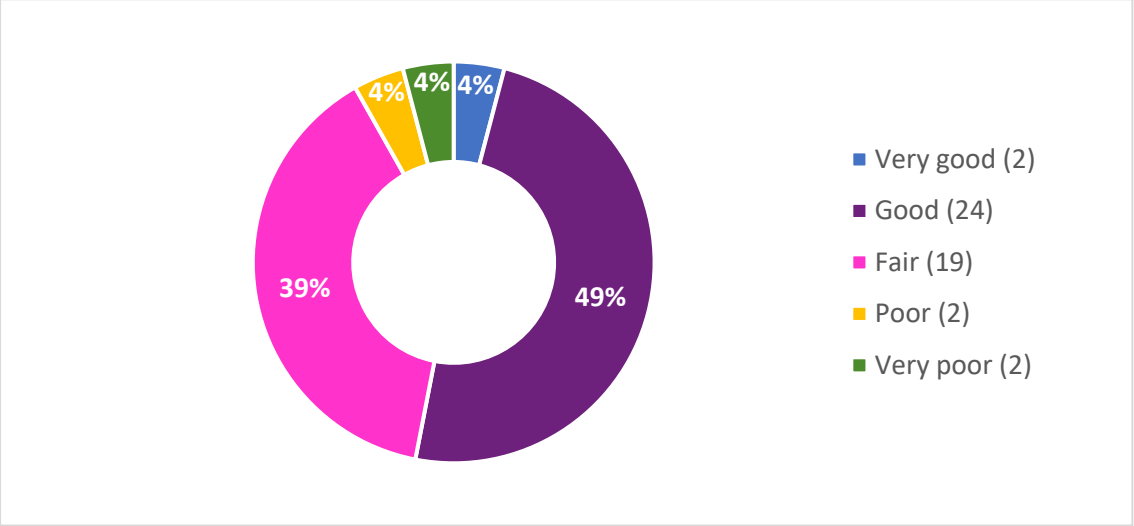
And when asked what suggestions they had to support working in alignment with those principles, common response themes included: improve staff retention strategies, prioritise feedback from the public, more resources would allow staff to work in alignment with the principles, improve communication with providers, ensure that care can be provided when and where it is needed, and more focus on the sustainability of service delivery.

5.3.2 Commissioning Practices

When asked what level of understanding they had of ethical and sustainable commissioning practices:

Among the **49** respondents from the **internal survey**, their responses are shown below in Figure 11.

Figure 11



And when asked what further support or training would help them to better understand and implement ethical and sustainable commissioning practices, common response themes included: more information sharing around commissioning, providing training which makes use of commissioning related case studies, and more collaborative working.

5.3.3 Commissioning Practices

When asked whether, as a provider, they were committed to ethical commissioning principles and supportive of fair work practices:

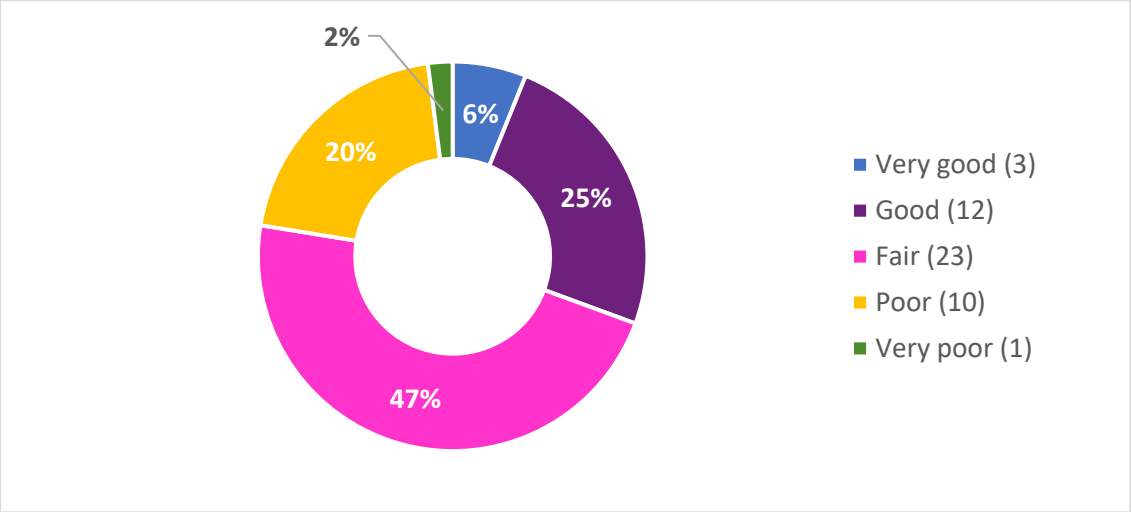
Among the **69** respondents from the **external survey**, all responded 'Yes'.

5.3.4 Whole-system Approach

When asked about the performance of Fife HSCP in terms of adopting a whole-system approach and embracing opportunities for collaborative working with partners to co-design and promote solutions:

Among the **49** respondents from the **internal survey**, their responses are shown below in Figure 12.

Figure 12



And when asked to provide examples of when collaboration had worked well or examples of where there had been challenges, responses relating to collaboration working well listed examples such as The Well, Peace of Mind Fife, Community Equipment Store, and work between Fife Council Occupational Therapists and NHS Physiotherapists. Meanwhile, responses relating to challenges included themes such as social workers being too heavily relied upon, a lack of clear communication between services, a lack of cohesion between managers, and challenges being rooted in a lack of resources.

5.3.5 Whole-system Approach

When asked whether they agreed that Fife HSCP had adopted a whole-system approach and embraced opportunities for collaborative working and co-design of services with its partners:

Among the **69** respondents from the **external survey**:

- **46** (67%) responded 'Yes'
- **20** (29%) responded 'Partially'
- **3** (4%) responded 'No'

And when asked to explain their answer, common response themes included: partners being so stretched that collaborative working is not possible, Fife Council making decisions with minimal consideration for the other partners, need for improved collaborative working with the third sector, and poor communication around decision-making related to commissioning.

5.3.6 Commissioning Principles - Outcomes and Wellbeing Strategic Priorities

When asked whether Fife HSCP was working in alignment with the Commissioning Principles based on the Outcomes and Wellbeing Strategic Priorities:

Among the **49** respondents from the **internal survey:**

- **22** (45%) responded 'Yes'
- **16** (33%) responded 'No'
- **11** (22%) responded 'Unsure'

And when asked to explain their answer, common response themes included: service provision being resource led rather than person-centred, concern around a lack of resources for early intervention and prevention, concern that service users are not being asked for feedback, and that there are not enough resources to work in alignment with the principles.

Among the **69** respondents from the **external survey**:

- **47** (68%) responded 'Yes'
- **16** (23%) responded 'Unsure'
- **6** (9%) responded 'No'

And when asked to explain their answer, common response themes included: budgets being prioritised over the principles, concern that service users and their families are not being asked for feedback, concern around substantial delays for care, and that there are not enough resources to work in alignment with the principles.

5.3.7 Working with the Principles - Outcomes and Wellbeing Strategic Priorities

When asked what suggestions they had to support Fife HSCP in working in alignment with the Commissioning Principles based on the Outcomes and Wellbeing Strategic Priorities:

Among **40** (82%) of the **49** respondents from the **internal survey**, common response themes included: improve support for staff, increase resource availability, move towards person-centred rather than budget led service provision, more regular reviews of services, transition service provision from reactionary to proactive, improve information sharing between services, and ensure feedback can be received from service users.

Meanwhile, among **56** (81%) of the **69** respondents from the **external survey**, common response themes included: more collaboration between and with third sector organisations, improve awareness of the services available to people, increase resource availability, and use feedback from service users to inform decision-making.

5.3.8 Challenges with the Principles - Outcomes and Wellbeing Strategic Priorities

When asked whether there were any barriers preventing better alignment with the Commissioning Principles based on the Outcomes and Wellbeing Strategic Priorities:

Among the **49** respondents from the **internal survey**:

- **33** (67%) responded 'Yes'
- **16** (33%) responded 'No'

And when asked to explain their answer, the majority of responses specified the lack of available resources, while other common responses included a need for improved partnership working, a lack of public awareness of the available services, and concern around the eligibility criteria that are applied to people seeking support.

5.3.9 Challenges with the Principles - Outcomes and Wellbeing Strategic Priorities

When asked what the key barriers or challenges were to achieving the Commissioning Principles based on the Outcomes and Wellbeing Strategic Priorities:

Among **63** (91%) of the **69** respondents from the **external survey**, the vast majority of responses listed the lack of available resources, meanwhile other common

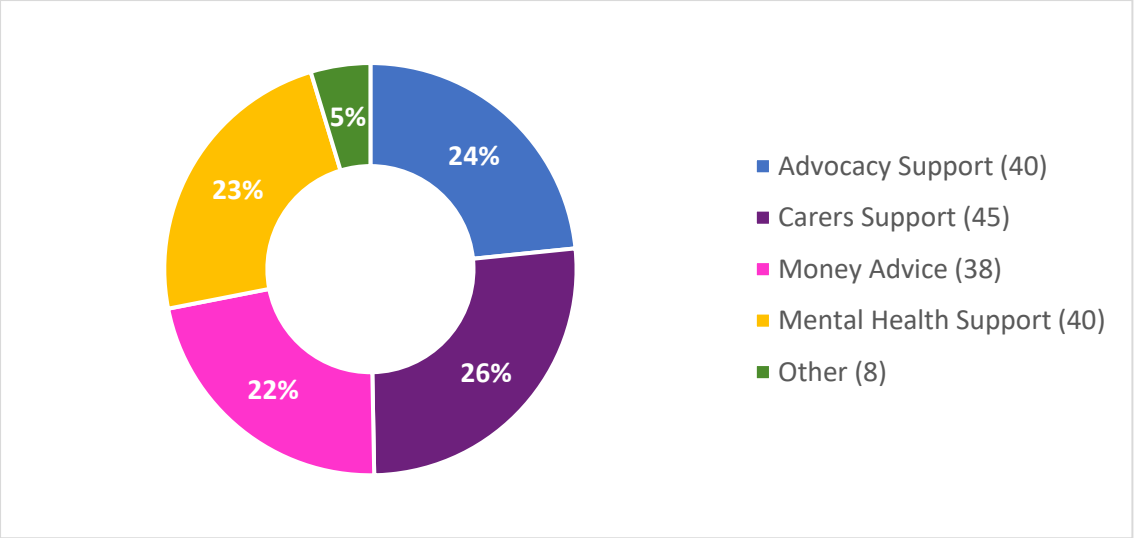
responses included staff workloads being overwhelming, decision-making being resource led above all else, and a lack of public awareness of the available services.

5.3.10 Third Sector and Community Resources Awareness

When asked whether they were aware of any third sector or community resources commissioned by Fife HSCP that help people to live well and independently:

Among the **49** respondents from the **internal survey**, their responses are captured below in Figure 13.

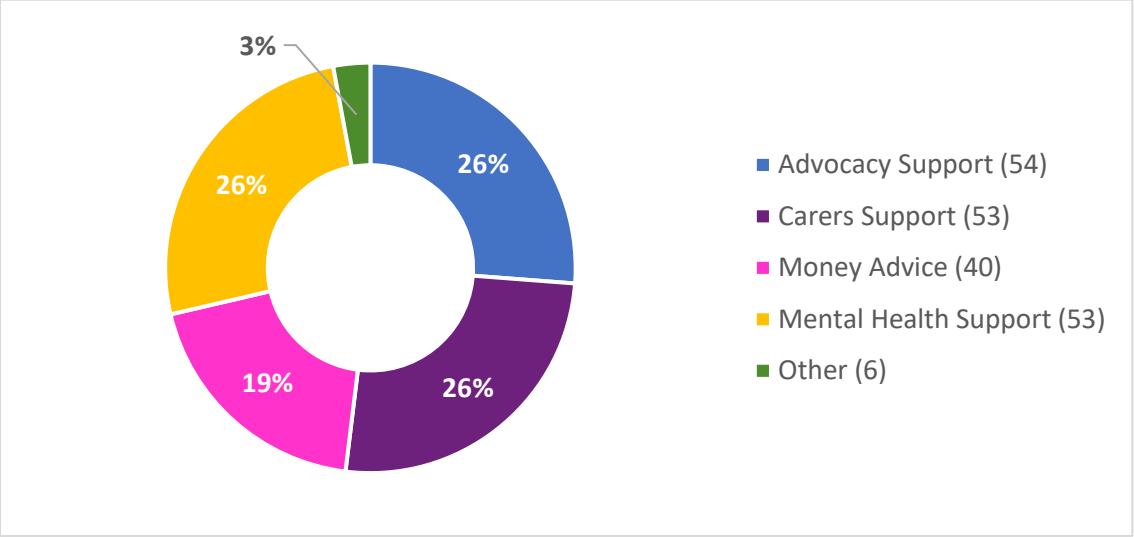
Figure 13



And among those who responded 'Other', responses included: Short Term Housing Support, Bereavement Services, Befriending Services, and The Well.

Meanwhile, among the **69** respondents from the **external survey**, their responses are captured below in Figure 14.

Figure 14



And among those who responded 'Other', responses included: social prescribing, signposting, Defence Medical Welfare Service, and day centre support.

5.3.11 Third Sector and Community Resources Accessibility

When asked whether they thought third sector and community resources were well integrated and accessible to those who need them:

Among **45** (92%) of the **49** respondents from the **internal survey**, the most common response was agreement that third sector and community resources are well integrated, but that accessibility can represent a challenge, and that a lack of resources is making them less accessible.

Among **64** (93%) of the **69** respondents from the **external survey**, common response themes included: concern around the lack of resources making third sector and community organisations less accessible, and suggestions that these resources should be better advertised to the public.

5.3.12 Feedback Signposting

When asked whether they were aware of the different ways people can be signposted to provide feedback to Fife HSCP:

Among the **49** respondents from the **internal survey**:

- **32** (65%) responded 'Yes
- **17** (35%) responded 'No'

And when asked what feedback mechanisms they made use of, common responses included ‘complaints and compliments process’, ‘Care Opinion’, ‘direct engagement’, and ‘online surveys’. Respondents were also asked how Fife HSCP could improve the ways in which people provide feedback on commissioned services, and common response themes included: more direct engagement with staff, better communication around how to provide feedback, and ensure people are reached out to for their feedback.

5.3.13 Providing Feeback

When asked whether they were aware of the different ways in which feedback could be provided to Fife HSCP:

Among the **69** respondents from the **external survey**:

- **51** (74%) responded ‘Yes’
- **18** (26%) responded ‘No’

And when asked what feedback mechanisms they made use of, common responses included ‘forums’, ‘surveys’, ‘direct communication’ and ‘collaborative meetings’. Respondents were also asked how Fife HSCP could improve opportunities for providers to contribute to the commissioning process, and common response themes included: improve awareness around feedback opportunities, provide more opportunities for feedback, and more collaborative working.

6. Conclusion

The purpose of this consultation was to engage with our commissioned services, independent sector and third sector organisations on three key areas: **awareness of the strategy**, **understanding of the strategy**, and **compliance with the commissioning principles**. Through the two online surveys, both internal and external stakeholders responded with a wide range of feedback. Throughout this section, that feedback will be looked at in terms of challenges and opportunities.

When asked about the Commissioning Principles and whether Fife HSCP was working in alignment with them, while in all cases more respondents thought the Partnership was working in alignment with the principles than not, the same themes kept appearing when respondents were asked about the challenges related to working with the principles. Among those themes, the most common were:

- The lack of available resources does not allow for working in alignment with the principles
- There is a lack of public awareness around the available supports and services
- Decision-making should be people-centred rather than budget led
- Care should be provided on a proactive rather than reactive basis

- Feedback from service users should be prioritised and sought after

Looking at internal stakeholder's understanding of ethical and sustainable commissioning practices, **53%** responded 'Good' or 'Very Good', meaning that almost half of the respondents did not have a strong understanding of such commissioning practices. When asked what further support or training would help them with this, several suggested improved information sharing around commissioning and training specific to commissioning that made use of relevant case studies.

When asked whether Fife HSCP's adoption of a whole-system approach, only **30%** of **internal stakeholders** rated the Partnership's performance in this context as 'Good' or 'Very Good', while **67%** of **external stakeholders** agreed that the Partnership had adopted a whole-system approach. Nevertheless, when asked about the relevant challenges, both stakeholder groups emphasised that a lack of available resources was preventing Fife HSCP from adopting a whole-system approach.

Similarly, when asked whether third sector and community resources were well integrated and accessible, both stakeholder groups made clear that these resources are well integrated, but that a lack of resources is making them less accessible.

Finally, it was clear that the vast majority of respondents want to work in alignment with the Commissioning Principles, be knowledgeable about commissioning and had many constructive ideas as to improve processes around commissioning such as those discussed throughout this report.

6.1 Next Steps

The findings from this report will be included in an annual report on the delivery of the Commissioning Strategy 2023 – 2026, which is due to be presented to the Strategic Planning Group in May 2025, and will inform further actions to deliver the Commissioning Strategy Vision and further embed the Commissioning Strategy Principles across Fife HSCP and its partners.

Appendix 1: Questions from the internal survey

While the following questions are listed chronologically, it is worth noting that the surveys were 'branched', meaning that some questions only appeared based on the response to the previous question.

1) Are you aware of the Fife HSCP Commissioning Strategy 2023 – 2026?

2) How did you hear about the Fife HSCP Commissioning Strategy 2023 – 2026?

3) What can we do to ensure that you are kept up to date with Strategy developments?

4) Would you agree that Fife HSCP is achieving its vision to commission high-quality, local, sustainable, and collaborative services that are person-centred and outcome-focused?

5) Would you agree that services are being provided at the right time and in the right place to support people to live independent and healthier lives in their own home and community?

6) Thinking about the Local Commissioning Principles and your area of work, do you think that we are working in way that is aligned to these principles?

7) What suggestions do you have to support working in alignment with these principles?

8) Thinking about the principles explained above, how much of an understanding do you have of ethical and sustainable commissioning practices?

9) What further support or training would help you better understand and implement ethical and sustainable commissioning practices?

10) How do you think Fife HSCP is performing in terms of adopting a whole-system approach and embracing opportunities for collaborative working with partners to co-design and produce solutions?

11) Can you provide examples of where collaboration has worked well or where there are challenges?

12) Thinking about the wellbeing and outcomes commissioning principles and your area of work, do you think we are working in alignment with these principles?

13) Please explain your answer.

14) Are you aware of third sector and community resources commissioned by Fife HSCP that help people live well and independently?

15) Do you feel that third sector and community resources are well integrated and accessible to those who need them?

16) What suggestions do you have to support working in alignment with these principles?

17) Are there any barriers preventing better alignment with these principles?

18) Please explain your answer.

19) Are you aware of the different ways you can signpost people to provide feedback to Fife HSCP?

20) Which feedback mechanisms do you use? (E.g. online surveys, service user panels, direct engagement, complaints and compliments processes, stakeholder forums)

21) How can we improve the ways in which people provide feedback on commissioned services?

Appendix 2: Questions from the external survey

Again, while the following questions are listed chronologically, it is worth noting that the surveys were 'branched', meaning that some questions only appeared based on the response to the previous question.

1) Are you aware of the Fife HSCP Commissioning Strategy 2023 – 2026?

2) How did you hear about the Fife HSCP Commissioning Strategy 2023 – 2026?

3) What can we do to ensure that you are kept up to date with Strategy developments?

4) Would you agree that Fife HSCP is achieving its vision to commission high-quality, local, sustainable, and collaborative services that are person-centred and outcome-focused?

5) Would you agree that commissioned services are supporting people at the right time and in the right place to live independent and healthier lives?

6) Thinking about the Local Commissioning Principles and your area of work, do you think that we are working in way that is aligned to these principles?

7) What suggestions do you have to support working in alignment with these principles?

8) As a provider of social care services, are you committed to ethical commissioning principles and supportive of fair work practices?

9) Would you agree that Fife HSCP has adopted a whole-system approach and embraces opportunities for collaborative working and co-design of services with its partners?

10) Please explain your answer.

11) Thinking about the wellbeing and outcomes commissioning principles, do you believe Fife HSCP is commissioning services in a way that aligns with these principles?

12) Please explain your answer.

13) Are you aware of third sector and community resources commissioned by Fife HSCP that help people live well and independently?

14) Do you feel that third sector and community resources are well integrated and accessible to those who need them?

15) What more can Fife HSCP do to ensure services are aligned with these commissioning principles?

16) What are the key barriers or challenges to achieving these principles?

17) Are you aware of the different ways you can provide feedback to Fife HSCP?

18) Which feedback mechanisms do you use? (E.g. partnership forums, provider feedback surveys, complaints/compliments processes, direct communication with commissioning leads).

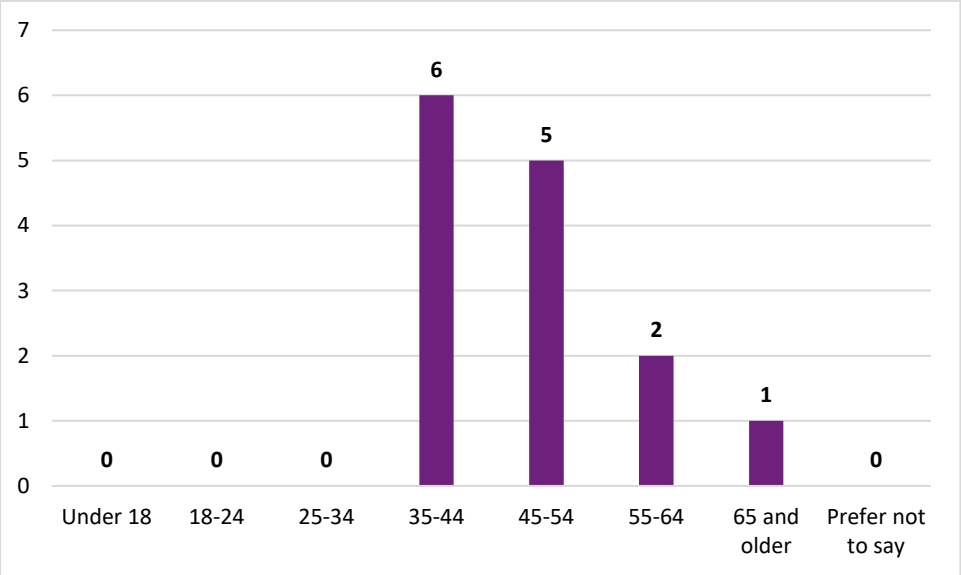
19) How can Fife HSCP improve opportunities for providers to contribute to the commissioning process?

Appendix 3: Equalities, Diversity, and Inclusion questions

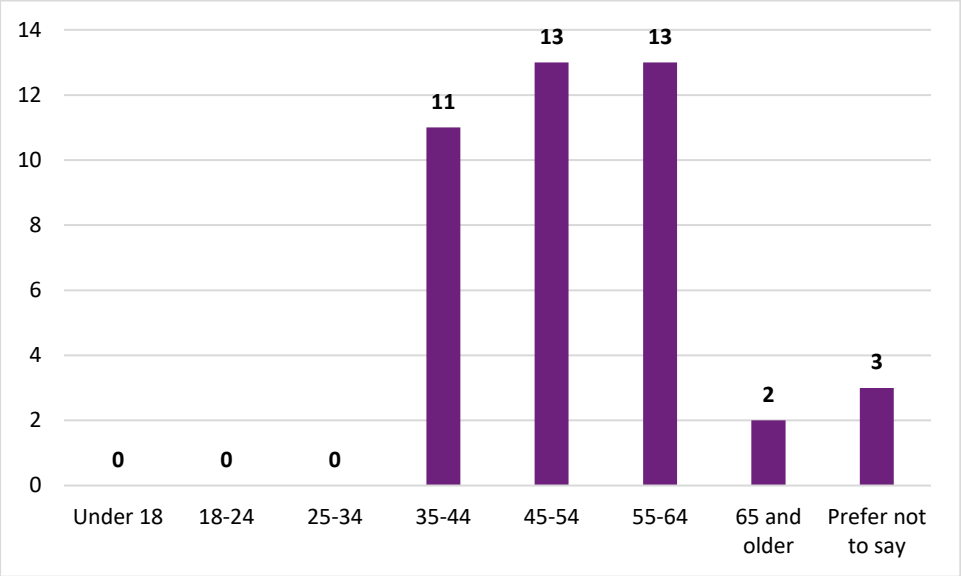
When asked whether they would like to help the Partnership to better understand who it is engaging with, **14** (35%) respondents from the internal survey agreed, while **42** (71%) from the external survey agreed. Below are the questions and their responses.

1) What is your age?

Internal survey

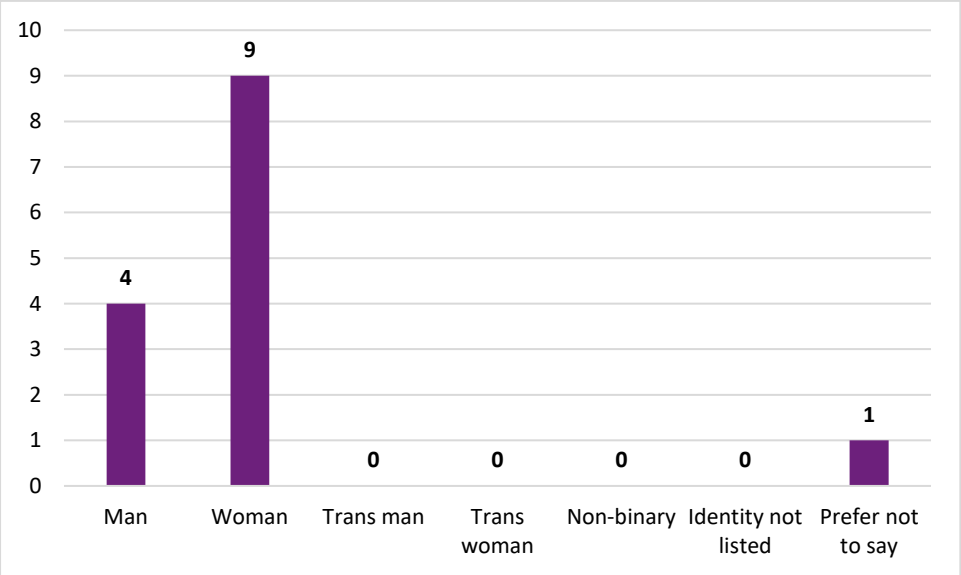


External survey



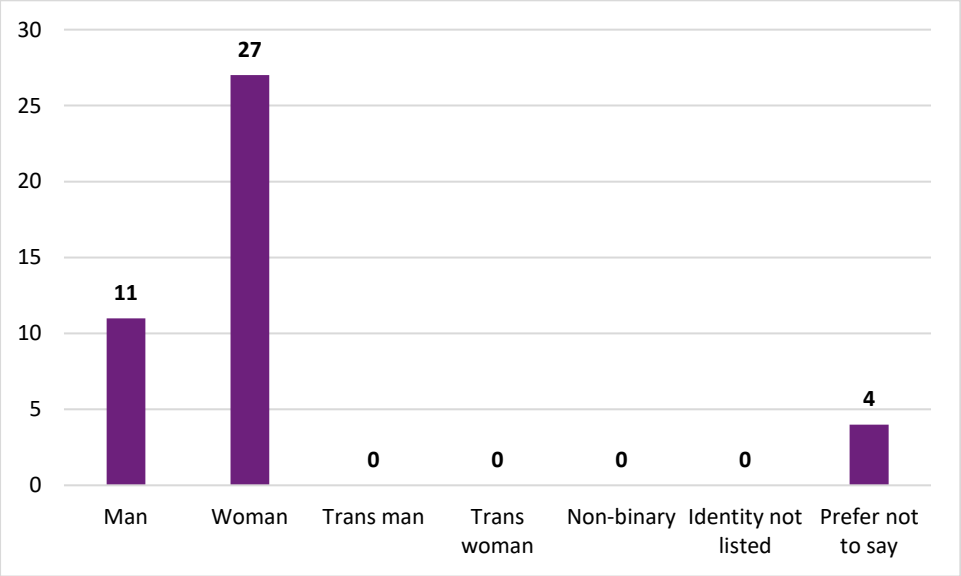
2) How would you describe your gender?

Internal survey



There were no responses to the follow up question of 'If you would like to specify your identity, please use the following text box.'

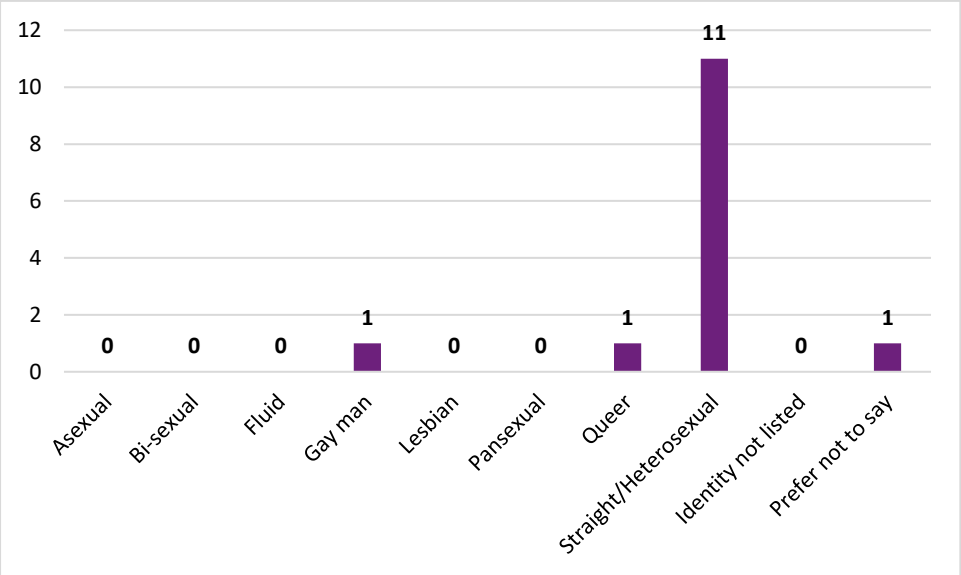
External survey



There were no responses to the follow up question of 'If you would like to specify your identity, please use the following text box.'

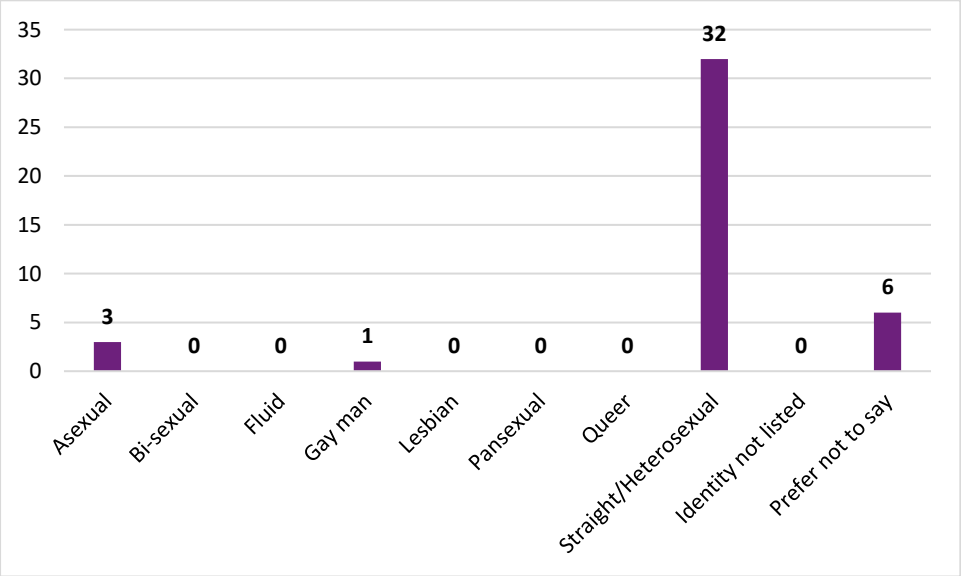
3) How would you describe your sexual orientation?

Internal survey



There were no responses to the follow up question of 'If you would like to specify your identity, please use the following text box.'

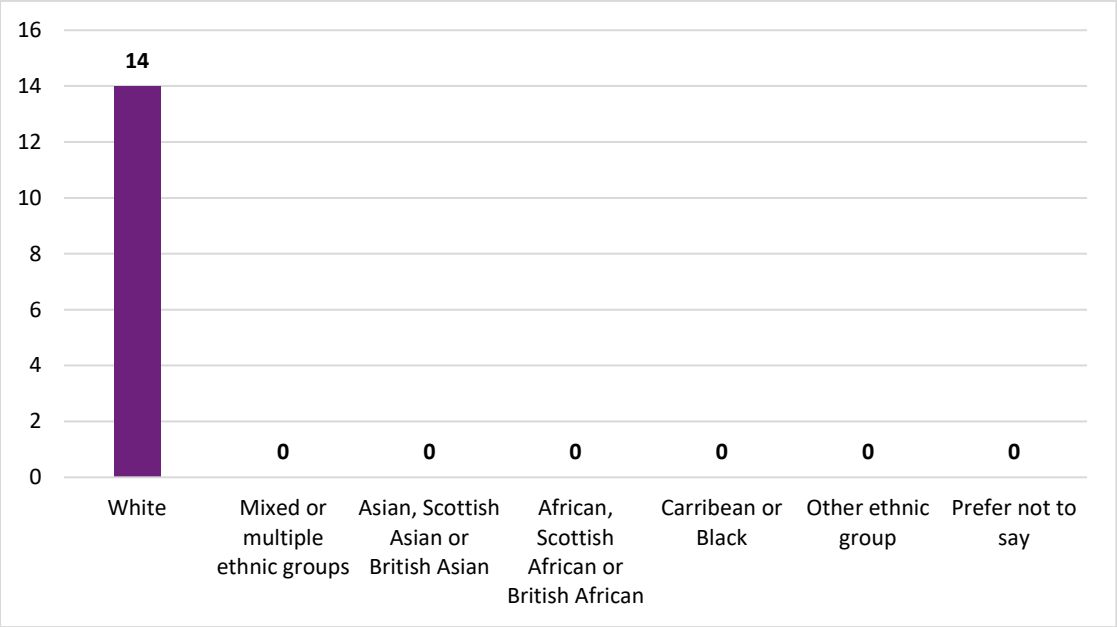
External survey



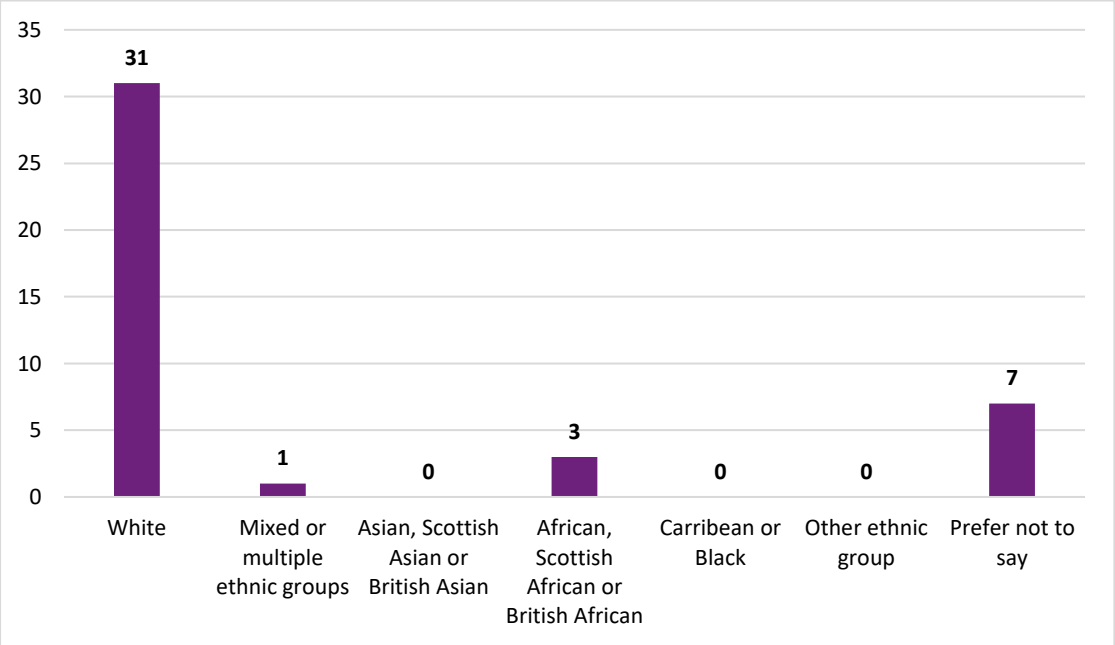
There were no responses to the follow up question of 'If you would like to specify your identity, please use the following text box.'

4) Which of the following best describes your ethnic group or background?

Internal survey

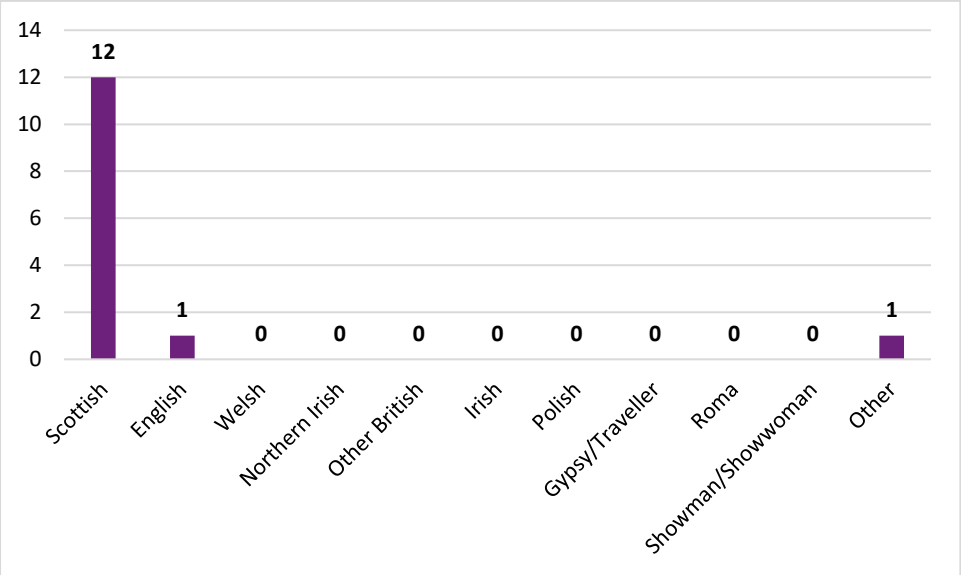


External survey

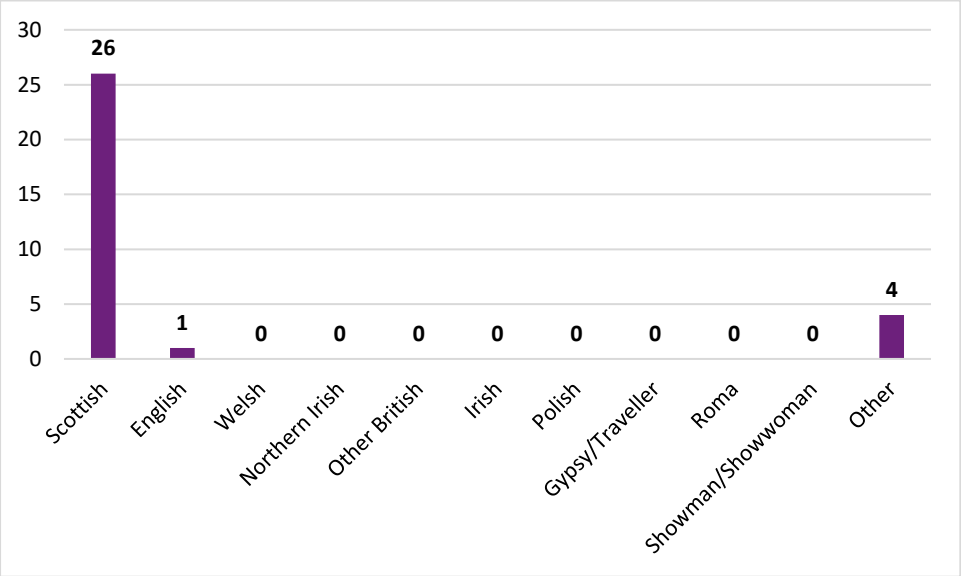


5) White, please specify.

Internal survey



External survey



6) Any mixed or multiple ethnic groups, please write in.

Internal survey

There were no responses to this question.

External survey

There were no responses to this question.

7) Asian, Scottish, or British Asian, please specify.

Internal survey

There were no responses to this question.

External survey

There were no responses to this question.

8) Please write in (for example, Nigerian, Somali).

Internal survey

There were no responses to this question.

External survey

There were **two** responses to this question: Nigerian and Zimbabwe.

9) Please write in (for example, Scottish Caribbean, Black Scottish).

Internal survey

There were no responses to this question.

External survey

There were no responses to this question.

10) Arab, Scottish Arab or British Arab, please specify.

Internal survey

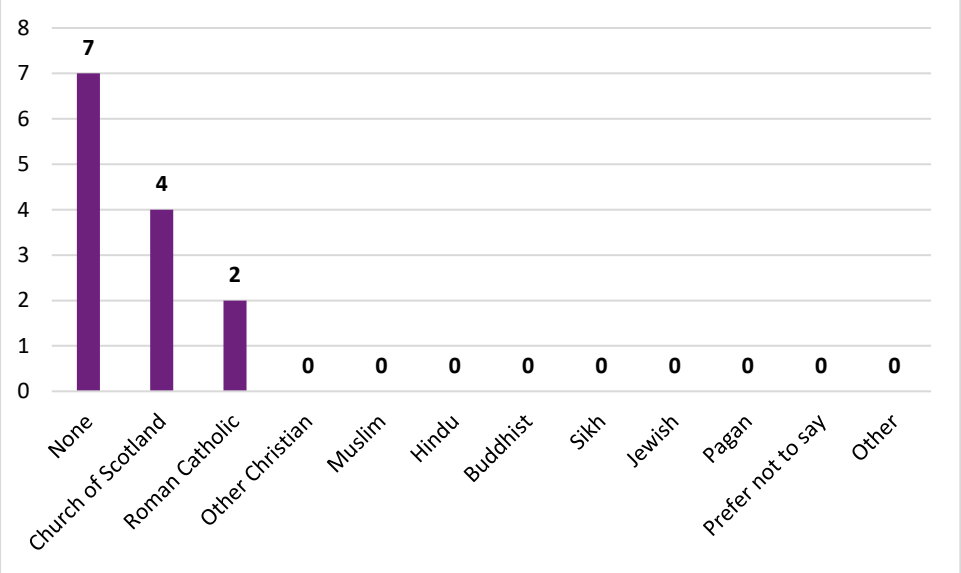
There were no responses to this question.

External survey

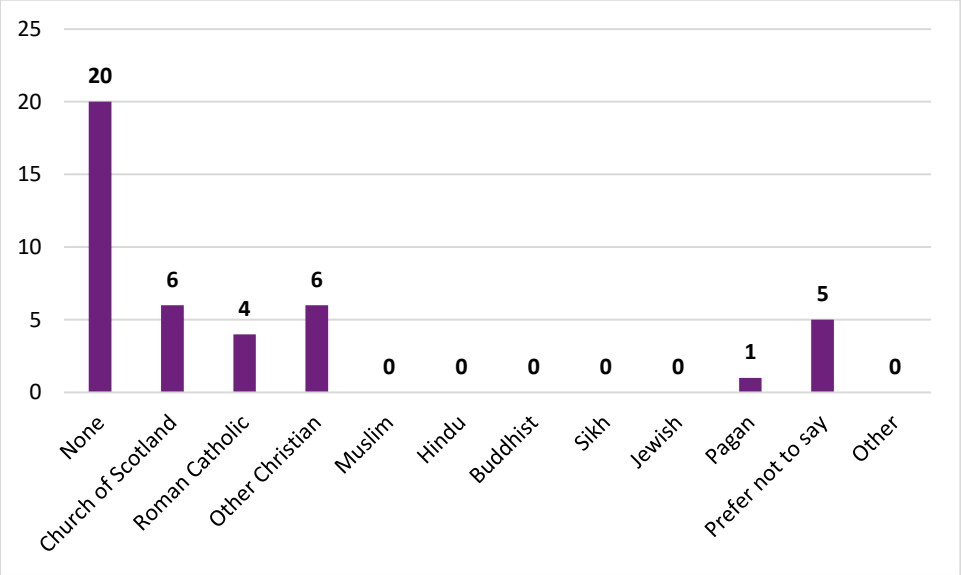
There were no responses to this question.

11) What is your religion or belief?

Internal survey



External survey



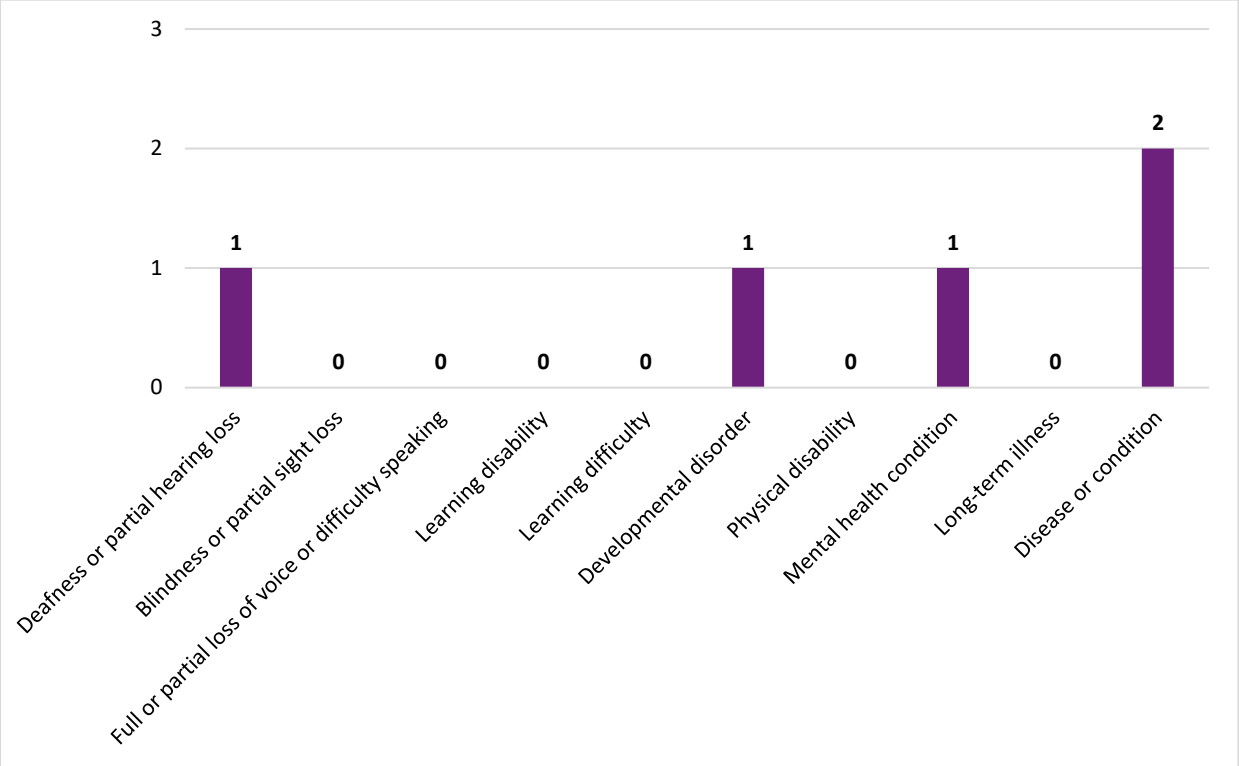
12) Would you describe yourself as having a health condition and/or disability?

Internal survey

Among the **14** respondents from the internal survey:

- **10** responded 'No'
- **4** responded 'Yes'
- **0** responded 'Prefer not to say'

Respondents were then asked whether they had a health condition and/or disability that had lasted, or was expected to last, at least 12 months.

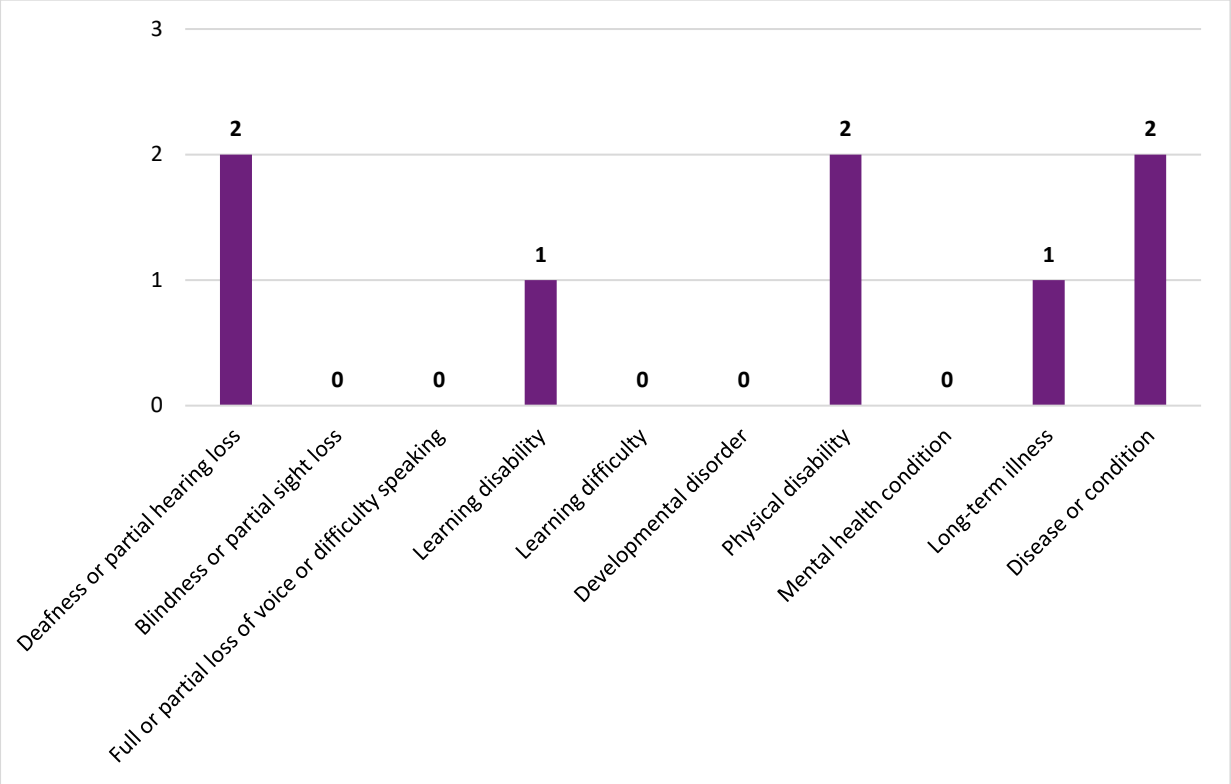


External survey

Among the **42** respondents from the external survey:

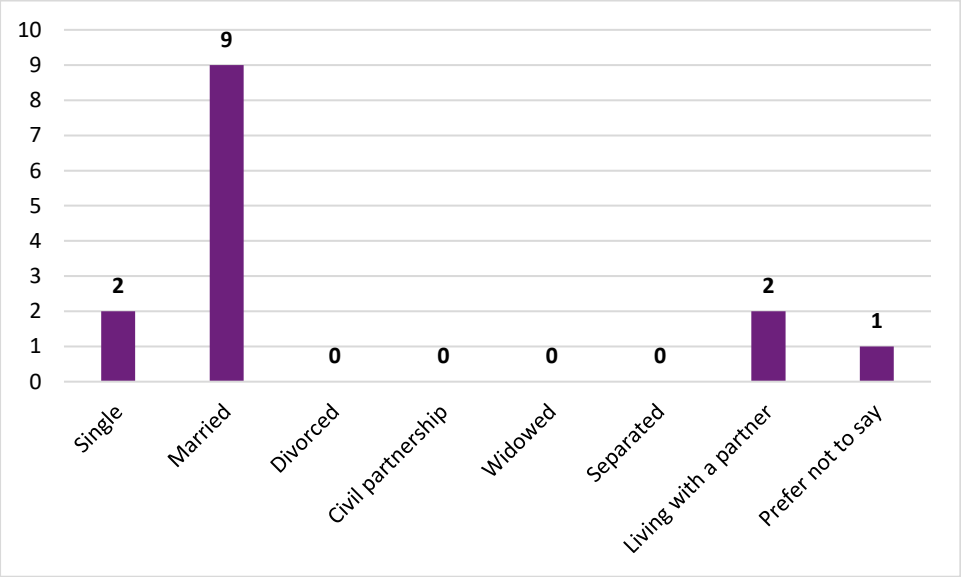
- **30** responded 'No'
- **6** responded 'Yes'
- **6** responded 'Prefer not to say'

Respondents were then asked whether they had a health condition and/or disability that had lasted, or was expected to last, at least 12 months.

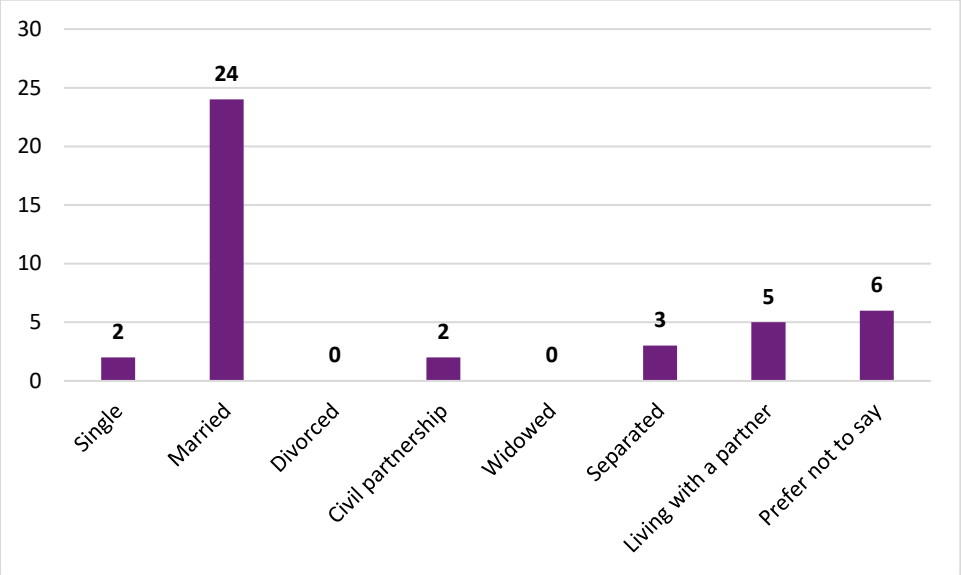


13) What is your relationship status?

Internal survey



External survey



14) Are you currently breastfeeding, pregnant or recently given birth?

Internal survey

Among the **14** respondents from the internal survey:

- **13** responded 'No'
- **1** responded 'Prefer not to answer'
- **0** responded 'Yes'

There were no responses to the follow up question of 'Please specify if you are: 'Pregnant', 'Breastfeeding', 'Recently given birth' or 'Prefer not to say'.

External survey

Among the **42** respondents from the external survey:

- **38** responded 'No'
- **3** responded 'Prefer not to answer'
- **1** responded 'Yes'

When asked 'Please specify if you are: 'Pregnant', 'Breastfeeding', 'Recently given birth' or 'Prefer not to say', **one** respondent specified that they were pregnant.

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

Meeting Name:	**HSCP Integration Joint Board**
Meeting Date:	**30/07/25**
Agenda Item No:	**6.2**
Report Title:	**Fife Alcohol and Drug Partnership Annual Report and Scottish Government Survey 2024/25**
Responsible Officer:	**Jillian Torrens, Fife HSCP Head of Complex and Critical Care Services**
Report Author:	**Elizabeth Butters, Fife ADP Service Manager**

1	**Purpose**
	This Report is presented to the Integration Joint Board for: • Assurance. • Decision.
	This Report relates to which of the following National Health and Wellbeing Outcomes:
	1 People are able to look after and improve their own health and wellbeing and live in good health for longer. 3 People who use health and social care services have positive experiences of those services, and have their dignity respected. 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. 5 Health and social care services contribute to reducing health inequalities. 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. 7 People who use health and social care services are safe from harm. 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. 9 Resources are used effectively and efficiently in the provision of health and social care services.
	This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

	• Local. • Sustainable. • Wellbeing. • Outcomes. • Integration.	
2	**Route to the Meeting**	
	This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report. • ADP Committee 20th June 2025. Approved • HSCP Quality and Communities Committee, 4th July 2025. Approved • NHS Fife Public Health & Wellbeing Committee 7th July. Approved • HSCP Finance, Performance & Scrutiny Committee 16th July 2025. Approved • HSCP Strategic Planning Group 18th July 2025. Approved	
3	**Report Summary**	
	3.1	**Situation** Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. Fife ADP is chaired by the Integration Joint Board (IJB) Chief Officer and both the IJB Financial Officer and Heads of Complex and Critical Care Services and Primary and Preventative Care Services are also members. There is representation from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP lived experience panel. ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs income and Health and Social Care Partnership contribution. This funding is routed though NHS Boards to Integration Authorities for onward allocation. The Fife ADP annual reporting is in two sections. The first is the ADP local annual report (Appendix 1) reflecting on implementation progress for the ADP Strategy 2024 - 2027 and the second is a template required by the Scottish Government to assess ADP compliance with national strategic priorities attached to the funding. The latter (Appendix 2) requires formal approval from the ADP Committee, its Chair and the IJB governance structure before onward submission to the Scottish Government
	3.2	**Background** In February 2024, Fife ADP Committee completed its local strategy for 2024 - 2027 in line with the Scottish Government National Strategy “Drug Mission Priorities 2022 – 2026”. This was based on a local Fife Public Health Needs

		Assessment 2024 and a HSCP Participation and Engagement report completed in January 2024. The strategy was strongly aligned to the priorities of locality, sustainability, outcomes, integration and wellbeing within the HSCP Strategic Plan for 2023- 26. The ADP Vision is: To enable all the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma The ADP Mission statements are: 1) Prevent the people of Fife from developing problems with substances by addressing the root causes and drivers such as poverty, deprivation, mental health, and early traumatic experiences 2) Provide early intervention and harm reduction and protection in a holistic and integrated way with other services for children, young people, adults, families, and communities at risk 3) Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy, and service development - placing this at the start of all work we do. 4) Creating awareness with partners about the impact of stigma and other barriers providing education and training on issues impacting our communities in Fife. 5) Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment 6) Supporting families and young people, including those who are carers and ensure services are more inclusive and family focused. In June 2024, an improvement delivery plan for the first year of the strategy was agreed by the ADP Committee, bringing together the vision, mission statements and strategic priorities and allocated for delivery within the ADP subgroup structure. The Delivery Plan contained quarterly milestones and has been reviewed at the Joint Commissioning Group and the ADP Committee throughout the year. In addition, each ADP subgroup provides a flash report to the ADP Committee detailing progress on implementation and includes risk/issues. This supports a fuller oversight over the year for assurance, reassurance, support and redirection purposes.
	3.3	**Assessment** The annual report in Appendix 1, details priority themes from the ADP Strategy and summarises key improvement projects achieved within the first year of the ADP Delivery Plan. Below is a very brief summary: Strategic Theme 1 – WELLBEING - Prevention and Early Intervention o Completion of Fife specific alcohol harm report to the Licensing Board to support development of an Overprovision Policy/Approach o Piloted and commenced roll out of a more targeted and tailored education provision in schools guided by the needs and voices of children and young people in the Education Health and Wellbeing Survey. Built capacity for additional support provided to children and young people not in mainstream education

		o Enhanced school transition support based in Levenmouth for children (P7 to S1) affected by substance use achieving improvements in school attendance and children confidence in their new setting. This provides whole family support to sustain improvement for the family post discharge. o Whole Population approach for alcohol developed within the Plan for Fife including integration into other wellbeing promotions locally and nationally. o Strengthened links to Tackling Poverty and Preventing Crisis Board and ensuring representation of people and families affected by substance use within poverty initiatives and projects Strategic Theme 2 – LOCAL Risk is reduced for people who take harmful substances o Continuation of its THN Naloxone Programme, delivering kits with support from partners in criminal justice, 3rd sector and statutory services. Target has been met for a second year but a decrease from the previous year. o Pharmacy Harm Reduction Service has increased its delivery volume and coverage for both Injecting Equipment Provision (IEP) and Take-Home naloxone. 262 THN kits distributed with over 45 pharmacies, an increase of 87% on the previous year. Additional training and liaison support for the workforce provided by the NHS Pharmacy Services and We Are With You o Alcohol Brief Intervention target exceeded for a second year o Reviewed drug alert process and established a new subgroup, to protect at risk populations from new emergent substances, contaminants or risks associated with administration routes. Strategic Theme 3 – INTEGRATION - Treatment and recovery services are easily accessible and high quality o In the fourth year of delivery, MAT Standards delivery and implementation is now at green. This means reach, quality, choice, trauma aware and informed approaches across the system and retention within MAT critical services and ADP system of care has greatly improved. o One Stop shops have continued and provide a vital access point for harm reduction, service provision and a warm welcoming space for people affected by substance use. Attendance at the clubs is a significant outcome especially for people not engaging in any other support. However over 60 people have started their recovery journey throughout Fife from these sites, often having not been able to benefit from other referral pathways. o All services within the Tier 3 Core delivery have met and exceed the waiting times target. This includes NHS Addictions, Compass, DAPL, FIRST and FASS o Residential rehabilitation led by FIRST has generated increases in placements (nearly double on previous years) and maintenance of completion and recovery goal outcomes for the Fife population

Strategic Theme 4 – OUTCOMES - Quality of life is improved to address multiple disadvantages

o Getting Liberation Right multi-agency meetings in place, coordinating support and service response via an inreach/outreach model for those leaving prison and returning to Fife. This ensures recovery is maintained and risk for lapse/relapse including overdose can be greatly reduced.

o Commissioned and development of an Emergency Department based service for people affected by substance use and risk of homelessness/homelessness. Funding has been secured for a second year of this project.

o NHS Addictions, WAWY and ADAPT hospital liaison service making an impact on reduction in attendance at hospital and length of stay for people receiving the service.

o Development of a women only one stop shop in the Levenmouth area and supporting a specific population affected by childhood, adulthood trauma and stigma.

Strategic Theme 5 – SUSTAINABLE - Children, Families and Communities affected by substance use are supported

o THINK Again campaign launched with two aims to change the perception that occasional/recreational drug use is safe and help support conversations between parents/carers/workforce and their young people.

o Development of Hospital Liaison pathway for children and young people with community youth friendly and whole family support offered following a contact with ED or attendance on a ward. This is still in its infancy but 85% of the referrals were unknown to the ADP service and 71% have engaged with support.

o Continuation of Scottish Families provision supporting adult loved ones with one to one and peer group work sessions. 103 individual family members felt better educated about substance use

o Drug awareness sessions and advice available to parents has been developed with online and in person sessions available. 86% of parents felt more confident in having a positive/supportive conversation with their children about drug and alcohol use.

o Whole family support service supported 45 families and 84 children throughout Fife with improved outcomes reported.

o Fife ADP has continued to commission Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. An independent living experience group in Dunfermline - with a management group implementing feedback and improvements – has progressed to a third year with several regular attenders.

Fife ADP delivery plan is agile and dynamic and responds to redirection from national sources and also from opportunities to integrated and collaborate with local partners. For example, the 'Recovery through the Outdoors' ADP project over the past 12 months in partnership with Active Communities developed through the partnership approach within the Plan for Fife’s

		Communities and Wellbeing Group. This will be continued and funded for a second year. Additionally, supporting the NHS Board's inclusion of drug related deaths within their corporate risk register and coordinating updates particularly connected to ADP relevant actions within the High-Risk Pain Medication Safety Programme. In the Scottish Government Survey (Appendix 2), the ADP has provided a checklist of work undertaken in the year to improve function and governance, availability of services and interventions and detail on broader themes such as lived/living experience and stigma.
	3.3.1	**Quality / Customer Care** The quality of care has improved for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by the third sector will 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 and support system. Delivery of support in the centre of communities with the Localities Boards has developed in partnership. 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
	3.3.2	**Workforce** 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. 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
	3.3.3	**Financial/Equality** The ADP provides financial information on the income and expenditure matched against key themes outlined within the Scottish Government reporting template. The ADP has a recurring efficiency applied and made significant savings last year
	3.3.4	**Risk / Legal / Management**

		The production of the Annual Report does not require a specific risk assessment or analysis of legal implications. The ADP has a current Risk Register which is targeted and reflective of projects outlined within the ADP Strategy, this includes funding risks and compliance with national benchmarking for MAT Standards. The risks are outlined clearly with mitigating and contingency actions identified and recorded. The ADP Committee reviews the risk on a quarterly basis with support from HSCP risk compliance team
	3.3.5	**Equality and Human Rights, including children's rights and health inequalities** For the annual report, an EqIA has not been completed and is not necessary as the report is retrospective and reflects the work undertaken over the year. An Equality Impact Assessment is not required to record previous activity and outcomes. However, an EqIA was completed in full during the development of the new ADP strategy 2024 - 2027
	3.3.6	**Environmental / Climate Change** The ADP Annual Report does not have a direct impact on environmental and climate change position in Fife. Recovery based projects within the report do encourage and support people in recovery to be part of environmental based work.
	3.3.7	**Other Impact** N/A
	3.3.8	**Communication, Involvement, Engagement and Consultation** 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. A lived experience panel member is part of the residential rehabilitation improvement group 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. The ADP Communication plan has involved the THINK again campaign to address harm impacting young people from their own drug use. Other comms activity in year has involved drug alerts responding to increasing risks from substance use in the community by raising awareness with the workforce and with the care group directly

4	**Recommendation**
	Discussion – The IJB is asked to discuss the Alcohol and Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey and indicate amendments required. · **Decision** – The IJB is asked to approve the Alcohol and Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey and support its submission to the Scottish Government and publication.
5	**List of Appendices**
	The following appendices are included with this report: Appendix 1 – Fife ADP Annual Report 2024 – 25 Appendix 2 – Fife ADP Scottish Government Annual Survey 2024 - 25
6	**Implications for Fife Council**
	None
7	**Implications for NHS Fife**
	None
8	**Implications for Third Sector**
	None
9	**Implications for Independent Sector**
	None
10	**Directions Required to Fife Council, NHS Fife or Both**

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

11	**To Be Completed by SLT Member Only**

Lead	
Critical	
Signed Up	

	Informed		

Report Contact	
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Fife Alcohol and Drug Partnership

Prevention, Protection, Early Intervention, Treatment & Recovery



FIFE ALCOHOL & DRUG PARTNERSHIP

Annual Report

2024/2025

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Executive Summary

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. This report pertains to the first year of the new strategy 2024 - 2027, and development of the first year of the Fife ADP delivery plan under the new strategy.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress on embedding the strategy and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions.

2024/2025 Summary

This was the first delivery plan of the new and refreshed Fife ADP Strategy 2024 - 2027 and this report will be a review of progress made, the achievements of the Fife ADP support team and Committee, partners and stakeholders, including people and families with lived and living experience and statutory and commissioned services. A considerable amount of work has been undertaken, with an emphasis on work with young people (YP) and prevention and early intervention initiatives.

For example, due to the increase in YPs attending hospital for drug and/or alcohol related problems in Fife and the potential for opportunities of support to be missed a new children and young people (CYP) hospital pathway was developed in 2024. Led by Fife ADP and involving an Emergency Department and Paediatrics Consultant, Clued Up, Public Health and Children Wellbeing Liaison Nurses, a pathway was developed, which involved support being directed to Clued Up for any YP under the age of 16 to be referred to the service if they attended ED or were admitted to a ward. The project went live in Quarter 1 of 2025, with impressive engagement and early signs of good outcomes for CYP affected by their own substance use. Furthermore, Fife ADP have commissioned the transition project with Clued up and 24 CYP affected by parental substance use have transitioned successfully to their secondary school with improved outcomes in their confidence and wellbeing.

Fife ADP have also collaborated and participated in several events over the past year, including:

1. Fife Charter of Rights event - Hosted by Scottish Recovery Consortium in collaboration with Fife ADP and held in June. Service users, staff and individuals with lived experience were invited to attend so that they could be supported to understand the Charter of Rights and how that is designed to protect them.
2. Needle Exchange Surveillance Initiative (NESI) Workshop - Working alongside the Blood Borne Virus/Sexual Health (BBV/SH) team, Fife ADP support staff jointly hosted a workshop looking at four key priority areas for Fife.
3. Crack/Cocaine Training - Bespoke training provided by Scottish Drugs Forum for services and staff working in Fife. Developed using feedback from stakeholders and input from Fife ADP with more workshops to be available in 2025/2026.

Fife ADP are green on all MAT Standards for the first time, the Alcohol Brief Intervention (ABI) target has been maintained for three years, waiting times were achieved for the year, residential rehab places are increasing and over 500 people left the treatment system well, with many more achieving their recovery goals still in service. With an emphasis on continuing with a proactive and evidence-based work, Fife ADP has rolled out a vast amount of work over the past year with partners at the forefront of service delivery and engagement with those in need of support.

Fife ADP Strategic Performance and Service Delivery

Fife ADP and its services were previously required to achieve national targets for ABIs, local delivery for numbers in treatment target, 90% of people seen within three weeks and Take Home Naloxone (THN) distribution. Fife ADP also tracks national datasets on substance related deaths to assess impact of the strategy. Each project and operational service is monitored on a six month and annual basis against evidence-based activity, outputs and outcomes.

National Targets: Some targets have been sustained and some show improvement. ABI delivery has fully recovered and Fife is significantly over target due to the focused work conducted the previous year.
National Datasets: National Records of Scotland (NRS) report for 2024 for drug related deaths will be available in August 2025, but data from Police Scotland on suspected drug related deaths does not indicate a reduction for Fife in suspected drug related deaths from the previous year.
Service Delivery: Most services (Tier 2 and Tier 3), including newly commissioned and those reviewed as part of the strategy, have met or exceeded targets and continue to meet demand and manage capacity.

Next Steps for 2025/2026



- Improve our drug and alcohol education in schools across Fife.
- **Review and learn from previous processes for reviewing drug related deaths.**
- Provide additional whole family transitional support for children moving from primary into secondary school.
- **Whole Population Approach for hazardous and harmful alcohol use.**
- Collaborate with Tackling Poverty and Preventing Crisis Board.
- **Alongside Public Health Scotland (PHS) RADAR (Rapid Action Drug Alerts and Response) team, maintain and refresh a whole system substance use alert and early warning programme.**
- Increase number of people at risk having THN kits and access to Injecting Equipment Provision (IEP).
- **Review alcohol screening in all settings and ABI delivery within Fife ADP services and in priority settings.**
- Review and improve strategies/policies regarding people affected by BBV and substance use.
- **Increase access to aftercare/support from Residential Rehabilitation.**
- Develop a recovery orientated alcohol and treatment support system of care.
- **Service visibility, awareness, and access through an enhanced communication strategy.**
- Amplify the voice of lived/living experience, building a rights-based approach within Fife ADP services.
- **Development and progression of recovery-based communities in Fife.**
- Emergency Department third sector hospital navigation project.
- **Engage with the review of DAISy and comply with and support the implementation.**
- Provision of targeted support to people and communities at risk of harmful substance use.
- **Redevelop assertive outreach and retention approaches and improve follow up protocols and pathways.**
- Enhance early, successful access to health and social care following release from prison/custody.

Fife ADP Introduction & Reporting

Fife ADP is a strategic partnership of the Health and Social Care Partnership. Its role is to reduce the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, HMP Perth, voluntary sector alcohol and drug services and people with lived and living experience.

Fife ADP forms strategic alliances with many other partnerships and directorates where there is a shared responsibility for outcomes and service delivery planning for people throughout Fife affected by substance use. Some of these include the Plan for Fife, Safer Communities Partnership, Fife Violence Against Women Partnership and Children's Services Strategic Plan and also includes national groups. In its role of supporting the Fife ADP Committee and its services, the Fife ADP support team provides this function to ensure that people affected by alcohol and drugs are considered in wider strategic planning, where collaborative approaches are essential for prevention, early intervention and whole population approaches.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed though NHS Boards to Integrated Authorities for onward allocation.

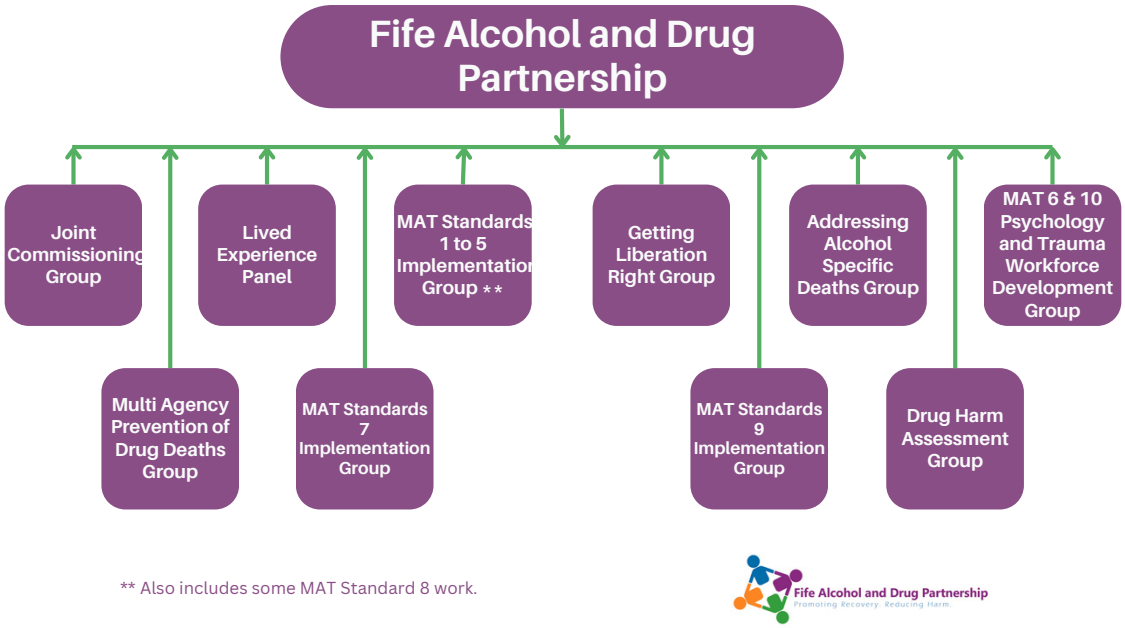
The Fife ADP Annual Report 2024/2025 is in two parts:

- A local annual report for the Health and Social Care Partnership, providing detail on structure, governance, commissioning, and improvement work and performance of commissioned and statutory services undertaken in the year to progress towards outcomes within Fife ADP Strategy 2024 - 2027.

- The second part is a mandatory template provided by the Scottish Government and reflects activity against the five themes indicated in the national strategies, latterly Drug Mission Priorities 2022 - 2026. These are prevention, improvement of the support and treatment system, protecting and supporting families, parity in delivery for those within the criminal justice system and whole population approaches for alcohol.

Fife ADP Structure & Governance

Fife ADP continually reviews its membership, subgroup membership, purpose and terms of reference to ensure increased governance and performance towards the targets and improvement work set out in the local strategy and is guided by national strategy and expectations for the MAT Standards 2021 and Drug Mission Priorities 2022- 2026. In the last year, there have been further updates to include new subgroups in response to the ongoing mission.



** Also includes some MAT Standard 8 work.

Fife Alcohol and Drug Partnership
Promoting Recovery. Reducing Harm.

During the year, Fife ADP subgroups have continued to be established and have an increased focus on the specific issues experienced within Fife. For example, the Getting Liberation Right Group is an established Fife ADP subgroup to coordinate relevant service provision to meet the needs of those returning to Fife on a short term or remand sentence, with a purpose to co-ordinate as much support for the individual prior to them being liberated. For example, this could include registering with primary care, housing support and links back into community groups including those which are recovery based. Members of the group will be working closely with the prison during their in-reach work carried out by Phoenix Futures to make ensure the voices of those being liberated are heard and there is a person-centred approach. The group is different to other Fife ADP subgroups as it is a working group rather than an improvement based/strategic development subgroup.

The Fife ADP Committee reports to the Quality & Communities Committee, Finance & Scrutiny Committee, Integration Joint Board and onward to the NHS Fife Public Health & Wellbeing Committee. The Joint Commissioning Group continues in its role of strategic commissioning, managing performance and overseeing the financial position and reporting of Fife ADP, including the commissioning for the Drug Mission Priorities and MAT Standards. The Lived Experience Panel (LEP) (established December 2020) continued in its role of amplifying the voices of people with lived and living experience within Fife ADP Committee and its structure, ensuring the work places the needs of the care group at the heart of strategic planning and service improvement.

Fife ADP Strategy 2024 – 2027

Fife ADP **2024 - 2027** vision:

"To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma".



The strategic themes are aligned to the Health and Social Care Partnership themes and are detailed below:

- **WELLBEING:** Prevention and early intervention.
- **LOCAL:** Risk is reduced for people who take harmful substances.
- **INTEGRATION:** Treatment and recovery services are easily accessible and high quality.
- **OUTCOME:** Quality of life is improved to address multiple disadvantages.
- **SUSTAINABLE:** Children, Families and Communities affected by substance use are supported.



Mission Statements and values underpinning delivery are detailed more fully in the strategy.

Priority 1 – WELLBEING: Prevention and early intervention

Working in prevention and early intervention is essential for Fife ADP and the community that it supports. There have been many actions taken over the last year to achieve the aim of Priority 1. For example, Non-Fatal Overdose analysis meetings are occurring on a weekly basis, with aims of:

- **Identifying drug trends**
- **Identifying individuals at extremely high risk due to repeat incidents**
- **Emerging drug harms**
- **Areas/groups at particular risk**

Education as a tool for prevention is also a main focus for the Fife ADP support team, with Barnardo's going into schools and delivering courses on drug awareness and harm reduction to both children and parent/guardian groups. This training now also features some of the materials from the CYPs harm reduction campaign. Work is ongoing to deliver an integrated drug and alcohol education, age and stage appropriate, throughout the full school life by school-based staff and specialist support from Fife ADP commissioned services.

Organisation	Service	Annual Update in Brief
Barnardos	**Education Service**	70 primary schools and 11 secondary schools have been receiving input in the last year. Additionally, 20 priority groups were also identified and seen. 82% of P7 pupils felt they had an increased knowledge of the effect a range of substances can have on the body and mind after their sessions and 64% of secondary school pupils felt they had increased knowledge on associated risks related to substances.
Glued-Up	**P7 to S1 Additional Transitions Service**	**Education**: 24 of the CYP have transitioned successfully to their new school and four have improved attendance having had their voice heard and been able to adapt the transition process to meet their own needs **Personal**: Of the 29 children there were 75 improvements in their ability to make good decisions, to engage in their community and to feel involved. **Family**: The whole family support element of the delivery has improved parenting, family functioning and relationships, family circumstances including environment and relationships and engagement with education.

Young People - Think Again Campaign

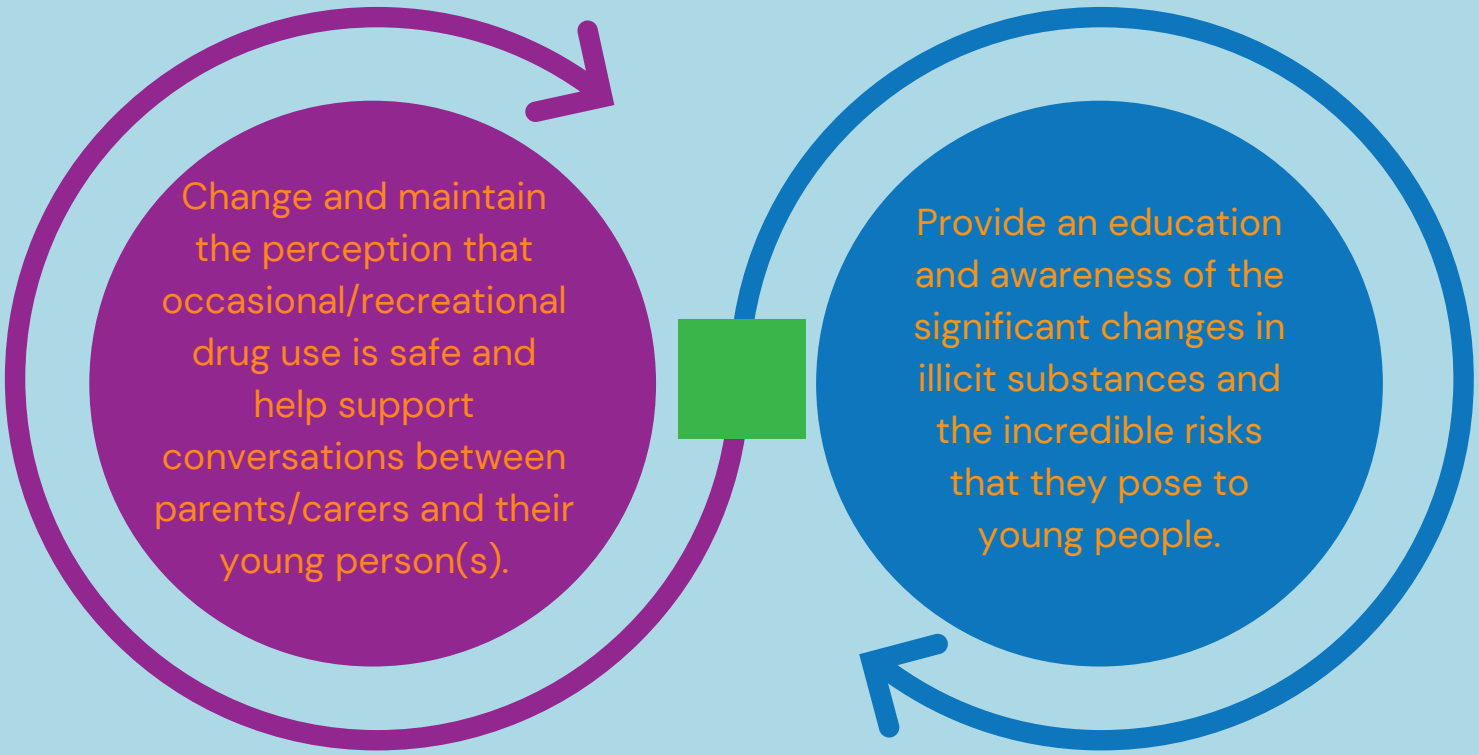
In 2024, Fife ADP established the multi-agency CYP Affected by their own Substance Use Rapid Action Group in response to increasing drug related deaths in the 15 to 24 age range. The group has engagement from a range of relevant stakeholders, including representation from education, third sector, emergency department and communications team. The group set out an action plan of priorities, one of which was to launch a campaign aimed at delivering harm reduction messaging to YP in Fife, with the ultimate goal of preventing any further deaths within the age group.





The campaign went through consultations with various groups of YPs to get a wide range of representation and form a picture of the kind of messaging that they engage with most. The campaign launched officially in December 2024, offering materials such as social media images, a printable poster and a social media bitesize video.

Early reviews of engagement supplied by the communications team, third sector partners and statutory services have shown good engagement and highlighted the communication reaching most of the targeted group. The campaign has two overarching goals:



Improving Education with Young People of School Age and Their Parents

Barnardo's Education Service

Below is an overview of the framework for the commissioned Fife Substance Use Education Service. When developing sessions for 'priority provision' groups, the service staff liaise with staff from the groups prior to facilitation of the sessions to gain a better understanding of the needs within the identified group and to enable a programme to be devised and tailored, specific to the needs of the YPs. During the initial session, the service staff, through observation and discussion with the YPs, are able to further identify their learning needs and use this to inform the content of subsequent sessions. The team have also developed a new approach for 'priority provision' work, which will have a stronger emphasis on consultation and learning together with YPs who take part in the sessions. The team have also expanded their capacity building work with parents/carers and teaching staff, and feedback from participants in these sessions will shape and influence future sessions.

Fife Substance Use Education Service: Framework of provision to Fife schools

P7: Introductory substance use education lesson

- Core lesson facilitated directly by Barnardo's with all P7 classesacross Fife.
- All P7 teachers provided with Barnardo's Teacher Toolkit to support follow-up lessons.
- Substance use CPD will be rolled out throughout 2024-25.

S2: Teacher-led alcohol education

- Core S2 Alcohol lesson plan/resources provided by Barnardo's (via Teacher's Toolkit) to all Fife PSE teaching staff for teacher-led delivery.
- Supported further by Barnardo's offering twilight CPD sessions to increase confidence & build capacity.
- Additional follow-up alcohol lesson plans also available within Teacher's Toolkit

S3: Substance use education

- Core lesson facilitated directly by Barnardo's with all
- S3 PSE classesacross Fife.
- Teacher's Toolkit provided to PSE staff to support substance use curriculum across all year groups.
- Supported further by Barnardo's offering CPD sessions to build staff confidence and capacity relating to substance use education.

Additional/Flexible Support: Barnardo's will also continue to offer substance use education lessons to learners in PSS set

education settings, tailored to their needs. The service may also be able to offer additional sessions to schools for other learners (from any year group) where there are clear, identifiable needs for further substance use education that PSE staff feel they are unable to meet within the PSE curriculum. To make an initial enquiry for such work, school staff should use this request form: https://forms.office.com/e/YkXz1xxkMB

Teacher's Toolkit: This web-based resource is regularly updated and maintained by the team. It can be accessed at www.suttfife.co.uk (also now available on GLOW). It contains a wide range of substance use education lessons and resources suitable for P7 and all high school year groups.

Teaching staff CPD: A rolling programme of online twilight CPD sessions will be offered by Barnardo's to teaching staff to build staff confidence and capacity relating to substance use education. Schools can also request bespoke in-person staff training relating to this topic from the team.

Parent/Carer workshops: Barnardo's will offer a drug awareness workshop (online and in-person options) on a regular basis to parents and carers in Fife to help them feel more confident about having open conversations about substance use with their children/young people.

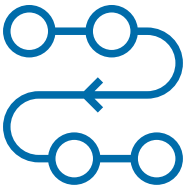
*please note that P7/S3 core lessons are organised geographically on a term-by-term basis to enable the small service team to cover all schools in Fife efficiently. If you wish to check which term your school is due to have the session, please contact the team at fifeservices@barnardos.org.uk

All pupils and teaching staff complete an evaluation at the end of each session. This asks them to rate (Likert scale) how well they believe the session increased their knowledge and understanding around the various aspects and whether they believed the intended learning outcomes were met. Comments from all pupils and staff are also usually captured.

Outputs from the service include:

- **70 primary schools and 11 secondary schools have been receiving input in the last year.**
- **Additionally 20 priority groups were also identified and seen.**
- **82% of primary 7 pupils felt they had an increased knowledge of the effect a range of substances can have on the body and mind after their sessions**
- **64% of secondary pupils felt they have increased knowledge on associated risks related to substances.**

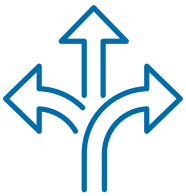
Hospital Liaison Pathway for Children and Young People Affected by Substance Use in Fife



In 2023, during its development, the Health and Wellbeing Strategy Group via its substance use and sexual health group, agreed an early priority was to review pathways for CYP presenting at ED or admitted to a ward where alcohol and/or drug use is indicated. This priority was supported by alcohol related hospital admissions in the 11-25 age group, indicating a higher standardised rate per 100,000 than the Scottish average, both for alcohol and drug use. Furthermore, an adult hospital liaison service, funded by Fife ADP, had been successful in preventing further harm and supported access to community-based support and Service-based information from Clued Up indicated a replication of this offer to CYP could be as equally beneficial to this age group.



A small subgroup was formed to examine data within more specific age range categories, review current approaches for sharing information and community follow up and referral pathways when CYP are presenting at hospital for alcohol and/or drug issues. This subgroup consisted of school nurses, Children Wellbeing Liaison Nurses, Fife ADP, Consultant Paediatrician and Child Protection Lead, Clued Up, Consultant in Emergency Medicine and NHS Fife Child Protection Lead.



The pathways are still in its infancy, but early data gathered by the service indicates that there are three referrals per month during its first five months in operation. This seems consistent with the numbers attending hospital factoring in service refusals and adoption of approach across the full staff complement.



Of those referred, more than 85% were not known to the service and can be considered naïve to a specialised YP service offering alcohol and drug support. 71% of these referred have engaged with the service and continued on to receive post assessment support. Although some CYP refused or did not want to engage with the service, they are now aware of support available to them and can self-refer at any time.

Demographically, half of those referred are 18 and, thus, a key group to reach at the point of crisis; and five were of school age; two thirds were male. There were referrals from all seven localities, with the most coming from Dunfermline and Kirkcaldy.

Priority 2 – LOCAL: Risk is Reduced for People Who Take Harmful Substances

Tier 2 Services

A Tier 2 service, in the context of tiered support, represents a level of expertise and problem-solving capabilities that are more specialised than Tier 1, but less so than Tier 3. It's the escalation point for issues that Tier 1 cannot resolve, involving more in-depth troubleshooting and potentially requiring specialised knowledge of systems and software.

Fife ADP commission a range of services to address the multiple, and often, complex needs of those who have issues around their consumption of alcohol and/or drugs.

Organisation	Service	Annual Update in Brief
FASS ADAPT Substance Recovery	**Triage Service**	365 people have been referred to the service in this period, with the largest number of referrals being self-referred (86%). 225 of those people received triage support and 13 clients remain open to the team due to intensive support being required. Kirkcaldy remains the highest locality for self-referrals with 18%, followed by Cowdenbeath with 17%, however, self-referrals are being received from all localities. 65% of self-referrals received triage support. No clients, during this period, self-discharged from support.
FASS ADAPT Substance Recovery	**Non-Fatal Overdose Team**	The service engaged with 317 individuals (314 of those referrals came via the Scottish Ambulance Service pathway). All clients are seen within 72 hours of the date the referral is received, meaning the service remains compliant with MAT Standard 3. Alcohol remains the highest substance reported (24.4%), followed by street Valium (14.6%). During this reporting period, the service completed 64 triage assessments and 97 THN kits were distributed.
Glued-UP	**Employability Service**	169 YPs were supported in the last reporting year. 43 YPs achieved positive outcomes, including, but not limited to, developing positive routines, making positive choices and increased knowledge in substances. 21 YPs participated in a variety of activities including job searches, job applications and attending interviews.

Organisation	Service	Annual Update in Brief
FASS ADAPT Substance Recovery / we are withyou / NHS Fife	**Hospital Liaison Service**	253 people were referred to the service in year 2024/2025, 39 people engaged. 64% referred to the service receive ongoing support. 90% of people had an alcohol related problem, 9% drug related problems and 1% both. Majority of referrals from the Cowdenbeath and Kirkcaldy areas, opposed to previous year where the majority were in the Levenmouth area. 232 individuals referred through MDT process, engaging with the Liaison Harm Reduction team. A total of 1,054 transactions delivered, covering 754 harm reduction, 300 social inclusion and, targeted support (i.e. BBV advice/overdose prevention/injecting site assessment). 86 miscellaneous single-instance interventions were recorded. The total no. of patients added to Addiction Liaison Service caseload for the period is 1,027 . The total no. of contacts for those patients over the 12-month period is 1,786. A contact can be in many forms, i.e. face-to-face inpatient visit.
sacro	**SACRO**	The service reported they had 240 referrals from the custody suites during this period (annual target: 90). Most planned closure cases (60%) are working with the service for 3-12 weeks following their appearance in the custody suite. 56% of people engaging with the service are working on reducing their substance use. 67% of service users working with the service have better knowledge of their life skills and selfcare. 60% of people reported an improvement in their mental health and wellbeing since engaging with the service. The service continues to make onward referrals to over 135 separate community and statutory services across Fife. 66 THN kits were distributed in this period (annual target: 20).
RESTORATION RECOVERY COMMUNITY	**Restoration**	Member numbers have increased from 210 to 238 in this reporting period. This remains lower than 2023/2024 numbers where the service had 325 active members. The service believes fluctuation in numbers might be due to the changes in drug trends and the impact this is having on communities across Fife. The service has noted seeing an increase in the amount of people using crack cocaine, in debt, with housing issues, deteriorating living conditions, self-neglect and worsening wounds from injecting drug use. The highest engagement is in Dunfermline, with 49 people in total attending in total each week. Four members in the reporting period have gone on to seek employment and nine members are engaging with further education.

Organisation	Service	Annual Update in Brief
Phoenix Futures	Peer Mentoring	The service engaged 69 people which is an increase of 30 people from the previous year (the service believes the increase is from their involvement in the Getting Liberation Right Group meetings). 59 people engaged with the service, 34 people remain open and 25 people successfully closed. 94% of service users are currently working towards a reduction in their drug use and 47% of service users fully achieved an improvement in their physical and psychological health when exiting the service during this period. 45 THN kits have been offered to clients, with 15 being distributed.
Phoenix Futures	Recovery Through Care	31 people were referred to the service during the reporting period, a decrease of 10 from the previous year. 27 individuals are currently engaging in support. 70% of individuals are currently working towards achieving abstinence. 39% of individuals saw an improvement in physical, emotional, and mental health when exiting the service. The highest engagement rate is in Levenmouth and Kirkcaldy, however, no referrals were received from SW Fife or NE Fife, the same as the previous year. 20 service users received a supply of THN with 25 kits being offered.
we are withyou	With You	A total of 2,766 transactions (target: 1,500) have been completed in this period. The transactions include distributing THN and clean IEP. 981 of these transactions were completed in the community, in client's homes or in the outreach van. 780 (target: 600) overdose related interventions were delivered specifically to reduce overdose risk, e.g. naloxone training, drug testing strip provision. The interventions delivered on a drop-in basis (including brief interventions, needle exchange, advice and motivational interviews) are 3,507 (target: 3,000).
Clued-UP Barnardos	Barnardo's and Clued Up Whole Family Support Service	Clued Up saw 223 new referrals in 2024, the majority of which came from Education. Outcomes for YPs show positive changes in key areas, including improved family relationships and increased knowledge on substances and improved lifestyle choices. For intensive whole family provision, in the reporting year, 45 families and 84 children were supported. Outcomes for families showed improvement, including positive improvement in safety and risk factors for families, leading to a safer and more stable environment.

Reviewing Drug Related Deaths

The previous Multidisciplinary Drug Death Review group generated extensive learning based on communication, service delivery and engagement, reach of services, system to system collaboration and improvements in harm reduction. Action plans have made good progress in year but the necessary impact of reducing drug related deaths (DRDs) in Fife, and in Scotland nationally, has not been sustained.

The key aim, going forward, was to have a new, combined system of analysing DRDs and implementing identified actions as quickly as possible. Fife ADP and NHS Fife Addiction Services are to combine as a single task force, attending the Multi-Agency Prevention of Drug Deaths Group together and combining action plans to move forward with a collaborative approach.

In early 2025, work was undertaken to combine the action plans and create a live working document that is purposeful and agile in its detail. Actions were identified under themes and combined to reduce duplication of work and align efforts to the same end goal of reducing drug related deaths.

The next step is to set up the Multi-Agency Prevention of Drug Deaths (MAPODD) group for taking forward a collaborative approach to reviewing and responding to DRDs in Fife. Terms of reference will be created, whilst also considering the relevant attendees to invite. This will lay out clear guidance on the aims and objectives of the group and expectations around the completion of actions for all of those that have been invited to attend.



New Drug Alert Process and Protocol

The Drug Harm Assessment Group (DHAG) is a multidisciplinary surveillance group, focused on both emergency responses to sudden fluctuations in levels of specific drug prevalence, specific drug harms and/or particular groups at risk of harm, as well as a monthly monitoring group to assess trends early. Drug trends and significant harm identified in other areas of Scotland are assessed and appropriate action plans are put in place to prevent the same harms occurring in Fife. A new process has been developed and renewed based on Public Health Scotland (PHS) national guidance with support from NHS Fife Public Health.



Attendance is wide ranging to ensure that intelligence and emerging harms are discussed and actions agreed at the earliest opportunity. The group has led on development of a library of alerts including for early onset overdose caused by synthetic opioids and clonazolam (an illicit benzodiazepine) and ketamine use. The Fife ADP support team was fully involved in contingency planning and continuity of service with NHS Fife. A multiagency event was held in August 2024, focused on potential potent illicit substances mixed into the drug supply and a recommendation was made to the Scottish Government (SG) and PHS to convene a national exercise. From this, Fife ADP were able to agree that DRDs would be included in NHS Fife Board's corporate risk register, complementing the Fife ADP approach.



In addition, Fife ADP are fully integrated into the two-year High-Risk Pain Medicines (HRPM) patient safety programme, to ensure safe and appropriate prescribing of HRPM and to reduce the risk of potential diversion. Fife ADP has led on experiential data gathering with lived/living experience and their use of HRPM to provide a clearer understanding of their risks. Data is yet to be analysed and themed, but is likely to have a substantial impact on the improvement plan for safety and reduction of risk to this patient group. An NHS Fife wide consultation is planned to share learning from recent DRDs to include broader actions for prevention. As mentioned in the previous years report, there are several groups, systems and organisations that are feeding into the process. This includes:

- **NHS Fife Public Health**
- **Police Scotland**
- **Pharmacy**
- **Scottish Ambulance Service (SAS)**
- **NHS Fife Addiction Services**
- **Fife Justice Social Work Services**
- **Social Work**
- **Third Sector**
- **NHS Fife Psychology**

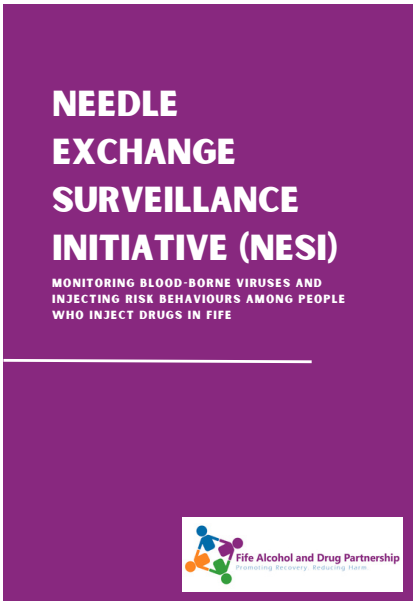
Monthly updates/intel are given to the group and an example of some of these are:

- **Near Fatal Overdose Weekly Review**
- **Harm Reduction Engagement**
- **Service user/lived/living experience input**
- **WEDINOS results for the Fife area**
- **RADAR notifications and updates**

Engagement with the group is consistently good and SAS have taken forward Chairing responsibilities via their Clinical Effectiveness Lead: Drug Harm Reduction for the region. A rolling action log is kept and reviewed monthly to ensure that responses are timely and within the agreed parameters. The group have also been able to respond to ad hoc meetings when immediate response has been required to take action where critical risks have been identified.

Needle Exchange Surveillance Initiative (NESI) – Summary

The Needle Exchange Surveillance Initiative (NESI) is a national programme designed to monitor and assess the prevalence of blood borne viruses (BBVs), among people who inject drugs. The NESI annual report has been published for 2022 - 2023, providing a national and local picture to all health and social care partnerships and NHS Boards in Scotland.

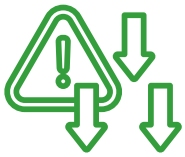


The SG has committed to the elimination of Hepatitis C, however both HIV and HCV testing rates in Fife have decreased from year 2019/2020 - 2022/2023. Severe soft tissue infections (SSTI) have fluctuated across Scotland since 2013, but have remained high overall. Fife rates of self-reported SSTI in 2022/2023 were 22%, making it the highest rate in Scotland in this reporting year. Crack cocaine has had the sharpest increase from 28% to 45% across Scotland, with 54% reported for Fife in 2022/2023. There is a national decrease in people carrying THN however, Fife must remain focused on its THN programme to ensure that rates remain high in those accessing harm reduction support and treatment services.

Fife ADP led on a workshop with multiple partners to raise awareness of the four issues in Fife and to generate system and service-based improvements over the short, medium and long term. This has generated an action plan including a Quality Improvement Charter to increase testing in those who access opiate replacement therapy (ORT) treatment. Other actions include:



- **Improve communication between relevant services around where service users can get foil.**



- **General comms plan around harm reduction and services that individuals can access.**



- **Action points aimed at increasing HIV/HCV testing rates.**



- **Increased education opportunities around soft tissue infections.**

Community Pharmacy

Community pharmacy provides a vital role in the distribution of ORT and harm reduction equipment for the prevention of drug related harm and death. Pharmacies are located in every community, can offer THN to anyone, including family members and are open at times when Fife ADP services are not.

So far, the service has:

- Completed 8,525 transactions, year to date.
- 23 pharmacies are now active.
- Staff that are fully trained and claiming renumeration.

From April 2024 - March 2025, 262 THN kits were distributed, with over 45 pharmacies involved, a significant improvement on the full year performance of 2023/2024. Community pharmacies and third sector service, With You have trained 198 people year to date, a further increase on last year's performance. Furthermore, there is now a recording mechanism available within the NEO system, which allows community pharmacy (CP) teams to note if they have offered THN, but it has been refused. So far, this year, there have been 1,473 occasions where this has been recorded. All 86 community pharmacies in Fife are now registered to provide this service.

A recent expansion also saw the development of a THN service, where pharmacies can provide overdose awareness training and THN kits to people at risk of overdose and their friends and family members. This saw representatives from NHS Fife Pharmacy Service working alongside harm reduction charity, With You, to provide face-to-face training for community pharmacy staff. The training is intended to educate pharmacy staff to know how and when to intervene with THN in response to an overdose.

Over 60 pharmacies have signed up to the THN service, with over 300 pharmacy staff from across Fife having already received training. The development of the service saw 230 THN kits distributed by community pharmacies between April to December 2024, compared to 54 across the whole of the previous financial year.



Priority 3 – INTEGRATION: Treatment and Recovery Services Are Easily Accessible & High Quality

Tier 3 Services

Tier 3 services delivering a specialist intervention as part of a recovery/care or treatment plan are Fife ADP's recovery orientated system of care. The Tier 3 services provide specialist interventions (ORT prescribing, community detoxes, counselling, psychosocial and psychological based interventions and relapse prevention) aimed at supporting people to self-manage, recover and rehabilitate from physical and psychological dependence on substances. There are seven organisations at Tier 3 in Fife: NHS Fife Addiction Services, NHS Fife Alcohol Related Brain Damage (ARBD) Service, NHS Fife Addictions and Psychological Therapies Service, FIRST Community Rehabilitation, FIRST Residential Rehabilitation Access and Support Service, DAPL Counselling Service, Fife Alcohol Support Service and Compass Social Work Service. Below is a summary of Tier 3 services' activity, output and outcomes for 2024/2025.

Organisation	Service	Annual Update in Brief
NHS Fife	**Addictions Psychological Therapies Service**	Psychology have submitted a report on targets, which indicates all targets are being met, and data was provided for outcomes. 74 individuals received psychological assessment and evidence based psychological therapy and 397 consultations with service users took place. All outcomes showed an increased score on the wellbeing scores. MAT Standards 6&10 coaching and training sessions continued, with 54 completed from April 24 - March 25.
NHS Fife	**NHS Fife Addiction Services**	NHS Fife Addiction Services referrals during the period April 24 – March 25: 969 referrals were made into NHS Fife Addiction Services. THN, IEP, wound care and testing for BBVs are being offered at all of NHS Fife main sites. Four harm reduction interventions are offered at all sites. As part of the ongoing implementation of MAT Standard 4, the service are undertaking a focused piece of work with NHS Fife BBV/SH team, to compile an audit of all the people who require testing across Fife for BBV, including people using alcohol services. All nursing staff are being trained on Tier 1 psychological interventions and the service are engaged with the MAT Standards 6 & 10 subgroups to develop further the implementation of this standard. NHS Fife Addiction Services will work with Fife ADP and partners in 2024/2025 to consider how better links can be developed with the Department for Work and Pensions (DWP) and housing agencies across Fife.

Organisation	Service	Annual Update in Brief
DAPL	Counselling Service	This service provided a comprehensive Fife ADP report return, which showed targets were met for counselling, ABIs, Distress Brief Interventions (DBIs) and provision of an out of hours service. The service engaged with 488 individuals from April 2024/March 2025 and from 355 who stated abstinence was their goal, 75% achieved this upon exit from the service. DAPL continues to provide group work, in addition to counselling and one to one work.
First	Community Rehabilitation Team	The Community Rehabilitation team has exceeded its Fife ADP targets and demonstrated outcomes for those engaged with the service. The highest referral rate has come from the Kirkcaldy and Cowdenbeath areas, and 70% of the referrals were for males. The engagement rate from referrals are 58%, which is standard across services.
First	Residential Rehabilitation Service	The Residential Rehabilitation (RR) service received 103 referrals across the year and 43 individuals engaged with the service. Within the year period, 24 individuals entered residential rehabilitation. Positive outcomes were demonstrated for those who accessed residential rehabilitation. Ongoing work continues with Healthcare Improvement Scotland on pathways into residential rehabilitation.

As highlighted above, Tier 3 services are performing well and continually assess and review performance and impact to ensure that services are accessible to those that require the specialist support, as well as still ensuring that these are high quality. Fife ADP works closely with all of its delivery partners to ensure that this priority is achieved and continues to be achieved.



Residential Rehabilitation

Fife ADP and NHS Fife Public Health are leading a multi-agency group to deliver the Health Improvement Scotland Action Plan for Residential Rehabilitation in Fife. Currently we are mapping existing pathways into residential rehabilitation, including specific routes for women who are pregnant or have children under the age of five. This work has strengthened referral processes and improved the local framework to increase access and choice for a broader range of residential rehabilitation units. The current criteria has been removed from the application process to increase service users' rights to attend residential rehabilitation as their first treatment preference. Lived and living experience is fully integrated into this process and have proved invaluable to ensure the best possible outcomes for individuals accessing residential rehabilitation.

Additionally as part of our ongoing work, we have mapped all residential rehabilitation providers included in the national Residential Rehabilitation Framework. This mapping exercise has captured key information on each provider including eligibility criteria such as gender and age range and any barriers such as detox limits. While progress on some aspects of this work has not advanced as quickly as anticipated, a recent reassessment has allowed us to develop a clearer, more structured plan to move forward. Including exploring other avenues of funding opportunities for residential rehabilitation providers funded directly by the SG.



MAT Standards

The MAT Standards are a national human rights-based framework for the safe, effective and accessible delivery of medication (ORT), psychosocial support and psychological interventions and are designed to create a whole system approach to support recovery from drug use, inclusive of Primary Care, mental health, housing, welfare and advocacy services. In addition to this assessment process, the SG require Fife ADP to submit updates quarterly on their implementation plan to support oversight and governance on the central funding awarded to ADPs to deliver the MAT Standards programme.

As can be seen below, Fife is now sitting as green for all of the MAT Standards and the progress can be charted through the graphic so that the journey can be clearly seen. This, however, does not prevent continual improvement methodology from being applied moving forward. All standards have been reviewed in 2024/2025 and an action plan developed, covering areas where small improvements can still be made.

The table below provides an overview of PHS's external validation over the four years of the MAT Standards programme and demonstrates Fife ADP's progress:

MAT Standard	RAGB Status 2021/2022	RAGB Status 2022/2023	RAGB Status 2023/2024	RAGB Status 2024/2025
1 Same Day Access and Prescribing	Amber	Provisional Green	Green	Green
2 Medication Choice Throughout	Amber	Provisional Green	Green	Green
3 Anticipatory Care & Assertive Outreach	Amber	Amber	Green	Green
4 Harm Reduction in Services	Amber	Amber	Green	Green
5 Retention	Amber	Amber	Green	Green
6 Psychological Interventions	Not scored this year	Amber	Provisional Green	Green
7 Primary Care	Not scored this year	Amber	Provisional Green	Green
8 Advocacy, Housing & Welfare	Not scored this year	Amber	Provisional Green	Green
9 Mental Health	Not scored this year	Red	Provisional Green	Green
10 Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green	Green

FAIR Model Assessment Tool

During 2024/2025, PHS reviewed all the assessment measures and protocol in partnership with ADPs and issued new guidance in November 2024 for the year. Part of this guidance required ADPs to complete the FAIR (Facts, Analyse, Identify and Review) Assessment tool on all MAT Standards, with a further deep dive on two of the standards decided by each ADP area on a priority basis. The FAIR Assessment has been developed by the National Collaborative for the Rights of People affected by substance use and is recommended for use by ADPs within the National Charter of Rights published in December 2024. The purpose of the Charter and the FAIR Assessment within it, is threefold:

- Support people affected by substance use to realise the human rights that belong to them.
- Support service providers (statutory, third sector and independent) to understand how to implement the human rights which belong to people affected by substance use.
- Shift the power and change the culture from criminalisation and stigma towards public health and human rights, with people coming to see themselves as rights bearers and service providers having a better sense of their role as duty bearers.

Fife ADP adopted the FAIR template and use this as a basis for self-assessment for year 4's implementation to PHS and for onward planning moving into the final year of delivery. It is expected that once the national programme completes at the end of 2025/2026, Fife ADPs delivery of the standards will be fully embedded and measurement of impact will be conducted on a self-assessment basis, improvements generated and executed in partnership with people with lived and living experience.

The FAIR model requires four stages applied to each of the 10 MAT Standards:

FACTS - What are the facts around MAT Standard priorities for the ADP area, based on an update from the national benchmarking report in the previous year.

ANALYSIS - This requires use of the Availability, Accessibility, Acceptability and Quality (AAAQ) tool applied on a basis of the seven rights detailed in the Charter of Rights for People Affected by Substance Use 2024.

IDENTIFICATION - This sets the actions needed to address the concerns indicated from the analysis. The tool used is PANEL principles (Participatory, Accountability, Non-discriminatory, Engagement and Legality).

REVIEW - This creates a focus on the vision and desired outcomes with respect to the PANEL principles - what was intended, what has been done & how this can be supported by the evidence detailed in the FACTS section

FAIR Action Plan

Standards	Identified Actions (PANEL)	Review Position
1. Same Day Access and Prescribing	• More people need to be seen in less than a week, even though a high majority are scripted on the same day when seen. There is a potential pathway referral system problem which needs further investigation amongst partners (A, E) • Barriers to engagement and access to MAT Standards 1 are going to be handled by the use of the retention team. This will be coupled by discussions with the Living Experience group, who are people struggling to access MAT Standard 1. • Home visit policy will be considered and offered more regularly, capturing the reasons as to why people do not attend and what the barriers might be. This will include discussions with family.	To improve timeliness of access to the service. Experiential interviews will evaluate delivery.
2. Medication Choice at initial assessment and at reviews	• Collaborative care planning approach with service user and family members. Service needs to create a platform for dose and medication review to allow choice to be more fully integrated for long standing patients. (P, A, N, E) • LEP involvement in promoting choice and options, in particular buvidal. (P, E)	To maintain choice across the care group at initial and review stages with patients/family members well informed of the options, supported by numerical and experiential data.
3. Anticipatory Care & Assertive Outreach (third sector provider)	• Maintenance of retention approach across full system of care and ensure phone call contact at missed appointment stage. (A, E) • Repurpose how the retention service is used to respond to appointments missed earlier in treatment, particularly for alcohol and for groups with additional needs/protected characteristics. (P, N, E)	Every person at every stage of the system of care will be contacted after a high risk event to check on their wellbeing and for engagement purposes.
4. Harm Reduction provision within the MAT Standards Services	• MAT Standard Services need to ensure harm reduction is equally available at satellite clinics. (N) • Implementation of wound care within the service and fully mainstreamed into the offer with data capture about conversation, offer and possible treatment. • BBV guidance pack to be completed, and capturing the offer. • Chronic pain guidance and working more closely with Primary Care to ensure THN is supplied broadly to all people at risk.	To ensure harm reduction interventions are offered on a routine basis by all Fife ADP services, where relevant, as part of standard practice.

5. Retention in Services	• Continue with development of positive relationships within Fife ADP services, using MAT Standards 6 &10 learning. (P, E) • Continue to offer alternative appointment types (online, telephone). (E) • Maintain all forms of follow up and discuss disengagement in multi-agency referral and allocation meetings. (A)	Every person at every stage of the system of care will be contacted after a missed appointment to check on their wellbeing and for re-engagement purposes.
6. Psychological Interventions	• Work with individuals with lived experience to design services that are trauma informed for women, polysubstance use and other marginalised groups, whilst expanding the availability of training on trauma informed practices. (P, N, L) • Allow flexible service models that are trauma informed that allow individuals to engage in non-traditional settings. Ensure staff at all levels of the organisation are trained in trauma informed practice. (P, A, E) • Ensure person centred language is used by staff, particularly in correspondence with service users via email/letters. (P, N, E) • Mandatory trauma informed training as part of Fife ADP services Service Level Agreements (SLAs) for all staff. Include regular supervision and support. (A, E)	All staff within Fife ADP services are trained, confident to use and supporting the care group with a trauma informed approach, integral to service delivery.
7. Primary Care	• Test of change of model to improve the coordination of care between Primary and Secondary Care, if chosen by the patient. This includes improving communication and facilitating the removal of “break glass” between Primary Care IT system and NHS Fife Addiction Services system. (P, N, E) • To accept all referrals from Primary Care (regardless of substance used) and act as a referral point to other services within the Tier 2 and Tier 3 system of care, cognisant of the choice of those accessing support/treatment. (P, A, N, L) • To continue to develop localised numerical measures that indicate evidence of an integrated model of care, e.g. number of SCI Gateway referrals, attrition rate between referral and assessment and use this data to identify any indirect discriminatory practice. (A,L) • To communicate more clearly and fully with service users and Primary Care about shared care models, the potential benefits and their rights with support and advice from the LEP. The terminology currently used is not well understood, not cognisant enough of involvement of Primary Care and the different aspects of this for the care group. It may be beneficial to record service user preference for GP involvement at their MAT Standard 1 appointment. (P) • Contribution to public communication messaging to dissolve stigma and the fear of stigma within the care group and shared with all of Primary Care. This should include a deeper understanding of where and how stigma is experienced by the care group. Use this to promote rights, rights to complain and improve language used in Primary Care. (P, A, N, E)	To have an integrated model of person-centred care between Primary Care and NHS Fife Addiction Services which reflects the needs and choices of people with lived experience and their families, inclusive of their rights, and a commitment to address stigma and other barriers. Improvements will be evidenced by experiential data, both of staff and people accessing treatment and by numerical measures reflective of the model.

8. Advocacy, Housing & Welfare	• Offer of independent advocacy and its benefits to be made at first appointment and to consider this in the context of protected characteristics. (P, N, E) • Include mention of advocacy availability in NHS Fife Addiction Services patient letters. (A, E) • To ensure pathways are better understood to income maximisation and housing support through the continuation of the ASIST model at ED. (P, A)	To uphold and protect rights for independent advocacy support for people affected by alcohol and drug use when accessing housing, income and alcohol and drug services.
9. Mental Health	• To understand the barriers for patients to attend appointments where their mental health can be screened and assessed and address these. (A) • To complete a training needs assessment with mental health staff on drug/alcohol knowledge, confidence and skills. (P,A) • To continue to embed ASIST Lite and to make changes to core assessment. (P, A, N) • To adjust guidance and support removal of "break glass" allowing for improved communication/shared care and better care outcomes. (N) • Develop and test an early draft of operational protocol between mental health services and NHS Fife Addiction Services. • Understand referral pathway by mapping out provision and referrals under the four quadrant model (short life working group (SLWG) to focus on this). • Networking event across the full sector to include localities, broad LEP network and grassroot organisations. (P, E). This will support a wider promotion of rights and demonstrate work completed thus far.	That an agreed operational interface document between mental health services and substance use services is in place and this is evidenced in experiential data of staff and people accessing treatment and support.
10. Trauma Informed System of Care	• Work with individuals with lived experience to design services that are trauma informed for women, polysubstance use and other marginalised groups. (P, N) • Flexible service models that are trauma informed that allow individuals to engage in non-traditional settings. Ensure staff at all levels of the organisation are trained in trauma informed practice. (A, N, E) • Ensure person centred language is used by staff, particularly in correspondence with service users via e-mail/letters. Mandatory service user feedback is required from services, to ensure services are always evolving with a trauma informed approach. (A, E)	All services within Fife ADP are considering and adapting spaces and policies to be inclusive and responsive to those who have experienced trauma

Numbers in Treatment Target

As can be seen below, Fife came in just below target for Quarter 2 versus Quarter 1, but only by 1%. It should also be stated that this is based on the previous year's target, as these were only set for years 1 and 2. It is also worth noting that the national performance for 2024/2025 was also down by 1%. This provides some reassurance that locally, the performance is not lagging behind the national average. In terms of performance against the baseline figure, Fife is up by 9% overall, which is, again, similar to the 11% increase that has been reported for Scotland as a whole.

Area	Baseline	Target End of Financial Year 2023/2024	No. in Receipt of ORT – Q1 2024/2025	No. in Receipt of ORT – Q2 2024/2025	% Increase from Q1 to Q2	Overall Increase from Baseline
Scotland			29,476	29,126	↓ -1%	↑ 11%
Fife	1,711	1,865	1,881	1,863	↓ -1%	↑ 9%

Calculation of the 'reach' of the National Naloxone Programme is based on the number of first supplies made to people at risk of opioid overdose. The data items necessary to make these exclusions are available in the agreed national dataset for National Naloxone Programme monitoring of THN supplies from community outlets and prisons.



Local Delivery Plan Drug & Alcohol Waiting Times

The local delivery plan requires that 90% of people accessing Tier 3 support for alcohol and drug issues are seen and assessed within a three week period. Having consistently achieved target in the previous reporting year, it was a far more positive year, with target being met every quarter. This was, in part, due to the exclusion of one service due to reporting issues, however, that would likely have only impacted negatively on one quarter.

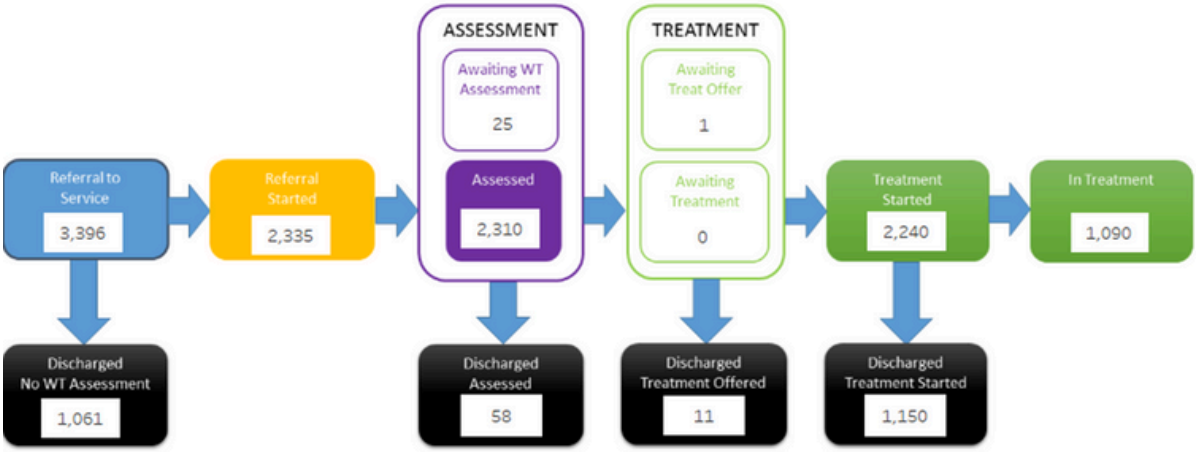
Having had a task group formed for the previous year to identify the root causes for the issues causing the failure to hit or exceed the 90% target, it can clearly be seen that this has impacted positively on last years figures. There was an issue around the figures and error reports for NHS Fife Addiction Services in Quarter 3, which required some dedicated training from the DAISy team and Fife ADP support team. This has enabled more people within the team to support the work and ensure that recording is accurate and up to date and importantly, now highlights the hard work going in to ensure that the vast majority of service users are being seen within the three week target.

Indicator	Target	2022/ 2023	2023/ 2024	2024/ 2025	Performance Indicator
Drug and Alcohol Treatment Waiting Times – Q1	90%	94.1%	85.9%	94.4%	↑
Drug and Alcohol Treatment Waiting Times – Q2	90%	95%	82.9%	92.4%	↑
Drug and Alcohol Treatment Waiting Times – Q3	90%	97%	83.7%	94.2%	↑
Drug and Alcohol Treatment Waiting Times – Q4	90%	94%	93%	92.2% (Est.)	↓

Service & System Performance

Nationally Reported Fife ADP Tier 3 Performance

From April 2024 – March 2025, Fife ADP Tier 3 adult services received 3,396 referrals. 2,240 of the referrals started treatment and 1,090 remained in treatment after March 2025.



People Leaving the System of Care

During 2024/2025, 566 people (with both alcohol and drug problems) left the system of care having completed their treatment and achieved their recovery goals. These are typically improvements in their quality of life, reduction of harms, abstinence from substances and improvements in health and social functioning. This represents 20% of the people receiving support from the system. This is an increase from 281 people in 2022/2023, which only represented 13% of the people in the treatment system. It is important to note that numbers are small as this is about people leaving the system of care on a positive outcome.

'During 2024/2025 566 people left the system of care having completed their treatment and achieved their recovery goals...'

Discharge Category	2022/2023	2023/2024	2024/2025	Total
Treatment incomplete	1,823 (83%)	2,327 (77%)	2,143 (75%)	**6,293 (78%)**
Treatment complete	281 (13%)	554 (18%)	566 (20%)	**1,401 (17%)**
Transfer	52 (3%)	103 (4%)	97 (3%)	**252 (4%)**
Discharge other	30 (1%)	31 (1%)	46 (2%)	**107 (1%)**
TOTAL	**2,186 (100%)**	**3,015 (100%)**	**2,852 (100%)**	**8,053 (100%)**

Priority 4 – OUTCOME: Quality of Life is Improved to Address Multiple Disadvantages

Fife ADP is committed to addressing areas where multiple disadvantages are being experienced. These are a few examples of the work, support and interventions carried out over the last year:



- A strong collaborative relationship was developed between Fife ADP and the Scottish Recovery Consortium to support those with lived and living experience to collaborate with the Charter of Rights development. Fife Charter of Rights event - Hosted by Scottish Recovery Consortium in collaboration with Fife ADP and held in June. Service users. staff and individuals with lived experience were invited to attend so that they could be supported to understand the Charter of Rights and how that is designed to protect them.
- Independent advocacy continues to be provided by Circles Network, ensuring that all service users have the option of independent advocacy to be able to speak out about issues by providing a voice to those who are experiencing drug and/or alcohol issues, so that they feel heard and involved in the treatment and support services offered to them. 318 individuals engaged with this service in 2024/2025. The main issues addressed continued to be housing and finance, alongside the issue of treatment this year. Circles Network continues to be involved with the LEP and employ two lived experience workers. 24 service users surveyed on exit from the service felt more heard and less stigmatised.

- Compass Social Work service has seen 55 new referrals accepted and 84 cases have been closed in this period. Of the 84 closed cases, 34 people received an initial Compass assessment. 10 people have reported an improvement in their housing/secure tenancy. Eight people have been supported to maintain their GP engagement and three people have been supported to stabilise their substance use. The Compass team have attended eight Adult Support and Protection case conferences and 21 Inter-Agency Referrals have been completed. Staff are now trained to distribute THN and have completed both Tier 1 and Tier 2 psychology training.

Take Home Naloxone Performance

The ongoing distribution of THN is one of the essential interventions required to prevent DRDs. In late 2024 into 2025, there has been the presence, nationally, of synthetic opioids and other unknown substances mixed into the heroin supply throughout Fife and Scotland. A substance being sold as heroin that causes sudden onset of overdose and often requires multiple doses of THN to be administered before an improvement can be seen in the person suffering from the opiate overdose. These have and continue to contribute significantly to harm including NFOs and death. As this requires multiple doses of THN to prevent fatal overdose, higher volumes of distribution and raising of awareness in the care group and community is critical.

Indicator	Target	2022/2023	2023/2024	2024/2025	Performance Indicator
Take Home Naloxone (THN)	1,400	1,098	1,674	1,538	↓

This led to a pharmacy and organisation wide protocol to issue two THN kits every time, instead of one, which ensures that double the dosage is available if anyone finds themselves required to take life maintaining measures. This rapid response to the emerging drug harm was reflected in the SAS NFO reports. Fife ADP continue to commission a harm reduction trainer within With You, a third sector harm reduction specialist service. This role ensures that initial and refresher training, including overdose awareness, are rolled out amongst services and a plan has been developed to mainstream this training, with partners working with people at risk and their families. This ensures that a dedicated worker is responsible for delivering refresher training, including overdose awareness to all Fife ADP and non drug treatment services across Fife.

The project is now in year 3 and a project plan has been developed to mainstream this training throughout ED in Fife, as well as all staff working within Fife Council, who may volunteer to carry THN. Work continues across Fife to train people at risk and their families to carry THN at all times and provide up to date messaging on the importance of this with the everchanging drug trends in Scotland.

"Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose but, naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder. Examples of opioids include heroin, fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine."

ABI Performance

Fife ADP has maintained the local delivery plan target for ABIs for three consecutive years. There has been a small decrease in total ABI delivery over the last reporting year with figures 7% lower than in the previous year. The breakdown shows that the decrease is occurring in Primary Care and 'other' providers. It has been encouraging to see increases in delivery in ED and antenatal care.

Indicator	Target	2022/ 2023	2023/ 2024	2024/ 2025	Performance Indicator
Alcohol Brief Interventions (ABIs)	4,187	4,184	6,600	6,155	

Number of ABIs delivered in Fife:

Service	2022/2023	2023/2024	2024/2025	Performance Indicator
Primary Care	2,314	3,422	3,361	 2%
A&E	245	581	627	 8%
Antenatal	10	7	12	 71%
Others	1,615	2,590	2,155	 17%
TOTAL	4,184	6,600	6,155	 7%

Lived & Living Experience

Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous LEP. This is a recognised subgroup of Fife ADP, with the same rights and responsibilities as other subgroups, to develop policy, strategic direction and contribute to improvements of service delivery. The group is now in its second year under new development and has worked with Fife ADP to contribute to the MAT Standards experiential data, residential rehabilitation and a recovery communities mapping exercise.

An independent living experience group in Dunfermline, supported by the Scottish Drugs Forum, continues to meet on a monthly basis. The group is designed to allow members to feedback about their own experiences throughout Fife to then lead to improvements in the system of care. The group also has a management group, supported by Fife ADP support team, and service partners also attend. This supports immediate changes and adaptions to service models presenting indirect barriers to people accessing support. The group has helped make improvements in various services within Fife ADP, as well as feeding into the MAT Standards and the experiential data programme







Priority 5 – SUSTAINABLE: Children, Families & Communities Affected by Substance Use Are Supported

Service Updates

Fife ADP commissioned services work is integral to providing support and vital interventions to everyone affected by drugs, alcohol or both. This includes all age groups and those around the vulnerable person who, themselves, will require support to manage and cope with their loved ones use of alcohol and/or drugs. They provide information and support family members with such areas as confidence, communication, and general wellbeing. The commissioned services can link them to other services, including local specialist services. Most importantly, they also help people to recognise and understand the importance of looking after themselves too.

Organisation	Service	Annual Update in Brief
Barnardos / Clued-Up	Barnardo's and Clued Up Whole Family Support Service	Clued Up saw 223 new referrals in 2024, the majority of which came from Education. Outcomes for YPs show positive changes in key areas, including improved family relationships and increased knowledge on substances and improved lifestyle choices. For intensive whole family provision, in the reporting year, 45 families and 84 children were supported. Outcomes for families showed improvement, including positive improvement in safety and risk factors for families, leading to a safer and more stable environment.
20 years Scottish Families Affected by Alcohol & Drugs	SFAD	134 individuals engaged with this service through a variety of one to one's and group work. 103 of those involved in the service left feeling better educated about substance use. Family members had other positive outcomes from their engagement with SFAD, including better physical, emotional, and mental health and 10% of family members were trained in THN.

Locality Planning: One Stop Shop Updates

The Fife ADP support team have strong links within the Localities and Communities team, and have a representative at each group to advise around any issues regarding drugs, and/or alcohol. This not only benefits the localities with access to rapid responses, but also provides Fife ADP with vital local knowledge which, across a rural, widespread local authority, is crucial in ensuring that services and supports are targeted appropriately.

KY Clubs have continued to grow in their impact on the local communities with the vast range of supports that they offer. The groups continue to work with Community Managers, Fife ADP services, GP cluster leads, welfare support, housing services, advocacy and family support services, people with lived experience and other community and locality-based staff to help each of them become established. There are now three KY Clubs operating:

- **KY4/5** - *The total number of attendees during the period Apr 2024/Mar 2025 was 605. The weekly average number of people attending was 13.*
- **KY8** - *The total number of attendees during the period was 1,316. The weekly average number of people attending was 25.*
- **KY2** - *The total number of attendees during the period Apr 2024/Mar 2025 was 941. The weekly average number of people attending was 13.*

Of these Clubs, **62 new individuals** have accessed MAT. This is broken down across the Clubs as follows:

- **KY2 - 24**
- **KY4/5 - 10**
- **KY8 - 14**
- **KY Women - 14**

Clubs are performing well, though, a potential new premises for KY4 is being sought as the hours of access at the Maxwell Centre are morning only, and hence, this can be a barrier to service users accessing the service. Rapid Access Clinics are really drawing in new service users, who tend to engage with Clubs once they have attended Clinics. All Clubs offer external services, i.e. wound nurses, With You staff, welfare workers, NHS Fife Addiction Services, NHS Fife BBV/SH team, NHS Fife Tissue Viability team and Compass Social Work service, who also attend regularly to offer their service to people who need to be seen in their communities. At the One Stop Shops, service users can find support for those ready to access treatment and triages can be conducted in a private room with same day access to treatment. Other supports include:

- **Hot food and supplies of food and other items.**
- **Social activities and contact, reducing isolation.**
- **THN training and supply of kits and other harm reduction support.**
- **Access to NHS Fife Addiction Services on site.**
- **Fife based recovery services.**
- **Same day prescribing (MAT Standards 1, 2, and 3) also available.**
- **BBV testing.**
- **Onsite mental health support.**
- **Individual and family support.**
- **Housing support.**
- **Welfare checks.**

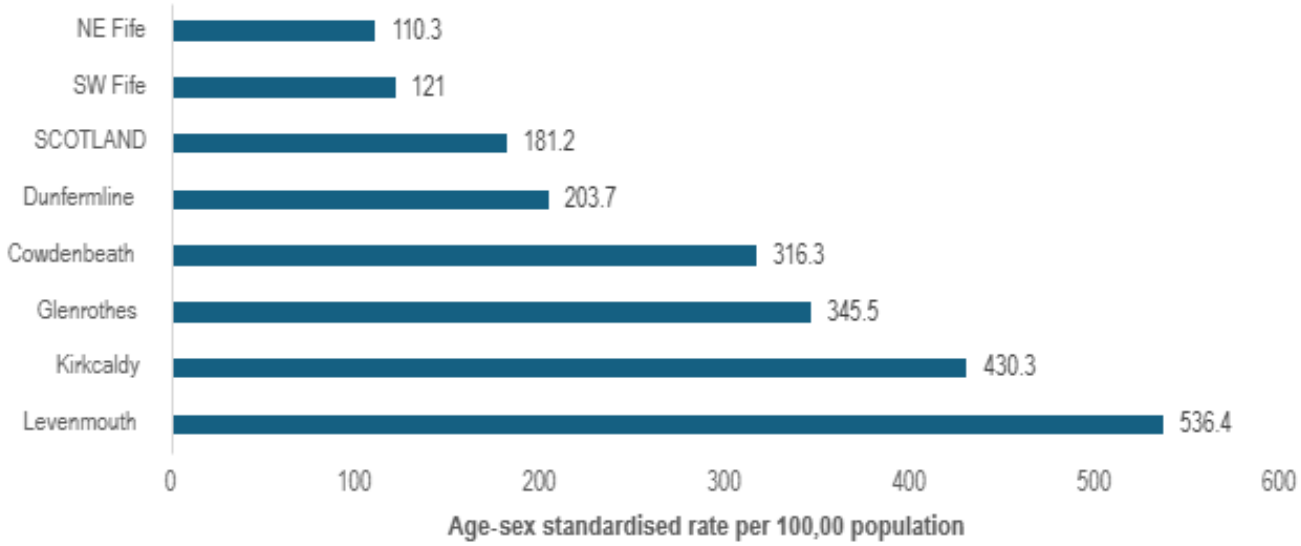
National and Local Response: Context and Performance

"Drug related hospital admissions are defined as general acute inpatient and day case stays with diagnosis of drug use in any position."*

Drug related hospital admissions in Fife: These are measured by a three year rolling average number and then age-sex standardised per 100,000 population. The official 2024/2025 figures have yet to be published, however, Fife rates over the 2021/2022 - 2023/2024 period were 291.

Drug related hospital stays have continued on the same trajectory and, as such, have increased again. It has been consistently higher than the Scottish average, with increasing harms related to opioid hospital admissions. As well as this, overdose related stays are higher in Fife than in Scotland in the last six years. The Levenmouth locality has the highest rate of drug related stays than any other locality.

Drug-related general acute/psychiatric combined stay rates1 by Fife Locality (Scotland; 2023/2024*)



1 **Uses European Standard Population 2013 and National Records of Scotland 2023 mid-year population estimates.**
***Provisional**

**Terminology updated from "misuse" to use, in the avoidance of using stigmatising language.*

Active Communities

Active Communities and Fife ADP worked together to arrange outdoor activity sessions for individuals in recovery. This was started with the intention of increasing the confidence of those in recovery so they will be able to attend other outdoor activity events in Fife. By integrating those in recovery with local groups in Fife, it will help to reduce the stigma associated with individuals in recovery from alcohol and/or drugs and prove that people can take part in activity and enjoy opportunities in their community, even if they have not yet become abstinent from substances.

Active Communities look to achieve the following outcomes for everyone in Fife through their work with Fife ADP:

- Encouraging and enabling the inactive to be more active
- Encouraging and enabling the active to stay active throughout life
- Developing physical confidence and competence form the earliest age
- Improving our active infrastructure – people and places
- Supporting wellbeing and resilience in communities through physical activity and sport
- Improving opportunities to participate, progress and achieve in sport
- Help to reduce the stigma associated with individuals in recovery

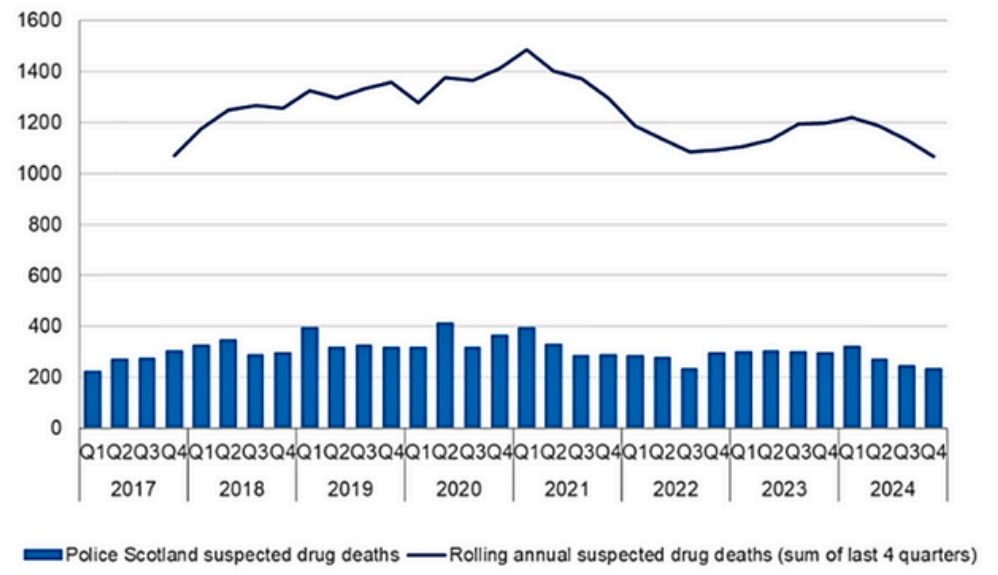


'Fife ADP recognise the right for everyone to define their own recovery and will collaborate with other partnerships to make this possible.'

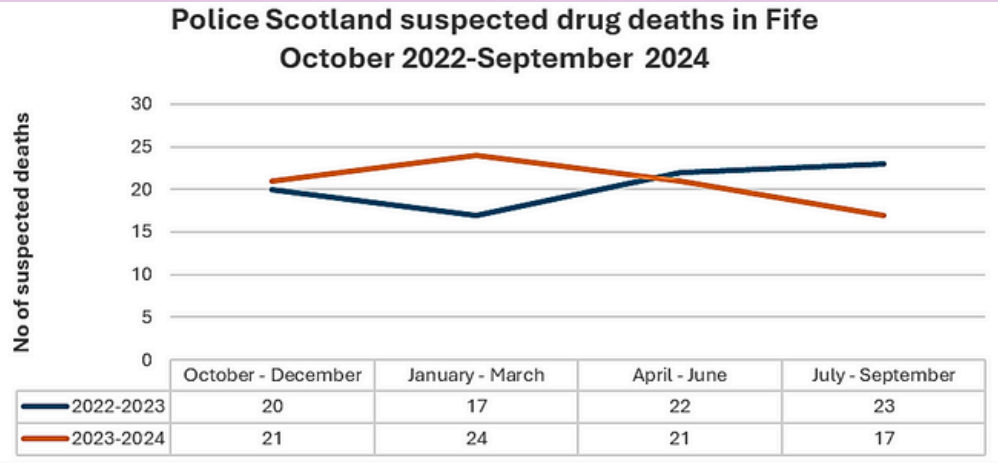
Drug Related Deaths in Fife

The official 2024 DRD figures for Scotland have yet to be published by the NRS, however, the following is being reported on the suspected DRD data gathered by Police Scotland. It provides an indication of current trends in suspected drug deaths in Scotland. This data is sourced from management information from Police Scotland, who compile figures on the basis of reports from Police officers attending scenes of death. Classification as a suspected drug death is based on an officer's observations and initial enquiries at the scene of death. Police Scotland suspected drug deaths correlate very closely with the official NRS drug death statistics:

- **Drug death rates in Scotland overall have reduced from 1,197 in 2023 to 1,065 in 2024.**
- **The Police Scotland suspected drug deaths report showed 1,092 deaths in 2022 and 1,197 suspected deaths in 2023 in Scotland overall, a 10% increase, however, 2024 saw a decrease to below the figures from the previous 2 years with 1,065 suspected DRDs, an 11% decrease on 2023.**
- **Fife figures from the Police report showed 83 suspected DRDs in 2023 and 89 DRDs in 2024.**



Number of Police Scotland suspected drug deaths by quarter and year, Scotland, January 2017 – December 2024



	October - December	January - March	April - June	July - September
2022-2023	20	17	22	23
2023-2024	21	24	21	17

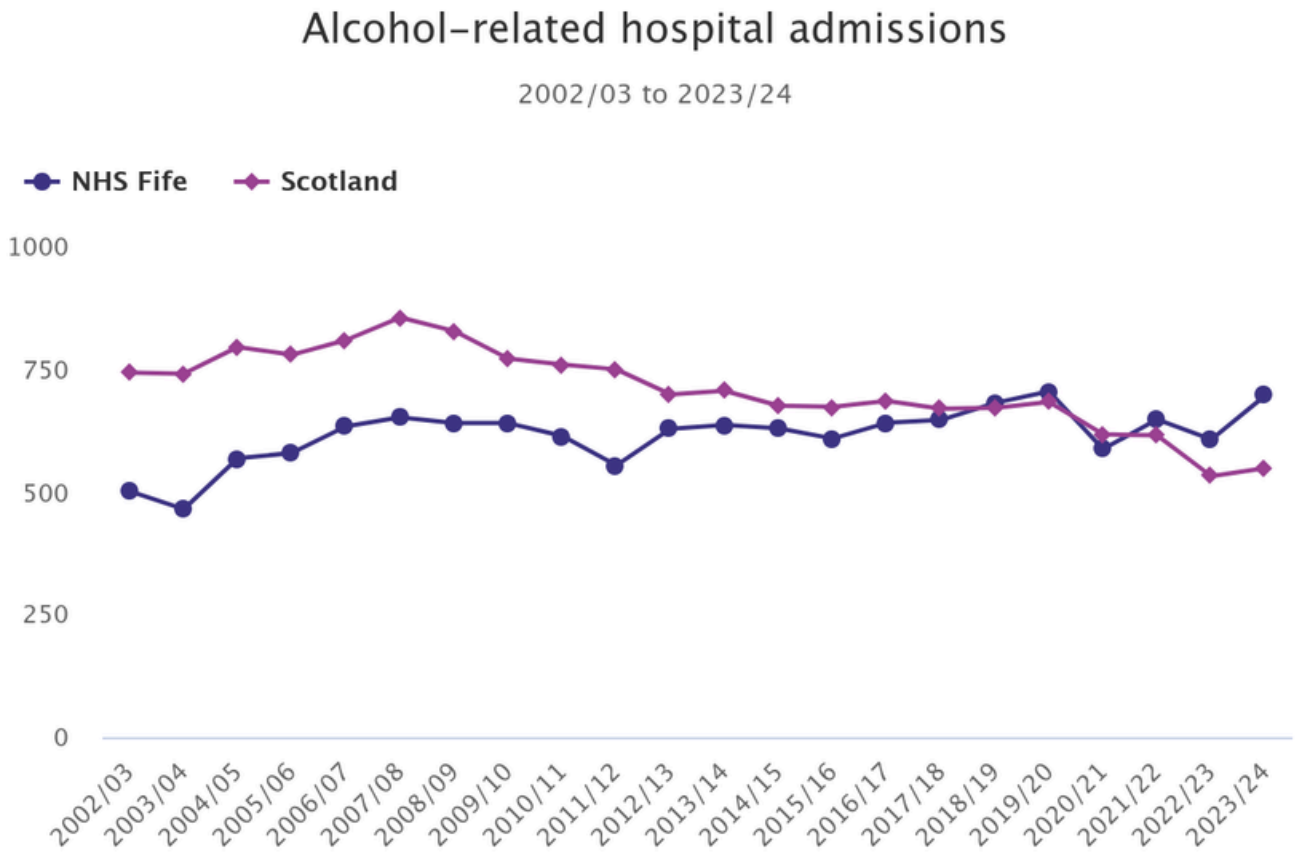
The above graph shows the suspected DRDs in Fife for October 2022 - September 2024 based on each reporting period. The Police total in Fife for October 2022/September 2023 was 82 and for October 2023/September 2024 it was 83, a 1% increase, although it should be noted that this is an estimation and not the official figures reported by NRS.

Alcohol Related Hospital Admissions

Fife has had an increase in **wholly attributable**** alcohol hospital stays from 606.8 per 100,000 population in 2022/2023 to 696.7 per 100,000 population in 2023/2024. Overall, in Scotland, there was also an increase per 100,000 of the population, but this was a far less sharp increase. For Scotland, the rate in 2022/2023 was 532.0, which increased to 548.5 in 2023/2024.

As a percentage increase, that comes in as circa 3% whereas the percentage in Fife equates to circa 15%. That's an increase at five times the rate of the national figure for Scotland. It is essential that this is a priority focus for Fife ADP throughout the subsequent years, in order to see a difference.

Recent work to address this includes, alcohol mapping across Fife to identify target areas and establish effective pathways for people to access support. There is also a Primary Care pilot, linking in NHS Fife Addiction Services support directly into a GP Practice for early intervention and dedicated support and working collaboratively with the NHS Fife Addiction Services to define an alcohol pathway, a streamline access to support for those that need it most.

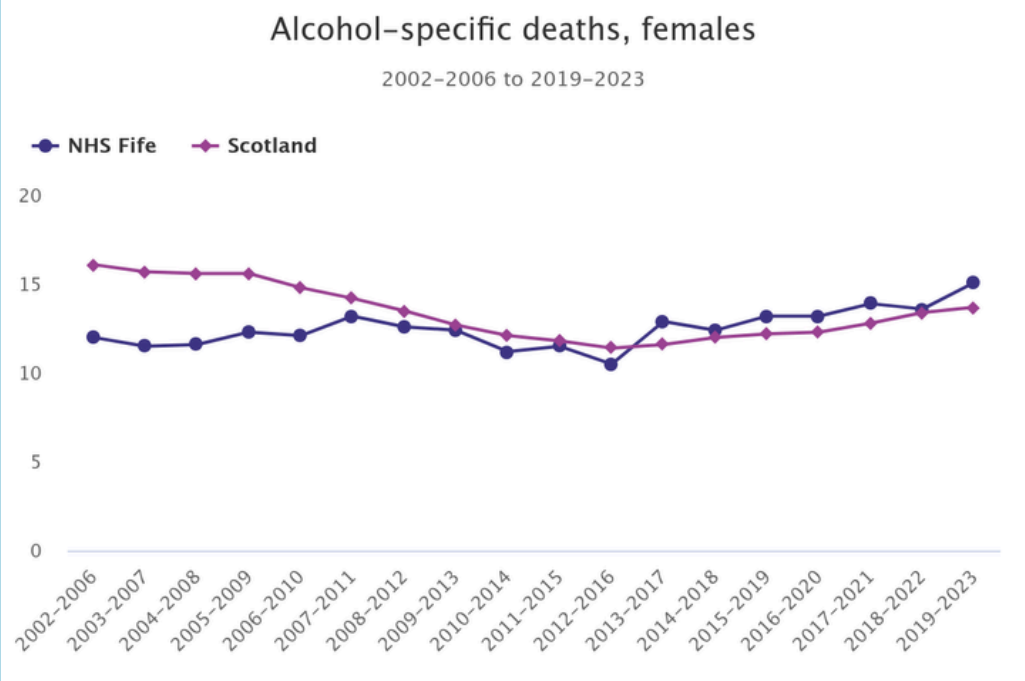


Fife wholly attributable alcohol hospital stays, compared to Scotland by European Age-Sex Standardised Rate per 100,000

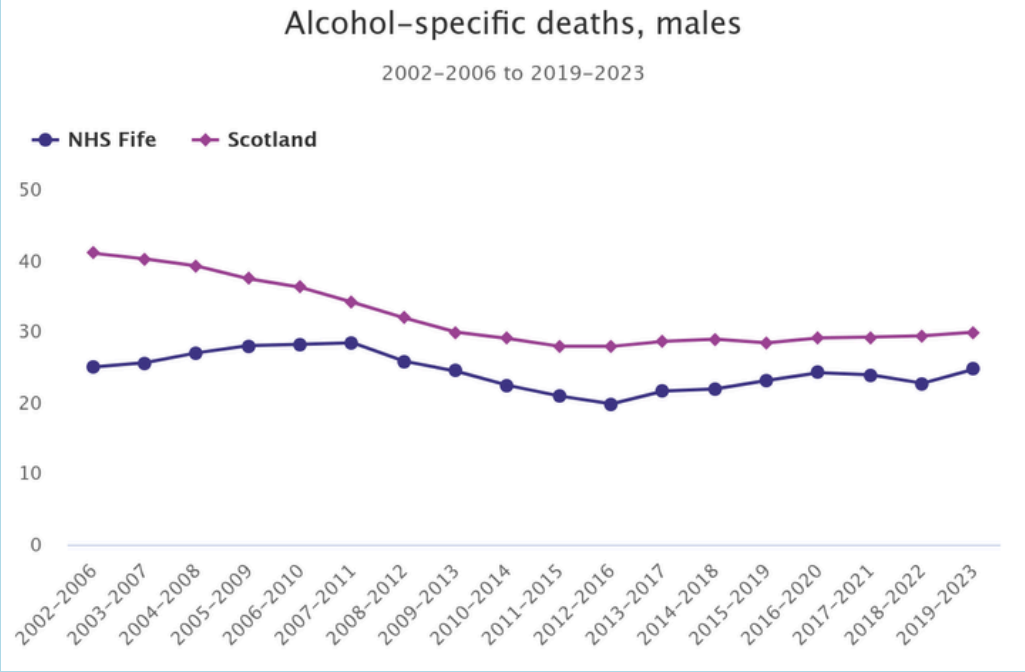
****Wholly attributable is defined as health conditions where each death is a direct consequence of alcohol use.**

Alcohol Specific Deaths

Alcohol specific deaths in Fife, on the whole, have been lower than the Scottish average. The number of women dying from alcohol specific deaths is higher however, than the Scottish average and continuing to track above it.



The number of men dying from alcohol specific deaths continues to be marginally lower than the Scottish average:



As mentioned before, Fife ADP have been definitive in taking action to prevent drug and alcohol deaths. Processes have been reviewed and put in place, including:

- Addressing Alcohol Harms & Deaths group
- **Multi-Agency Prevention of Drug Deaths group**
- YP drug harm awareness campaign
- **Drug Harm Assessment Group**
- NFO review group

Next Steps for 2025/2026

The strategy delivery plan has been updated for the second year of the ambitious three year Strategy for 2024 - 2027. There has been a reprioritisation of themes, significant changes to the original plan and a renewed focus on the areas that require it most in Fife. These are already in development, as detailed in the strategy delivery plan and some key areas are:

- **"Review and learn from previous processes for reviewing drug related deaths to achieve a robust, preventative and up-to-date action plan with real time data and impact."**
- **"Increase access to and aftercare/support from Residential Rehabilitation."**
- **"Develop integrated and coordinated models of shared care and support between Fife ADP services and mental health and Fife ADP Services Primary Care for people affected by alcohol and drug use."**

The other priorities going on in tandem with this are also very focused on areas where gaps have been identified through reviewing pathways, localities within Fife and workshopping with all related services to understand current and local needs. For example, more work is under waywith:



- **Whole system approach**



- **Early intervention with young people**



- **Support for the children and families of people using substances**

The residential rehabilitation service will continue on its continuous improvement approach in partnership with Fife ADP support team to continue providing positive outcomes but to also reach priority groups and identify pathways and partnerships to increase the reach of this type of support.

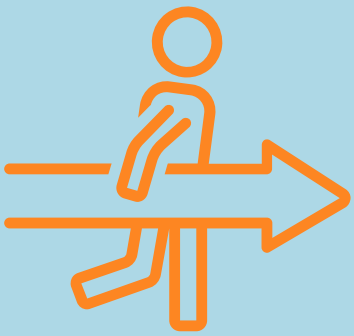
A focus will continue to be on alcohol related harm and deaths and the complexities of reporting around those as well as the contributing factors involved. As now outlined in the delivery plan, the Addressing Alcohol Specific Death Group has formed an implementation group to support wider organisations in utilising the data collated and the overarching themes from their findings. The six priorities have been broken down into smaller tasks/actions to be implemented.

The two test of Change Housing Projects, funded through the 'Ending Homelessness Together Fund', have been given further funding to extend the projects by a further full year. The hospital navigator service (now known as ASIST) is now based within the hospital environment and is operating extended hours in order to engage with as many people as possible that are presenting with potential housing issues and in all cases, substance use issues.

The Dedicated Addictions Worker posts continue to operate flexibly and provide a range of support including, directly to housing support service users, providing training within the housing sector to upskill staff teams for quicker signposting and early interventions. The flexibility of this role also allows them to support other teams, respond quickly to urgent needs and support knowledge and information sharing to guide services to all of the drug and alcohol services available to provide specialist support.

Much has already been done to engage with and ensure that there is participation from individuals with lived or living experience within the strategic planning and policy work of Fife ADP. A dedicated worker has been commissioned through the Scottish Recovery Consortium to ensure that people and their families are fully supported to co-produce, collaborate and are offered development opportunities on a volunteer basis. Due to staffing changes, it is essential that the new worker is employed and integrated into the post as quickly as possible.

The aim is to ensure all Fife ADP subgroups are collaborating directly with people with lived and living experience and the voice of lived and living experience is present across the HSCP and other universal service provision where their voice can benefit service improvements, strategic planning and policy development. It is vital that they give input and insight into the changes employed through MAT Standards subgroups with special attention paid to their assessment of services using the Trauma Informed Lens tool.



Moving forward it is essential that Fife ADP continue to implement its strategy and focus on the key areas in order to prevent, intervene early, provide quality in treatment and support to all the people of Fife. The continued implementation of the MAT Standards will be a critical focus for Fife ADP and nationally as we continue to embed the standards within Fife ADP services but also mainstream the approach in universal provision where people with alcohol and drug problems struggle to engage. A complete system approach to the MAT Standards is required in Primary Care, Mental Health, Housing and Welfare and Advocacy Services.

Fife ADP will continue to strive to enable all the people of Fife affected by drug and alcohol use to live healthy, safe, satisfying lives free from stigma.

Further Information

01 Fife ADP Strategy 2024 – 2027: ADP-Strategy-24-27-07.05.24.pdf

02 Charter of Rights for People Affected by Substance Use 2024: Charter of Rights

03 Fife ADP Drug Related Death Report 2023: Drug Related Deaths Report 2023

04 National Drug Mission Priorities Plan 2022 – 2026: National Drugs Mission Plan: 2022-2026 (www.gov.scot)

05 Medication Assisted Treatment Standards 2021: Medication Assisted Treatment (MAT) standards: access, choice, support (www.gov.scot)

06 Rights Respect and Recovery 2018 - Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot)

07 Alcohol Framework Preventing Harm 2018: Alcohol Framework 2018 (www.gov.scot)

08 Fife ADP Getting Help: Getting Help | Fife ADP

Glossary of Terms

AASDG – Addressing Alcohol Specific Death Group, a subgroup of the ADP

ABI – Alcohol Brief Intervention, a short, structured screening and intervention delivered to people at risk of alcohol related harm

ADP – Alcohol and Drug Partnership

APTS – Addiction Psychology Therapy Service, an NHS Fife Psychology Service

ARBD - Alcohol Related Brain Damage

Compass - ADP funded Social Work Team

DAISY – Drug and Alcohol Information System, a national database for recording waiting times for treatment for Tier 3 services.

DAPL – Drug and Alcohol Psychotherapies Limited

DBI – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm

FIRST – Fife Intensive Rehabilitation Substance use Team.

JCG – Joint Commissioning Group, a subgroup of the ADP

LEP – Lived Experience Panel, a subgroup of the ADP.

MAT – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.

MDDRG – Multi-agency Drug Death Review Group, a subgroup of the ADP

OST/ORT – Opiate Substitute Therapy or Opiate Replacement Therapy

RADAR – Rapid Action Drug Alerts and Response, Public Health Scotland Team

SACRO – Scottish Association for the Care and Resettlement of Offenders

SFAD – Scottish Families Affected by Alcohol and Drugs

SLA - Service Level Agreement

THN – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.

UNCRC – United Nations Convention on the Rights of the Child

WY – With You, an ADP harm reduction service

Prevention, Protection, Early Intervention, Treatment & Recovery for all.

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Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- National monitoring of the National Mission to reduce drug deaths and improve lives;
- The work of the ongoing evaluation of the Nation Mission, including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as Official Statistics in the autumn. The publication reporting on the 2023/24 ADP survey is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an ‘x’. [single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- X Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

X Alcohol death review group

X Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

Chief Officers for Public Protection have received information on drug related deaths where there was a cluster of deaths within the year. A regular reporting mechanism and schedule is in development currently.

Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

The Multidisciplinary Drug Death Review Group (MDDRG) was a Public Health surveillance meeting which reviewed all suspected deaths in Fife. The group went through an extensive two part review and has been replaced by a new co-led group alongside ADP comissioned NHS Addictions Services. The new group, Multi Agency Prevention of Drug Deaths Group (MAPODD), will review all deaths where learning has been identified after a rigorous set of criteria has been applied to the circumstances leading to and directly contributing to the death. To complement this work, there is a combined action plan shared across the ADP, Addictions Services and Public Health to drive forward and implement changes based on the learnings from MAPODD.

A formal SoP has been written to support the emerging drug alert protocol implementation and use. A real life run through was undertaken for the next drug alert that required action and further refinements were agreed based on feedback from the action group. The group have also convened DHAGs to assess the growing situation. DHAGs are now a regular monthly meeting to ensure that surveillance is carried out across the region, with input across many sectors.

Fife ADP has also now formed a weekly Non-fatal Overdose (NFO) review group to support the commissioned NFO Team and identify any higher risk cases (e.g. those that have had multiple NFO admissions over a short period of time). This also enables the tracking of any drug trends that are posing a higher than usual level of concern.

The Fife Addressing Alcohol Specific Death Group continues to meet in response to higher than average levels of alcohol deaths in Fife. The group has moved forward with a plan of recommendations based on the research it carried out and supported. The recommendations have been RAG rated to focus on the most urgent/impactful as a priority.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ? Mark with an 'x'.
[single option]

X Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

There have been revisions made as Fife ADP looks for a more preventative approach across all of the priorities. Some of these are:
Ad-hoc DHAGs: to discuss emerging substances/trends/harms/side effects.
Targeted Alerts: for specific groupings/demographics that become apparent through analysing all related events. We then target any alerts/communications to the groups most at risk.
NFO Analysis: tracking these on a weekly basis.
RADAR Reporting: to highlight significant events nationally.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).
[open text – maximum 1000 characters]

The team consists of 2 Policy Officers, who maintain weekly contact with each of the commissioned services allocated to their portfolios, which is key to maintaining open lines of communication. This provides a crucial advisory level support to

services and can provide opportunity for early intervention in any issues that may arise.

Policy officers conduct trauma informed walkthroughs with services working alongside them in an advisory capacity.

Surveys are also used to gather feedback on a number of areas and the ADP finds this incredibly useful in identifying priorities and areas that we can enhance through this valuable feedback.

We have also now firmed up our reporting requirements through issuing formal templates to ensure that all the data that we require is gathered for analysis and assessment.

Finally, we also have the DAISy system in place for services to use as a case management tool.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.70
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).
[open text – maximum 500 characters]

N/A

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'
[multiple choice]

Training and awareness

X Promotion of information and support initiatives

X Provision of training on issues including trauma awareness and crisis management

X Other (please specify): Restoratative support and supervision with a clinical psychologist.

Workplace support

X Flexible working

X Implementation of risk assessment for work at home and in the workplace

Inclusive workplace initiatives (including staff networks and wellbeing champions)

[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

X Provision of occupation health services

Staff recognition schemes

Use of disability passports

X Workload management

X Other (please specify): Weekly catch ups to discuss capacity or any issues encountered.

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

X Provision of counselling for staff and volunteers

Other (please specify):

Wellbeing activities

X Drug and/or alcohol death reflective sessions

Peer support groups

X Provision of mindfulness courses/learning materials

Social and physical activities

Other (please specify):

Engagement

Participation in local Clinical Care Governance Meetings

X Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

Other (please specify):

Other initiatives which don’t fit in these categories (please specify):

Cross cutting priorities: Lived and Living Experience

Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an ‘x’.
[multiple choice]

X Engagement with recovery communities

X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify):

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an ‘x’.
[multiple choice]

X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services

X People who are not employed at the ADP or at drug and/or alcohol services

X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)

People who are currently accessing treatment or support for problem **alcohol** use

People with living experience of drug and/or alcohol use who are not currently receiving treatment or support

People who are experiencing homelessness

X Women

X Young people

Other (please specify):

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an ‘x’.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an ‘x’.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an ‘x’.
[multiple choice]

X Asked about in reporting

X Stipulated in our contracts

None

X Other (please specify): Surveys to establish requirements around service delivery.

Cross cutting priorities: Stigma Reduction

Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an ‘x’.
[multiple choice]

X ADP strategy, delivery and/or action plan

X Alcohol deaths and harms prevention action plan

X Communication strategy

Community action plan

X Drug deaths and harms prevention action plan

X MAT standards delivery plan

X Service development, improvement and/or delivery plan

None

X Other (please specify): Stigma and its impact on access, engagement, experience and retention of people affected by alcohol and drug use is considered and mitigated at a strategic/policy level and through strategic alliances with other partners. Fife ADP Strategy 2024-27 vision is "To enable all the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma".

Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

We have a three level approach to reduce the impact of stigma within services, strategy and policy development and to contribute to a reduction within the general public. This work involves contributing to and approving literature use, working cross partnership to influence the approach and delivery of universal service delivery, building the lived experience approach with the ADP repesenting this care group in development of all work. A National Collaborative consultation event was conducted in partnership with Scottish Recovery Consortium and used to hold a Human Rights Duty Bearer event across services which started work on meeting the standards for people affected by alcohol and drug use.

Some more examples are:

Activity Communities and Fife ADP worked together to arrange outdoor activity sessions for individuals in recovery. This was started with the intention of increasing the confidence of those in recovery so they will be able to attend other outdoor activity events in Fife. By integrating those with recovery in local groups in Fife, it will help to reduce the stigma associated with individuals in recovery from alcohol and/or drugs.

A formal Take Home Naloxone Training Programme continues across Fife. Overdose training was provided to members of the public through informal 'pop-ups'

as well as working with the local comunities to have naloxone available in shops. Some Fife Council staff and external services have also been trained.

Fife holds a week long event on the run up to International Overdose Awareness Day where families, staff and members of the public are encouraged to join.

An ADP commissioned advocacy service tackles stigma by supporting the individual and collective voice of LE which is essential in directing the ADP.

Community work in Dunfermline: awareness training to reduce stigma, this is to be rolled out across Fife.

A new Communication Strategy was launched in response to engagement sessions with family members and with the LEP.

Fewer people develop problem substance use

Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an ‘x’. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			X
People from minority ethnic groups			X
People from religious groups			X
People who are experiencing homelessness			X
People who are LGBTQI+			X
People who are pregnant or peri-natal			X
People who engage in transactional sex			X
People who have been involved in the justice system			X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties			X
Veterans			X
Women			X
None of the above			
Other (please specify			

Question 15

Which of the following education or prevention activities were funded or supported[2] by the ADP?[3] Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials			
Mental wellbeing	X	X	X
Peer-led interventions	X	X	X
Physical health		X	X
Planet Youth			
Pregnancy & parenting	X	X	X
Youth activities	X	X	
Other (please specify)	Planet Youth is not available in Fife		
None			

[2] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.
[3] Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X	X	X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				X
Homelessness services	X	X		
Hospitals (incl. A&E, inpatient departments)	X			X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X			
Prison	X	X		X
Sexual health services	X	X	X	X
Women support services	X			
Young people's service	X			
None				
Other (please specify)				

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.
[Open text- maximum 2,000 characters]

MAT standards working groups continue to plan and set out measures for best practice and, ultimately, focus on harm reduction initiatives and implementing continual improvement strategies.

A campaign was launched with the goal of being direct and realistic and had input from young people to ensure that it was aimed correctly for maximum impact. The campaign takes a different approach from calling for abstinence and, instead, uses the open and honest tact of focusing on harm reduction strategies.

This has also been a big focus for the monthly DHAGs, where a big part of the work has been around issuing public alerts, looking to national programmes for harm

reduction initiatives that could be utilised or replicated within Fife and also using the intel gathered within the meetings to respond in a targeted way to reduce risks for those most at risk within Fife.

Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

X Drug checking

X Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

X Heroin Assisted Treatment

X Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

Provision of foil

Safe supply of substances

Safer drug consumption facility

Safer inhalation pipe provision

Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).
[open text – maximum 500 characters]

The harm reduction service has noted a continuation in crack cocaine use being the most prevalent substance in Fife. The use of safer inhalation pipe provision is needed, with one of our commissioned services trying to gain support to implement this. Use of nitazene and xylazine strips continues in Fife to raise awareness of instability in the market. It is difficult to gather data from this intiative about the illicit drug supply. Services remain consistant with sending samples to WEDINOS.

Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.
[single option]

X Yes

No

Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.
[single option]

X Yes

No

Unsure

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)		X
Housing services		
Mental health services		
Police Scotland		X
Primary care		
Prison		X
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services		
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

Further workforce training required

High staff turnover

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

Lack of staff to support out of hours or extended core business hours

X Workforce capacity

None

Other (please specify):

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify):

Operational level

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

X Activities to support implementation of MAT standards

Other (please specify):

Service level

Funded or supported:

X Navigators for people in the justice system who use drugs

X Services for people transitioning out of custody

X Services in police custody suites

X Services in prisons or young offenders' institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify):

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators	X	X			X
Alcohol interventions	X	X			X
Drug and alcohol use and treatment needs screening	X	X			X
Harm reduction inc. naloxone	X	X		X	X
Health education & life skills	X				X
Medically supervised detoxification	X				X
Opioid Substitution Therapy	X				X
Psychosocial and mental health based interventions	X	X			X
Psychological and mental health screening	X	X	X	X	X
Recovery (e.g. café, community)	X			X	X
Referrals to drug and alcohol treatment services	X	X		X	X
Staff training	X	X			X
None					
Other (please specify)					

[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23
What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an ‘x’.
[multiple choice]

X Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

Lack of specific pathways for people who are involved in the justice system

X Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

None

Other (please specify):

Question 24
What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an ‘x’.
[multiple choice]

Mainstream residential rehabilitation services (i.e. those who are open to anyone)

Mainstream residential services other than rehabilitation (e.g. recovery housing)

Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

Mainstream stabilisation/crisis services

X Other (please specify): No residential services available in Fife

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an ‘x’.
[multiple choice]

Yes, for alcohol

X Yes, for drugs

No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.
[multiple choice]

	Alcohol testing	Drugs testing
Private provider		
NHS addiction services		X
Other local provider (please specify)	CJ Social Work	CJ Social Work
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	Alcohol testing	Drugs testing
Handheld devices		
Spit tests	X	X
Urine tests		
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

- X Alcohol hospital liaison
- X Arrangements for the delivery of alcohol brief interventions in all priority settings
- X Arrangement of the delivery of alcohol brief interventions in non-priority settings
- X Fibro scanning
- Pathways for early detection of alcohol-related liver disease
- None
- Other (please specify):

Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

- X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- X Alcohol hospital liaison
- X Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
- X Community-based alcohol detox (including at-home)
- X In-patient alcohol detox
- X Pathways into mental health treatment
- X Psychosocial counselling
- X Residential rehabilitation
- None
- Other (please specify):

Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

- Availability of aftercare
- X Availability of detox services
- Availability of stabilisation/crisis services
- Challenges accessing additional sources of funding
- Current models are not working
- X Difficulty identifying all those who will benefit
- Further workforce training required
- Geographic distance
- Insufficient base funding
- Insufficient staff
- Lack of awareness of residential rehabilitation among potential clients
- Lack of awareness of residential rehabilitation amongst referrers
- Lack of bed capacity within ADP area
- Lack of specialist providers
- X Lack of transportation to travel to available capacity
- X Scope to further improve/refine your own pathways
- Variation in prices from different providers
- Waiting times
- None
- Other (please specify):

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

Fife ADP are working with the Lived Experience Panel (LEP) to identify recommendations that can be taken forward from the HIS report on Residential Rehabilitation. A group is being formed of partner organisations who can influence change within residential rehabilitation. The priorities will be decided by the group including representation from the LEP, but will include work on pathways and other barriers to residential rehabilitation and making assessment tools more transparent and used by all.

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an ‘x’.
[single option]

- No revisions or updates made in 2024/25

X Yes - Revised or updated in 2024/25 and this has been published

Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

The new pathway for prison to Residential Rehabilition has been established over the last two years.This ensures that preparatory work is completed and a planned move is in place for release. A working group was established to support this work and ensure that those leaving prison have support immediately upon liberation.

Question 30
Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an ‘x’.
[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

X People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

None

X Other (please specify): People on high level of OST.

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.
[multiple choice]

- Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
- Availability of stabilisation/crisis services
- Burden of data collection and reporting
- Challenges engaging with GPs
- Difficulty identifying all those who will benefit
- Further workforce training is needed
- X Geographical challenges (e.g. remote, rural, etc.)
- X Insufficient funds
- Insufficient staff
- X Lack of awareness among potential clients
- Lack of capacity
- X Scope to further improve/refine your own pathways
- Waiting times
- None
- Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

Each MAT Standard Implementation subgroup continues to use a quality improvement approach to progress development of the standards based on using existing resources. The Lived Experience Panel and experiential data has informed this process and ensured we make changes that have the most impact for the service users and improve delivery. We have strenghtened partnership working and integrated teams operationally - not organisationally - in the Hospital Liaison Service and one stop shops.

Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.
[ranking]

- 2 Alcohol
- 7 Cannabis/cannabinoids
- 1 Cocaine, and other stimulants
- 4 Ketamine
- 5 Pregabalin/gabapentin

6 Street benzos

3 Polydrug use (please specify any most common combinations of drugs): Cocaine and Ketamine as well as Heroin and Crack

Other (please specify):

Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.[10]
[multiple choice]

	Up to 12 years (early years and primary)	**13-15 years (secondary S1-4)**	**16-24 years (young people)**
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			X
School outreach	X	X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

[10] Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Quality of life is improved by addressing multiple disadvantages

Question 34

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups	X	
People from religious groups	X	
People who are experiencing homelessness	X	
People who are involved in the justice system	X	
People who are LGBTQI+	X	
People who are neurodivergent	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments	X	
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	
Other (please specify)		

Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.
[single choice]

X Yes

No

35b. Please provide details.
[open text – maximum 500 characters]

MAT 9 group work continues in earnest. Currently there are complex case protocols and a care management approach. This formalises the communication and coordination of the teams supporting the small number of patients with a dual diagnosis. More work is being done on establishing and noting referral pathways to ensure access to mental health support.

Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Pathways for referral to third sector services for mental health support

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

Provision of joint appointments for those with co-occurring mental health problems and problem substance use

X Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

X Via provision of funding

Not applicable

Other (please specify):

Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported[11] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

X Provision of trauma-informed spaces/accommodation

X Presence of a working group

X Recruiting staff

X Training existing workforce

None

Other (please specify):

Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.
[single option]

X Yes

No

Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

X Yes

No

Don't know

[11] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.[12]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			X
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
First aid training			X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
School outreach	X	X	X
Social work services		X	X
Support/discussion groups		X	X
Other (please specify)			

Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

X Advocacy

X Commissioned services

X Counselling

X One to one support

X Mental health support

X Naloxone training

X Support groups

X Training

None

Other (please specify):

[12] Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

X Yes

No

Don't know

42b. Please provide details of these activities and priorities for 2024/25.
[open text – maximum 500 characters]

Commissioned Scottish Families Affected by Alcohol and Drugs (SFAD) to provide family support/network to adults affected by another's use. This is provided as drop ins, group work and one to one. Family inclusive practice training is also available for teams. A system wide approach following SFAD framework is planned. Whole family support is jointly commissioned and includes discreet and integrated support for young people too. Transitions from primary to secondary schools are a priority.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

2020/21

2021/22

2022/23

x 2023/24

2024/25

None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice[13] or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.
[multiple choice]

[13] Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

X Advice

X Advocacy

X Benefits and debt advice

X Mentoring

X Peer support

X Personal development

X Social activities

X Support for self care activities

X Support for victims of gender based violence and their families

X Youth services

None

Other (please specify):

Question 45
What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an ‘x’.
[multiple choice]

X Additional funding

X Additional resources

Advice to support setting up of lived and living experience forums/co-production methods

X Guidance at a national level

Information shared from other services

X Sharing of participation tools

X Workforce training

Analytical support (please specify any details):

Other (please specify):

Question 46
What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an ‘x’.
[multiple choice]

Asked about in their reporting

X Prerequisite for our commissioning

X Regular training provided to services

None

Other (please specify):

Question 47

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an ‘x’.
[multiple choice]

- X ADP representation on CSPP
- Co-location of services
- X Co-management of projects
- Coordinated activities
- Coordinated living and lived experience co-production approaches
- X Co-ordination around staff training
- X CSPP representation on ADP
- X Data sharing
- X Integrated planning
- X Joint interpretation of data and evidence at a strategic level
- X Joint referrals to relevant services
- X Knowledge sharing
- X Pooled funding
- X Shared and joint outcomes
- Shared assessment of local needs
- None
- Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an ‘x’ and provide details on the amount of funding which is received.
[multiple choice, numeric]

Health board: £

Local authorities: £

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £

X Other (please specify source and how much funding) Fife HSCP: £ 0.211m

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an ‘x’.
[multiple choice]

Monthly

X Quarterly

Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an ‘x’.
[multiple choice]

X IJB/IA Chief Financial Officer

X IJB/IA Chief Officer

X ADP Chair

Other (please specify):

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an ‘x’.
[single option]

Yes

No, the ADP coordinator undertakes this as part of their role

X No, finances are managed externally to the ADP

Other (please specify):

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).
[open text – maximum 500 characters]

Fife Council:

Oracle Cloud - This is where payments are sent to our Third Party Sectors, reports are run on a regular basis to monitor the spend down to detailed level, Payroll for ADP staff.
PBCS (Planning & Budgeting Cloud Services) - Finance use to budget, monitor and forecast ADP
Microsoft Excel - Reports and full reconciliation of ADP spend from both NHS and Fife Council.

NHS:
efinancials (oracle)
boxi (business objects) used for reporting
excel spreadsheet trackers.

Confirmation of sign-off

Question 51

Has your response been signed off at the following levels? Mark all that apply with an 'x'. [multiple choice]

X ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 30/07/2025

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Name:	**Fife Integration Joint Board**
Meeting Date:	**30 July 2025**
Agenda Item No:	**6.3**
Report Title:	**Home First Strategy - Community Hospitals Transformation**
Responsible Officer:	**Lynne Garvey, Director of Fife Health and Social Care Partnership**
Report Author:	**Christopher Conroy, Head of Community Care Services**

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance.

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

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

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

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

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

- IJB Development Sessions Throughout 2023
- Quality and Communities Committee – 2 November 2023
- Finance, Performance and Scrutiny Committee – 10 November 2023
- Local Partnership Forum – 10 November 2023
- Combined Committees – 15 November 2023
- Integration Joint Board – 24 March 2023
- Senior Leadership Team Huddle – 21 February 2024
- Quality & Communities Committee – 8 March 2024
- Finance Performance & Scrutiny – 12 March 2024
- Local Partnership Forum – 13 March 2024
- Executive Directors Group – 21 March 2024
- Integration Joint Board – 28 March 2024
- NHS Fife Board – January 2025
- Fife HSCP Community Hospitals Transformations Core Group – 26 May 2025
- Fife HSCP SLT – 26 May 2025
- NHS Fife Executive Leadership Team (ELT) – 5 June 2025
- NHS Fife Capital Investment Group (FCIG) – 11 June 2025
- Qualities and Communities Committee – 4 July 2025
- Finance, Performance and Scrutiny Committee – 16 July 2025
- Strategic Planning Group – 18 July 2025

3 Report Summary

3.1 Situation

The vision of Fife's Home First Strategy is that "everyone in Fife is able to live longer, healthier lives at home, or in a homely setting" which is closely aligned to the Fife Health and Social Care Partnership (HSCP) Strategic Plan outcomes.

The Community Hospitals Transformation programme is central to this Strategy and aligned to NHS Fife' Re-form, Transform and Perform (RTP) Programme. The objective of this Workstream is to redesign community hospitals across Fife creating sustainable Community Hospital, with better alignment of wards to the right clinical and rehabilitation provision, in line with patient's needs.

Under the auspices of Community Rehabilitation and Care Model the proposals to transform our community-based services and pathways to reduce our Community Hospital footprint was approved by Fife IJB in March 2024 (further details can be found in Appendix 1 of this report) and NHS Fife Board in January 2025.

This report provides detail on the plans to deliver this transformational programme and has been developed in partnership with HSCP and NHS Fife Acute Directorate, which will see a reprovision of care delivering a reduction of two wards over a two-year period by March 2026.

3.2 Background

Health and social care services in Fife, and nationally, are under increasing pressure, with the local population living longer and requiring ever-increasing levels of support.

To respond to these challenges, we need to modernise the way we deliver rehabilitation care and the way in which we use our community hospitals, so we can ensure we have a service fit for the future.

The issues within our current service model are:

- People are transferred for inpatient rehabilitation when they could be cared for in their own home quicker than they are currently
- Community hospital beds are being used for rehabilitation when there could be other options available for people in their own community to meet their needs closer to home
- Many current community beds available are not in the right place for patients or do not meet their needs
- People are being transferred to community hospitals to wait on a care home placement or to make care home choices

Based on this, the current inpatient delivery of our community rehabilitation service requires changing to become more agile and reflective of our population's needs

The transformation of the community hospitals beds is a critical part of the HSCP's wider Home First Strategy, to redesign the model for hospital / bed-based care (rehabilitation, intermediate care, and complex continuing care) to achieve the right balance between bed-based and community-based provision.

This redesign will be aligned to the NHS Fife RTP Infrastructure workstream, with the full delivery of the infrastructure requirements dictated by availability of capital funding, with priority given to Glenrothes Hospital to realise initial benefits of this transformation.

3.3 Assessment

This transformation project proposes to make changes to the way community rehabilitation and care services are delivered in Fife, aligning to the objectives of the Fife's Home First Strategy.

The project aims to re-imagine and modernise rehabilitation care in Fife to create a model fit for the future through the development of our Community Hospital configuration.

The main aim is to shift the balance from an outdated model of hospital-based rehabilitation to a community and home-based rehabilitation model, where appropriate. This will result in an increased range of options to meet people's needs.

Within Fife we have 5 Community Hospitals and 263 community beds. These are a combination of Medicine of The Elderly Consultant led beds to support rehabilitation and offer step down medical care from an Acute secondary care setting, dedicated stroke, younger adults neurological rehabilitation provision, palliative care provision and GP led beds where rehabilitation and patients awaiting guardianship can be supported.

This transformation project is aiming to deliver the following key objectives:

- People will access the right care in the right place and reduce any unnecessary delays in their care pathway
- Reduce the delay in the guardianship process to ensure timely support and decision-making for individuals
- Increase the opportunity for people to make choices for their long-term care in a more homely environment and not within a hospital setting.

The map (Appendix 2) illustrates the proposal and reflects the discussions which have taken place to date. This transformation programme includes refurbishments of Community inpatients wards and outpatient facilities within Glenrothes and Cameron Sites only, in line with patient cohort they will support.

- 24 Hour Model of care– this will support individuals home who require a level of care than traditional home care can
- Adults with Incapacity (AWI) provision– a dedicated team are overseeing the process
- Capacity in Care at Home is being increased
- Community Frailty Team developments to support frailty at home pathways, including development of non-inpatient services at Adamson Hospital
- Test the development of integrated therapy team for Supported Discharge Unit
- Expansion of Hospital@Home/virtual ward capacity from the current 40 beds to 135 over a phased approach of 18 months
- Continued development of Integrated Discharge hub, aligned to the Discharge without Delay (DwD) Collaborative Programme.

Proposed Timeline

A high-level timeline for delivery of this programme of work has been developed, with the reduction of the community Hospital bed base to commence from September 2025, to allow refurbishment works to commence October 2025.

Currently it is projected that the full realisation of the proposed model will take 12-18 months to deliver, in line with availability of capital funding. Within the delivery plans, the key milestone of reducing community hospital footprint will be realised by early 2026.

The project and associated subgroups/ short life working groups (SLWG) will report to the Home First and Community Care Services Transformations Oversight Group and onwards as appropriate, for any scrutiny, escalation of risks and approval, as required. This group is well represented by multi-professionals from across the HSCP, Acute Directorate, Third and Voluntary sectors, HR, Staff Side and Primary Care.

3.3.1 Quality / Customer Care

The case for change builds on the work that commenced in 2018 in relation to joining up care and has been informed by the voice of people telling us, through the Strategic Plan and the Home First Strategy developments, that they want care closer to home.

The model puts the person at the heart of all decisions. Care will be provided at/ or near to home, the function of the ward will best meet the needs of the person and people will be supported to make long-term care choices in a more homely environment.

This model also demonstrates a commitment to improving the overall quality of rehabilitation services, whilst keeping the six principles of good rehabilitation.

3.3.2 Workforce

- It remains the HSCP's ambition to develop a sustainable multi-professional workforce to deliver services aligned to specialist service.
- The service continues to be supported by significant expertise across the nursing, AHP and Physician Associate workforce.
- It is anticipated that staff recruitment and retention will significantly improve associated with the expertise required to support patients better aligned to new Community Hospital footprint.
- Provide opportunity to create more sustainable clinical workforce models across all Community Hospitals.
- Explore opportunity to commence Service Level Agreement (SLA) discussions regarding neuro-rehabilitation medical cover with NHS Lothian.

Staff Side and Trade Unions are actively engaged and recognised that there are opportunities to develop career pathways and enhance integrated working. All key partners are involved including Fife Council, NHS Fife, Independent and Third Sector. Any changes for staff will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing.

3.3.3 Financial Equalty

The projected capital costs for the proposed programme are approximately £780k in total, with the sequencing of the repurposing of wards planned to allow for incremental refurbishment, which may span over one finance year.

Table 1 below outlines the projected savings for financial years 2025/2026 and 2026/2027, with circa **£1m** in year savings projected for 2025/2026 and circa **£2m** full year savings for 2026/2027. These savings include investment which will be required to expand and enhance current community rehabilitation and care models. The projected delivery cost of the new model of care will be £800k for investment in rehab and care in the community over the full scope of this project, realised from the transformational work that is being progressed.

Table 1 – Ward Repurposing Savings

Ward Repurposing			
Hospital	**Ward**	**2025/2026 Savings (from September 2025)**	**2026/2027 Savings**
Glenrothes Hospital	Ward 1	£775,401.67	£1,329,260.00
Glenrothes Hospital	Ward 3	£373,447.25	£1,493,789.00
Investment		-£140,000.00	-£800,000.00
Total Savings		**£1,008,848.92**	**£2,023,049.00**

The projected capital costs for the proposed programme are approximately **£780k** in total (as per **Table 2** Below), with the sequencing of the repurposing of wards planned to allow for incremental refurbishment, which may span over financial years 2025/2026 and 2026/2027.

Table 2 – Wards refurbishments projected costs

Activity	Description	Cost (M)	Duration	Dependency
1	Refurbish Glenrothes Hospital – Ward 1	£0.29	6 months	Ward 1 Closure
2	Refurbish Glenrothes Hospital – Ward 2	£0.29	6 months	Activity 1
3	Refurbishment of Cameron Balcurvie Ward	£0.1	4 months	Activity 2
4	Refurbishment of Letham Ward	£0.1	4 months	Activity 3
	Total	**£0.78**		

3.3.4 Risk / Legal / Management

- Without appropriate medical cover to provide specialist expertise and Resident Medical Officer (RMO) cover to Sir George Sharp Unit (SGSU), the Partnership will be unable to provide in-patient care for the neuro-rehabilitation patients. There are current mitigations in place
- Delivery of objectives from Proof of Concept with 24-hour model of care
- Assurances required around SCOTCOM development on the Cameron Hospital site associated with these plans.
- A reduction in accommodation requirements at the Cameron Hospital site will help to alleviate an ongoing site infrastructure risk connected to the aging steam network.
- There is a risk that any reduction in community hospital in patient capacity will have an unintended consequence on increasing Acute surge capacity and Length of Stay (LOS) – this will be monitored through the weekly system flow group and escalated to Unscheduled care & ELT if required.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

An EQIA has been carried out for this transformation work, see Appendix 3 and summary below:

Age – Census data indicates significant growth in older age group (65 and over), whilst Fife HSCP Annual Performance report 2021 stated that by 2043 Fife's older age groups will see an increase in numbers by 30%. Enhance community provision at home or in a homely setting, extensive communication will allow people to receive the care they need reflective of their needs, not age.

Carers – It is estimated that there are around 44,000 unpaid carers and 6,500 young carers in Fife. This transformational work will ensure the recommendations from Carers Strategy for Fife 2023 -2026 are followed and that their care continues to help people to stay well at home.

Disability – The Fife population were categorised as 20.3% of respondents identified themselves as having a long-term health problem or disability, following

Health Needs Assessment. These changes will see improvements to physical make-up of our Community Hospital, with greater opportunity for improved rehabilitation within the community to give everyone the best opportunity to live independently. All changes to sites will remain assessable for disabled service-users.

Gender Reassignment – Access to health services for those who are transgender – ensuring that for example screening services continue to be provided for those who are now living as a gender other than at birth. Improvements in digital first approaches will help the patient to retain confidentiality and safety. The programme will follow the guidance from the Gender Recognition Reform Bill throughout the life of the transformation.

Marriage or Civil Partnership – Considerations must be made in regard to couples wishes i.e., those who wish to remain together or who are dependent on one another. The Community Rehabilitation approach will aim to positively support the return to familiar / homely settings where patients can feel safe, and where personal goals can be discussed and support / signposting provided.

Pregnancy and Maternity – Birth rates have been falling steadily for several years. Fewer children were born in Fife in 2020 than any other year since records began in 1855. However, Fife also has the highest rate of teen pregnancy in Scotland. The Community Hospitals Transformation project must ensure that access to services is available for pregnant and nursing people in a timely and safe manner to support the individual and their family.

Race and Ethnicity – There will be no impact in accessing interpreters with processes already in place to ensure access to these services.

Religion or Belief – Delivery of community rehabilitation in a person's home or homely setting will enable dietary requirements and religious practices to be observed, including access to spiritual care and support.

Sex – In 2021, there were more females (51.4%) than males (48.6%) living in Fife. In adults over 65 there were 36,130 males and 43,285 females living in Fife in 2021. There is no anticipated impact based on Sex with this transformation.

Sexual Orientation – LGBT+ rights must be considered in terms of their choices, experiences of care and health, access to support which is appropriate for their needs. The programme will follow the guidance from the Gender Recognition Reform Bill throughout the life of the transformation.

CRWIA – Having parents or grandparents unwell in hospital can cause significant stress and anxiety for children and young people. Enabling parents/grandparents to remain at home for treatment or have as short a stay in hospital will contribute to reduction in anxiety and stress.

Fairer Scotland Duties – This transformation will ensure the bed numbers across the localities achieve equity of service provision based on need.

3.3.6 Environmental / Climate Change

Not relevant for this report. The implications of climate change will be monitored throughout the implementation of this project.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

Briefings have been widely circulated to all staff advising them of the proposals to modernise the way we deliver rehabilitation care and the way in which we use our community hospitals, with plans for more specific plans aligned to communications plan.

A communications plan has been developed to assist in targeted and timely communication with key stakeholders throughout this transformation project.

Discussions have taken place with the Participation and Engagement Team and Health Improvement Scotland (HIS) to develop a Communication and Engagement strategy, with the intention of information the public of future developments.

4 Recommendation

- **Assurance** – IJB are asked to seek assurance that there is a clear plan to deliver the ambitions of the Community Hospital Transformation Programme in line with agreement to progress by IJB in March 2024.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 – IJB summary booklet
- Appendix 2 – Fife map with proposed reconfiguration of beds
- Appendix 3 – EQIA
- Appendix 4 – Direction to NHS Fife

6 Implications for Fife Council

Awareness of transformational change outcomes

7 Implications for NHS Fife

As per the Direction associated with this transformational work

8 Implications for Third Sector

Awareness of transformational change outcomes

9 Implications for Independent Sector

Awareness of transformational change outcomes

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

Direction To:

1	**No Direction Required**	
2	**Fife Council**	
3	**NHS Fife**	X
4	**Fife Council & NHS Fife**	

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www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Supporting the people of Fife together







Transformation:

Community Rehabilitation and Care Model

Introduction

Fife Integration Joint Board is committed to delivering the priorities and aims of Fife Health and Social Care Strategic Plan.

The actions we will take over the next two years will support the transformation of services aligned to these priorities.

Integrated community rehabilitation and care is one of our areas of transformation, which also aligns to the objectives of the Home First Strategy.

We will focus on prevention, future care planning and supported self-management which helps to keep people well at home, whilst ensuring our services continue to be safe, person-centred and inclusive.

This transformation work will deliver value-based health and care services making best use of our resources to be sustainable now and into the future.

Lynne Garvey,
Fife Health and Social Care Partnership



1. An Overview of the Current Service

We provide care to people in our communities who need to regain their health, strength and independence following a stay in hospital after being acutely unwell. The services we offer include rehabilitation in hospital and at home, intermediate care and complex continuing care.

Rehabilitation happens in a hospital when people require a more intensive approach to recovery of physical, mental and/or cognitive abilities when people have experienced illness, trauma or side effects of medical treatment. Intermediate, complex continuing care and general rehabilitation can happen at home or as an out-patient at one of our clinics and can provide both short-term and longer-term treatment and therapy.

At present if a person requires intensive rehabilitation, they will require to stay within a community hospital as this service is not currently available in the community. The highest level of rehabilitation that can be offered at home is through the Intermediate Care Team which provides a level of care and support which is less that would be required in a hospital but more than living independently at home.



2. Current Issues

We have reviewed people's care journeys and have identified that roughly one in four people currently receiving rehabilitation in a community hospital could have had their needs met at home either through home-based rehabilitation or social care support. The challenge we face is that our community services do not currently have the capacity to provide more intensive rehabilitation at home. This creates dependency on hospital-based rehabilitation when in many cases it would be better for people to receive this in their own homes, closer to their families and in the communities where they live.

We also need to improve the care journey for people who have specific needs such as delirium. Too many changes in the environment can cause confusion therefore moving people with delirium rather than straight home with support may result in poorer outcomes, longer length of stay in hospital and at an increased risk of needing long-term care.

Sometimes people will require long-term care in a residential or nursing home. Choosing where to live is an important choice and is not a decision a person should have to make when they are in a hospital. There is a need to provide people with the opportunity to make this choice that affects the rest of their life in a more homely environment.

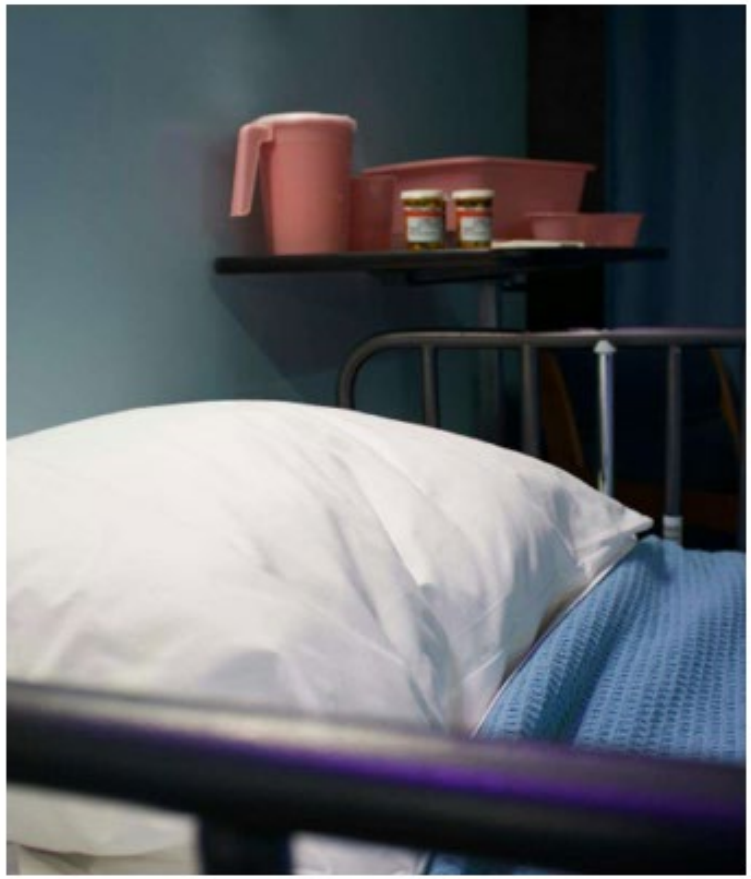
There are people presenting to the Emergency Department or admitted to the acute hospital with long term conditions such as heart failure and respiratory conditions, who could be cared for or supported to self-manage their conditions at home. We need to develop our Rehabilitation and Care Services to not only support discharge from hospital but also to help people stay well at home which gives people more choice and prevents unnecessary admissions to the acute hospital.

It is well known that we face a growing, ageing population in Fife, which in turn will increase demand for the services we provide across the whole of the health and social care sector. Projections show the number of people over age 75 will increase by 31% by 2028 and 74% by 2043. That will lead to an increase in long term health conditions too. We need to embrace different ways of working to focus on how we care and support people with issues like frailty and delirium and prevent admission to hospital.

What we know:

- People are being transferred for inpatient rehabilitation who could be cared for in their home
- Community hospital beds are being used for rehabilitation when there could be other options available for people in their community to meet their needs closer to home
- Many current community beds available are not in the right place for patients or don't meet their needs
- We need to ensure people are able to access the right care in the right place and reduce any unnecessary delays in their care pathway
- We need to reduced delay in the guardianship process to ensure timely support and decision making for individuals
- We need to increase the opportunity for people to make choices for their long-term care in a more homely environment and not within a hospital.

Overall, we know the current inpatient delivery of our community rehabilitation service needs to become more flexible for people and make better use of our resources.



3. Future Vision

We want to re-imagine and modernise rehabilitation care in Fife to create a model fit for the future.
The main aim is to shift the balance from the out-of- date model of hospital-based rehabilitation to home- based community rehabilitation, where appropriate. This means there is an increased range of options available to meet people's needs.

Going forward, the key focus will be supporting home-based rehabilitation where we have agreed with patients, their families and carers that home based rehabilitation is the right pathway for them. As well as modernising our rehabilitation care, this approach will also make sure people are getting the right care in the right place, closer to their community and home.
Of course, people who need specialist or intensive rehabilitation in a community hospital setting will still receive this level of care as will people where it is not appropriate or possible to deliver rehabilitation within their own home.

We will also review our bed numbers in each community ward to ensure we are using them in the best and most efficient way possible.

The Director of Allied Health Professions commends the new rehabilitation model as an innovative approach towards enhancing patient care and recovery.

This forward-thinking initiative demonstrates a commitment to improving the overall quality of rehabilitation services, whilst keeping the six principles of good rehabilitation (SG, June 2022) at its heart:

- Easy to access for every individual.
- Provided at the right time.
- Realistic and meaningful to the individual.
- Integrated.
- Innovative and ambitious.
- Delivered by a flexible and skilled workforce.

We will be working with colleagues in NHS Fife Estates to align community models of care proposals to site optimisation plans.

This gives us the opportunity to support NHS Fife to reduce revenue spend, consolidate our estate and provide better spaces for our patients and staff.

There will be a focus on creating centres of excellence in some community hospitals to enhance services on offer recognising our community hospitals as important and valued resources in our communities.

There are a number of risks if we do not transform our rehabilitation care.

These include:

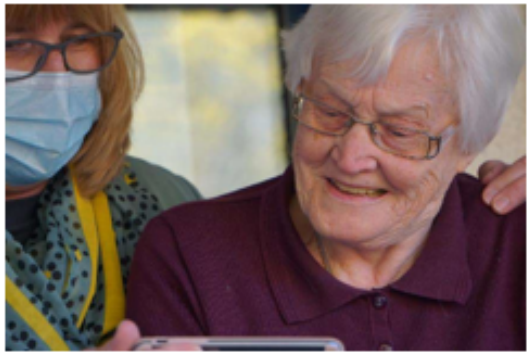
- Rehabilitation care is not delivered in the right environment or close to home for the person
- Unable to meet people's clinical needs in the way that is tailored to their individual requirements and also supports their families and carers at home
- An inefficient use of resources that does not deliver best value health care
- Reduced ability to identify and respond to the needs of people who are frail and at high risk of hospital admission to help support them to remain at home
- Reduced ability to meet the anticipated increased needs of the population in the future
- Dependency on community hospital beds when there may be more appropriate options for rehabilitation at home
- If we don't make best use of available hospital beds, they may not be available in a timely way for people requiring intensive rehabilitation in a hospital setting.



4. Making this Vision a Reality

In transforming the community rehabilitation and care services we want to:

- Develop centres of excellence, within the footprint of the existing estate, over the coming years which will enhance the depth and breadth of services on offer in, and to, communities
- Increase access to rehabilitation for people who have been acutely ill in hospital including the creation of an intense rehabilitation team to support people to receive this rehabilitation at home
- Provide the opportunity for people who are too frail to go home and will require longer term care in a care home to be able to make the choice about where they want to live in the future in a homely setting out with the hospital
- Increase access to advice from a solicitor to help patients, families and healthcare staff with guardianship to support people's rights in making personal, health and financial decision on behalf of an individual who does not have capacity to do so
- Champion enhanced support and supported self-management as alternatives to admission to an acute hospital
- We also want to continue to build on the range of projects and investments in technology and services that are already planned to expand our community services.



Integral to making this vision a reality is two initiatives that are being taken forward in line with the wider transformation work:

- For those people that can go home before moving into a care home, we have commissioned the British Red Cross, which is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home. This will allow us to offer 24-hour wraparound care so that people can choose, if appropriate, to go home for up to three weeks, following a hospital admission whilst they make informed decisions about their long-term care and where they wish to live the rest of their lives. This support from the British Red Cross will also offer reassurance to people, family members and carers.

- The expansion of the Community Rehabilitation team will allow for intensive rehabilitation to be delivered at home or in a homely setting. This will impact on reducing requirements or waits for a down stream bed, which will also positively impact on the available bed base within the Victoria Hospital, Kirkcaldy.

Fundamental to this, is the current work to integrate community services to improve and enhance access to hospital at home services across a range of pathways, alongside prevention of admission and early intervention work. This includes utilising step-up and step-down models of care, enhancing specialist nursing services (complex care, respiratory, heart failure), Hospital at Home, at home intravenous antibiotic administration, in-reach services to expedite discharges and early identification of suitable patients at the front door to prevent hospital admissions.

In addition within the Levenmouth area, work has commenced to establish a multi-disciplinary case management approach to collaborative working by creating opportunities for the partnership and partner workforce to work holistically. A Primary Care Verification sub-group has been created for the purpose of the case management verification. It is anticipated this will lay the foundation for the roll out of the case management approach across the other localities, to enable seamless pathways for patient care; raise awareness of and increase access to a variety of community-based resources that support early intervention, prevention of admission and improve wellbeing

By transforming community rehabilitation and care services there will be a range of benefits to patients, families and carers including:

- Rehabilitation care in the right environment for the person
- Ability to make decisions about long term care in the right environment for the person
- Supportive and streamlined process for guardianship
- Enhanced self-management to support early intervention and to live independently in their own homes as long as possible
- Reduced admissions to the acute hospital for people becoming ill with deteriorating chronic long-term conditions
- Modernised services which can evolve to be responsive and flexible to the growing and changing demands
- Person-centred, inclusive and sustainable services which can achieve outcomes that matter to people
- Increased multi-disciplinary team working and collaboration.



5. Making this Vision a Reality - Impact

Consideration has been given to the Equality Impact Assessment and the impact this project will have on patients, families and carers requiring community hospital or home-based rehabilitation.

Patients

- Patients and their families will be supported to make informed decisions about the most appropriate discharge/ homely setting, which will aid support and promote recovery
- Patients will be supported and encouraged to make their own choices about their recovery goals, which will be detailed in a personalised care and support plan
- Support the return to familiar/ homely settings where people can feel safe, and where personal goals can be discussed and support given

Carers

- Patient, family and carers will be fully involved to support a shared understanding to allow informed, mutually agreed decisions to be made
- Carers assessments will be core to this work to understand potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role are considered in all planning and service changes
- Considerations will be given to couples wishes i.e. those who wish to remain together or who are dependent on one another

Supporting Equality

- Ensure Fife residents have access to services no matter where they live
- People of all ages are supported to make decisions and be involved in the planning and processes for their discharge
- Advocacy and access to legal support and advice will be provided to people who need it to ensure their rights are best supported
- Access to technology to enable the use of 'digital first' approaches to help people meet everyday needs supporting their independence, confidence and safety at home

- People who require adaptations to their home to ensure it is safe and supports their rehabilitation needs will be fully integrated into discharge planning
- Where there will be impacts on the wider family, consideration will be given to ensuring children's rights and wellbeing impact assessment as well as the needs of carers and any impacts of the individuals needs and preferences

Workforce

- Staff and trade unions are actively engaged throughout the development and delivery of this project
- Throughout this project we will develop career pathways and enhance our integrated working
- All key partners including; Fife Council, NHS Fife, Independent and Third Sector are involved
- Any changes for staff will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing



6. Delivering this Transformation

This is a project which proposes to make significant changes to the way community rehabilitation and care services are delivered in Fife. The work outlined in this transformation proposal will be delivered over the next two years.

Investment will be required to expand and enhance current community rehabilitation and care models. The projected delivery cost of the new model of care will be £1m over the full scope of this project, realised from the transformational work that is being progressed. There will also be a capital/infrastructure cost which will depend on the agreed re-purpose/ centres of excellence.

The benefits that will by realised for patients, families, carers and the population have been described throughout this paper. In addition, by delivering best value and remodelling our services it will generate a cumulative total saving of £2m. This supports our triple aim of improving experience of care, improving access to health care for the population and demonstrating best value of available resources.

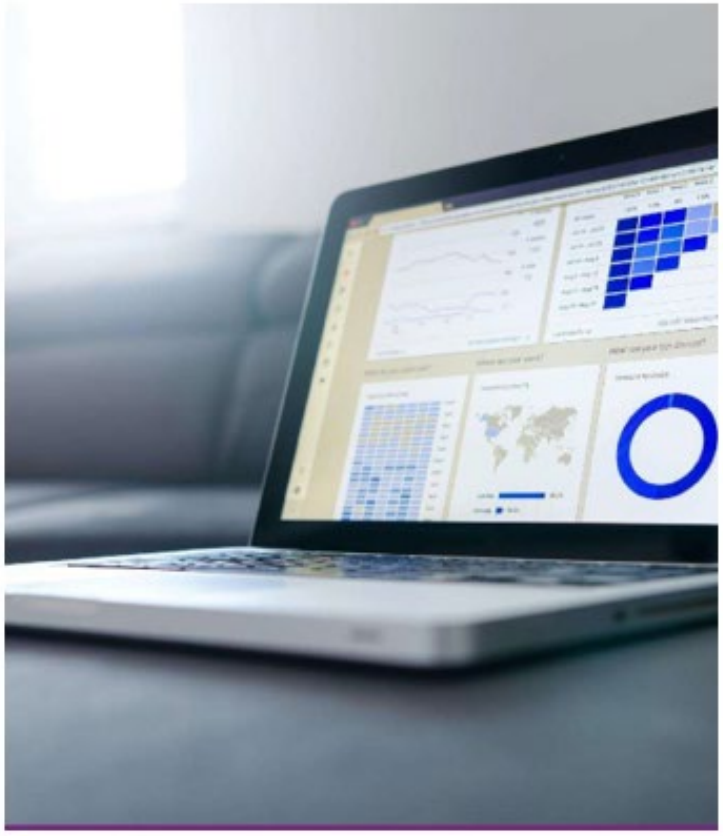


7. Risks

With any proposal or transformational change there are associated risks, this project is no different. We have a clear process in place to both identify and appropriately address the risks which include both the risks of not modernising services and the risks specific to the project. The risks related to not progressing with the transformation of Community Rehabilitation and Care Services is listed within Section 3: Future Vision.

The other risks associated with the delivery of the project include:

- Sufficient capacity to lead this change - project management support will be put in place
- Supporting people to understand the case for change - consultation planned through the next steps of this project
- Ensuring no unintended consequences - clear project structure with representation from all partners whilst ensuring we are using data to inform our planning and active engagement with patients and workforce.



8. Next Steps

We will continue to have ongoing discussion and collaboration with patients, families, carers, colleagues in NHS Fife, Fife Council, Independent and Voluntary Sectors as well as community groups in our localities to identify and understand any views or concerns people may have about this change.

We will then be able to share what people see as strengths of this model and take reasonable steps to address the feedback we receive.

At the same time, Locality Action Plans are being developed for each of the seven localities in Fife to ensure service redesign reflects the needs of the local community.



Appendix 2

COMMUNITY HOSPITALS FUTURE PROVISION

1 St Andrews Community Hospital

36 Community beds for rehabilitation and re-enablement

4 Palliative and end-of-life care beds

2 Adamson Hospital

18 Community beds for rehabilitation and re-enablement

4 Palliative and end-of-life care beds

3 Cameron Hospital

60 General community rehabilitation beds

4 Glenrothes Hospital

26 Neurological community rehabilitation beds

5 Queen Margaret Hospital

44 MOE community beds for rehabilitation and re-enablement / Step-up for general palliative care

20 Stroke rehabilitation beds

14 Complex delay beds



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

Appendix 3

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

Part 1: Background and Information

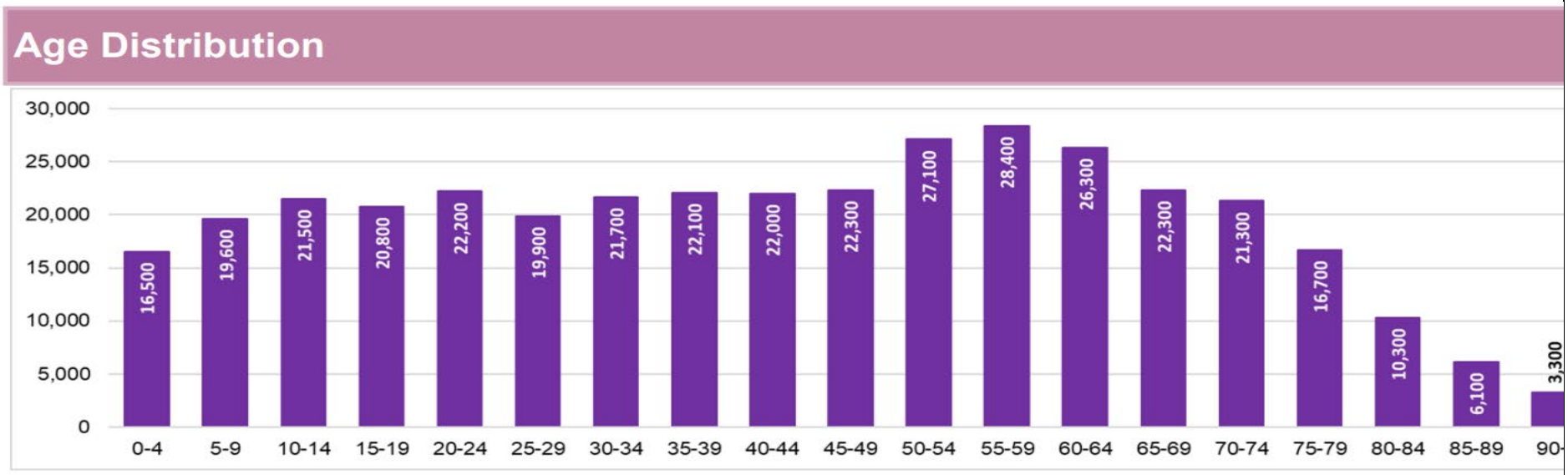
Title of proposal	**Community Hospitals Transformation - Transforming Community Rehabilitation and Care Model**
Brief description of proposal (including intended outcomes & purpose)	This EQIA relates to the Fife Health and Social Care Partnership (FHSCP) Community Hospitals Transformation - Transforming Community Rehabilitation and Care work stream which is aligned to the Infrastructure Work stream of NHS Fife's Re-Form, Transform and Perform approach and the delivery of Fife's Home First Strategy. The EQIA previously written for Home First has been used within the content of this EQIA. The aim of the Community Hospitals Transformation work stream is to redesign a model of care that: • Improves outcomes for people and is person-centred. • Responds to people's needs and respects their human rights. • Enables people to be supported and cared for at home or in a homely setting for as long as possible. • Supports integration and collaboration across the system. • Reduces unplanned admissions to Acute Care. • Reduces length of stay in acute settings for patients requiring community rehabilitation. The objectives are as follows: • Review bed numbers in each hospital community ward to ensure they are used in the best, and most efficient, way possible. • Integrate Under 65 and over 65 community hospital provision within sites with dedicated specialism. • Develop community hospitals sites with dedicated specialism at Glenrothes and Cameron hospitals within the footprint of the existing estate, to enhance the services on offer, recognising community hospitals are an important and valued resource in our communities.

- Repurpose two community hospital wards in response to the changes in the way rehabilitation will be delivered across Fife. It is recognised that Inpatient rehabilitation will continue to be be required across the whole of Fife.
- Co-design the future use of community hospitals with key stakeholders, keeping community, carer and locality needs at the centre of all decision making.
- Support the wider vision of 'right care, right place' by transforming the future provision of community inpatient bed-based care, including the provision of more care at, or near to, home, to achieve the right balance between bed-based and community-based provision of rehabilitation.

(Source: Terms Of Reference Community Hospitals Work stream Review May 2024)

DEMOGRAPHIC INFORMATION

From the most recent Scottish Census in 2022 adults over the age of 65 make up 21.6% of the population of Fife. The population age distribution is shown in the graph below:



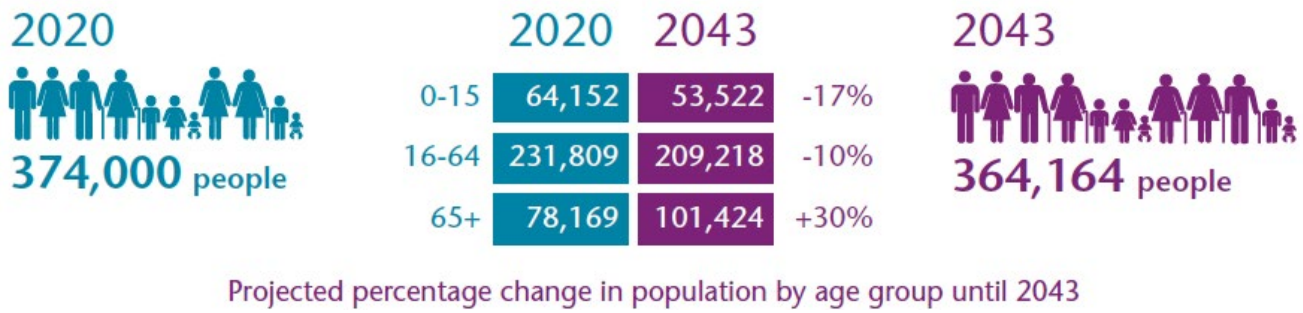
The Census data indicates some significant changes in the population age distribution since 2011:

- Children (aged 0-14) (16.5% of the population in 2011) reduced by 2,500 children to 57,600 (15.6%) in 2022.
- Working age numbers (15-64 years) also reduced over the period, from 240,000 (66%) in 2011, to 232,800 (63%) in 2022, a reduction of 8,200 working age people.

- **Older age groups (65 and over) however, saw significant growth, increasing from 64,000 (17.5%) in 2011, to 80,000 (21.6%) in 2022, an increase of 16,000 older people.**

(Source: Know Fife Briefing, Scotland's Census – First Results 15/9/23)

The Fife HSCP Annual Performance Report 2021[3] that by 2043 Fife's population is expected to decrease to 364,164. However, only younger age groups are expected to decrease, **older age groups will see an increase in numbers** (see info graph below).



Projected percentage change in population by age group until 2043

LOCAL STRATEGIC VISION AND DIRECTION

The vision of Fife's HHSCP is to "*Enable the people of Fife to live independent and healthier lives"*.

The HSCP's Strategic Plan for Fife 2023-2026 identifies a number of transformational strategies to support this vision. The Home First Strategy (September 2023) identifies what is needed within our communities to enable people to live longer healthier lives at home or in a homely setting, and to deliver this in a sustainable way. There are 2 priorities within the Home First Strategy that relate to the Community Hospitals Transformation and the transformation of Community Rehabilitation and Care:

Priority 4	We will ensure that people who present at the Victoria Hospital, Kirkcaldy (VHK) and do not need an acute admission, are redirected and supported to be cared for in the right place.
Priority 5	We will continue to build a model that utilises multi-agency Teams who can prevent admissions and support people to manage their long-term condition(s) at home.

Home First Programme
The Home First Programme is the overall delivery mechanism for the Home First Strategy and all interrelated work streams. The key desired outcome from the Home First Programme is to "*ensure that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission*".

As identified in the Home First Strategy "*The future model of community care will be an integrated model, with an emphasis on prevention, early intervention, and supported self-management. When people require hospital care, the focus will be on ensuring that people can be supported to return safely to their own home or homely setting as soon as medically fit with minimal risk of re-admission to hospital*".
It has been well researched and documented over the years as to the impact of hospital admission on the rapid de-conditioning of patients by reducing their basic activity levels due to being in bed or sitting for long periods (Walker et al, 2018).

The Community Hospitals Transformation work stream will redesign the model for hospital / bed-based care (rehabilitation, intermediate care, and complex continuing care) to achieve the right balance between bed-based and community-based provision. This will be achieved by modernising frailty and specialist rehabilitation care in Fife to address the multi-factorial reasons that some people are un-necessarily transferred to a community hospital bed / ward for their continuing care, where this could be provided more holistically via other pathways of person-centred care and support. Intermediate care, complex continuing care and general Rehabilitation can happen within the home or homely environment or as an outpatient. Where more intensive rehabilitation is required this will still take place within the community hospital setting as determined by patient need. Changing the model of rehabilitation care in Fife will lead to a reduction and re-alignment in community in-patient bed numbers and realising the right balance between bed-based and community-based provision of care.

NATIONAL STRATEGIES

The British Geriatric Society (BGS) published their Blueprint – "Joining the Dots" in Spring 2023 identifying why joined up, high quality care services are essential to improve the outcomes for older people and their carers as well as bringing benefits to organisational and multi professional/agency working. This document outlined 12 recommendations to support systems to design effective models of care which deliver value. In particular one of the recommendations is to "*Protect and preserve the right to rehabilitation for all older people who need it, in line with the principles and best practice outlined by the Community Rehabilitation Alliance"*.

Since the publication of the aforementioned document the BGS have just published a follow up report entitled "Reablement, Rehabilitation and Recovery: Everyone's Business" (May 2024) providing evidence and recommendations for developing models of care. Fife HSCP Community Services Division is acknowledged in this report due to the innovative work by the Intermediate Care Service. As noted in the report "*Rehabilitation (or recovery) is a set of interventions designed to optimise functional ability, social participation, improve health and wellbeing and reduce disability in individuals with health conditions in interaction with their environment*".

The above document concludes with the following statement which supports the need for change in Fife - "*Rehabilitation for older adults is an important 'invest to save' approach for health and care systems as it reduces the impact of acute or chronic conditions, illnesses or injuries by preventing or delaying long term disability and dependency and reducing carer burden. Optimal rehabilitation helps prevent avoidable hospital admissions or readmissions, reduces hospital length of stay, reduces the need for long-term social care at home and reduces rates of admission to long-term care facilities. It should be embedded as a core component of care at all levels of an integrated health and social care approach, and be readily accessible at home, in hospitals, in care homes, in primary care services, ambulatory care settings and in other community facilities such as leisure centres"*.

Community Rehabilitation In Patient Beds

From analysis of national performance data, NHS Fife / Fife Health & Social Care Partnership have the highest number of community occupied beds (per 100,000) across all the territorial Board areas. There is a dependency on discharging patients from acute beds to downstream community beds, and therefore it has become clear that a different model of care is required which can support a whole systems approach. The development and implementation of the Community Hospitals Transformation and transforming Community Rehabilitation and Care will have a positive direct impact by freeing up beds from Victoria Hospital, Kirkcaldy with a particular focus on supporting patients in the Victoria Hospital going directly home for rehabilitation and to make choices related to long term care.

Review of admissions (January – December 2023) to community hospital beds identifies the following reasons for admission:

Category	Number	Percentage
Rehabilitation	**730**	**57.17**
Delirium	**217**	**16.99**
Stroke	**128**	**10.02**
Assessment Bed	**46**	**3.60**
Awaiting on ongoing care arrangements	**36**	**2.81**
End Of Life	**28**	**2.19**
All other reasons	**92**	**7.20**
Total	**1277**	**100%**

Source: Fife HSCP Community Care Services Division (2024)

As noted in the Table above, delirium is often a reason for admission to acute hospital. However new and changing environments often make the patient's condition and care journey worse where in many cases home based support would be the better option rather than what can become a long protracted stay in hospital where deconditoning takes place.

Developing Community Hospitals Sites with dedicated specialism

There is recognition across Community Care Services that we have an opportunity to develop specialist sites for neurological rehabilitation (Stroke and Brain Injury) and Frailty to meet the needs of the ageing population and increase in long-term conditions. Increasing the range of community based rehabilitation support will help to reduce the potential admission and readmission to an acute hospital.

The Community Hospitals Transformation will explore the future bed compliment across Fife and the development of specialist community sites at Glenrothes and Cameron hospitals. These sites have been identified as part of the review and through engagement with staff, patients, carers and the general public. By developing the enhanced community rehabilitation model there is an opportunity to reduce the number of community inpatient beds.

SUPPORTING MODELS- COMMUNITY BASED REHABILITATION

For the Community Rehabilitation and Care model to be successfully achieved there requires scaling up of some services and the development of new services to provide the options for community rehabilitation at home or in a homely setting. There is already work underway to integrate existing community services to improve and enhance access to hospital at home services across a range of pathways and prevention of admission/early intervention work. This includes utilising step-up and step-down models of care, enhancing specialist nursing services (complex care, respiratory, heart failure), Hospital at Home, at home intravenous antibiotic administration, in-reach services to expedite discharges and early identification of suitable patients at the front door to prevent hospital admissions. Discussions with patients and their families/carers are essential from the outset of the period of illness to ensure that home based rehabilitation is the right pathway for them. Professionals will need to be aware of the potential anxiety this may cause for some people who traditionally would expect to go to hospital when they are unwell. Excellent communication and promotion of the concept of home based rehabilitation across Fife is essential for success.

The Scottish Government (2022) identified six principles of good rehabilitation which the Community Hospitals Transformation will strive to achieve:

- Easy to access for every individual
- Provided at the right time

- Realistic and meaningful to the individual
- Integrated
- Innovative and ambitious
- Delivered by a flexible and skilled workforce

Community Provision Improvements

A number of improvements are underway to enhance the provision of community rehabilitation:

- Fife Wide 24/7 community model of care to provide a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home. Twenty four hour wraparound care will be provided so that people can choose, if appropriate, to go home to make informed decisions about their long-term care and where they wish to live the rest of their lives, offering reassurance to people, family members and carers. This was trialled in the Dunfermline and South West Villages area of Fife.
- Develop the Integrated Therapy Team for Supported Discharge allow for intensive rehabilitation to be delivered at home / homely setting thus no requirement / wait for a down stream bed, again which will positively impact on the available bed base within Victoria Hospital.
- Continued improvement of Adults with Incapacity (AWI) provision including expansion of advocacy provision
- Care at Home capacity increase to maximise internal and external activity
- Community Frailty team development in line with system wide frailty plan
- Expansion of Hospitals at Home service and virtual ward capacity
- Continue development of Integrated Discharge Hub aligned to Discharge without Delay (DwD) national collaborative programme

The development of these models will encompass the review of existing pathways and creation of new models of care, whilst tests of change outcomes will inform the future delivery of services.

NHS FIFE TRANSFORMATION PROGRAMME

This transformational change programme will be undertaken in alignment with the NHS Fife Reform, Transform and Perform (RTP) initiative relating to infrastructure.

RISK MITIGATION

There are a number of risks if rehabilitation and care services are not transformed as part of the Community Hospitals Transformation:

- Rehabilitation care is not delivered in the right environment or close to home for the person
- We are unable to meet people's clinical needs in the way that is tailored to their individual requirements and also supports their families and carers at home
- Inefficient use of resources that does not deliver best value health care
- Reduced ability to identify and respond to the needs of people who are frail and at high risk of hospital admission to help support them to remain at home
- Reduced ability to meet the anticipated increased needs of the population in the future
- Dependency on community hospital beds when there may be more appropriate options for rehabilitation at home
- If we don't make best use of available hospital beds, they may not be available in a timely way for people requiring intensive rehabilitation in a hospital setting.

(Source: Transformation: Community Rehabilitation and Care Model 2024)

For the risks identified above to be mitigated it is essential that the transformation of community rehabilitation and care takes place. The improvement initiatives described under Supporting Models have review built in at all stages to determine if the desired outcomes are being achieved and if changes are required to mitigate risk of limited success.

The Fife wide 24/7 community model improvement initiative was based on British Red Cross test of change. This supported people who can go home before moving into a care home or those considering their long term care needs, it started in April 2024 and, following its assessment, it informed the new model of care.

There will be a requirement for some staff to work in the community in people's homes rather than in a ward setting for this all to succeed. There will be significant engagement with staff regarding the proposals and opportunities over the next few months involving Staff Side and Human Resources representatives as core contributors to the discussions. Staffing will always be a significant risk to the delivery of any project for all partner and voluntary organisations involved.

	Fife Neuro Rehabilitation Service (FNRS) FNRS provides specialist in patient and outreach services for patients who have suffered from stroke, neurological conditions, traumatic brain injury, sub arachnoid haemorrhage and acquired brain injury. The service has 2 beds specifically funded by the Major Trauma Network where patients are repatriated for further rehabilitation. The ongoing challenges to secure appropriately trained medical cover for FNRS presents a significant risk to the Community Hospitals Transformation. Medical cover is essential to maintain in-patient/out-reach service provision and repatriation on the major trauma pathway for patients who require specialist neuro-rehabilitation. The service is supported by a full-time Band 7 Physician Associate and Speciality Doctor who require medical supervision to practice. The service is looking to recruit into a substantive Consultant post for General Rehabilitation/Stroke Rehabilitation to see if there is any further interest in the post. *Financial* There are additional costs associated with the appointment of an agency locum consultant to fill the medical gap at Sir George Sharp Unit with appropriate expertise. Costs will be offset by the consultant vacancies. There is also the risk of major trauma funding withdrawal associated with two specialist in-patient beds within the Sir George Sharp Unit if we cannot maintain this service provision. There is a risk that the delivery of financial savings within the expected 2 years will not be achieved if the services required in the community to support people in their own homes or homely setting are not in place or the tests of change are unsuccessful or limited in their effectiveness. Following regular review of tests of change and expansion to other areas there may be a change to the projected financial savings over a longer time frame to reduce risk.
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Nicola Harkins, Community Care Services, Clinical Service Manager Anca Wilson, Programme Manager, Fife HSCP Programme Management Officer
EqIA Contributors	Community Hospitals Transformation Working Group members
Date of EqIA	30/5/2025

How does the proposal meet one or more of the general duties under the Equality Act 2010?
Please refer to the HSCP Equality Impact Assessment Guidance.
Consider proportionality and relevance (*See Page 10 of Guidance*).

Please note the Home First Strategy has an EQIA completed and the Community Hospitals Transformation work stream has significant crossover elements – some of the aspects of this EQIA have been adapted from the original Home First EQIA

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	As part of the Home First Strategy, the Community Hospitals Transformation – Transforming Rehabilitation Work stream ensures that, by working effectively with partners, staff, local communities and individuals, its implementation does not disadvantage, discriminate or in other way have a negative impact on any individuals or people of Fife as a whole and challenges sources and biases towards inequality. Should any potential negative impacts arise, we seek to remove or reduce it by regularly monitoring the implementation.
Advancing equality of opportunity	The Community Hospitals Transformation Work Stream Group as part of the Home First Strategy implementation will take steps to meet the needs of the persons who share a relevant protected characteristic, that are different from the needs of persons who do not share it. For the changing model of community rehabilitation and care to be successful the development of community based services is essential. A pilot project Home to Assess covering Dunfermline and the West Fife villages with the British Red Cross to enable patients to be discharged safely from hospital with access to 24 hour support informed the Fife wide 24/7 community model of care initiative. As noted in the mini EQIA completed for the project "The service and support provided is customised to meet specific needs. This approach enables older people to return home sooner and can provide additional time for decisions about their longer-term care needs". Locality Action Plans are being developed for each of the seven localities in Fife to ensure the equality of opportunity is achieved.
Fostering good relations	The Community Hospitals Transformation working group will develop an implementation plan with a variety of stakeholders firstly in the Working group meetings and then through engagement with staff, patients, carers and the wider population across Fife. The full process of engaging and informing is being prepared.

	There has been some information already shared in the public domain including the Integrated Joint Board papers of 28th March 2024 which are available on the HSCP website. From this meeting information was shared in a newspaper article by The Courier and there has been information posted on the Staff Blink site for staff awareness. Working with 3rd sector agencies will be paramount to the success of the new model of rehabilitation and care and therefore good relations are essential with third sector colleagues. We will encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low. We will highlight and promote the positive outcomes from service redesign which foster good relations in particular those which go further to include and involve patients and their families and the Fife community as a whole.

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

Fairer Scotland duty	**Please Explain**
Socio-economic disadvantage	The Community Hospitals Transformation as part of the Home First Programme will review any data held for the Fife Council/ Health Board area, to measure all benefits derived from these service provision and model of care changes. To support the people of Fife throughout their lives and ensure that any changes or improvements undertaken will be aligned to the Fife Health and Social Care Partnership Strategic Plan for Fife (2019 to 2022) five key priorities: 1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife 2. Promoting mental health and wellbeing 3. Working with communities, partners and our workforce to effectively transform, integrate and improve our services

<table>
<tr><td></td><td>4. Living well with long term conditions
5. Managing resources effectively while delivering quality outcomes</td></tr>
<tr><td>Inequalities of outcome</td><td>The Home First Strategy will ensure that the people of Fife have equal access to services across all localities and will work to reduce disparity between localities.

As part of the evidence for changing the rehabilitation model going forward there has been a community bed review by the HSCP. The table below highlights the significant differences in the number of beds being utilised to deliver services across the county in community hospitals and local authority care homes.

Each of the localities have different populations and bed resources available therefore to enable comparison a bed rate per 100,000 population has been calculated which demonstrates that Kirkcaldy has the highest bed rate at 1185.1 per 100,000 population and South West the least with 474.3 (Table 3 overleaf).

<table>
<tr><th>Table 3: All Community Based Beds</th><th>Cowdenbeath</th><th>Dunfermline</th><th>Glenrothes</th><th>Kirkcaldy</th><th>Levenmouth</th><th>North East Fife</th><th>South West Fife</th><th>Total</th></tr>
<tr><td>Total Beds</td><td>416</td><td>387</td><td>497</td><td>716</td><td>442</td><td>661</td><td>237</td><td>3356</td></tr>
<tr><td>Locality Population (2020)</td><td>41491</td><td>59101</td><td>49871</td><td>60417</td><td>37722</td><td>75557</td><td>49971</td><td>374130</td></tr>
<tr><td>Bed Rate per 100,000 Population</td><td>1002.6</td><td>654.8</td><td>996.6</td><td>1185.1</td><td>1171.7</td><td>874.8</td><td>474.3</td><td>897.0</td></tr>
</table>
Moving to a model of community based rehabilitation in patients own homes or a homely setting will see changes in bed numbers but this has yet to be defined.</td></tr>
</table>

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required as changing the model of care provision to more community based rehabilitation will have a significant impact on the population of Fife including all protected characteristic groups.

Part 2: Evidence and Impact Assessment

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

Please note there is significant overlap with the Home First Strategy EQIA and information has been adapted.

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
Age (including older people aged 65+)	In Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) in 2019-21. This is higher than at a Scotland level for both females and males. Between 2001 and 2021, the population of Fife has increased by 7.1%. This is the 18th highest percentage change out of the 32 council areas in Scotland.	Changes to the health and social care services might negatively impact on adults, predominantly older adults, as a result of: Lack of independence and wellbeing Reduced ability to promote recovery – rapid deconditoning	Enhance community provision at home or in a homely setting, extensive communication will allow people to receive the care they need reflective of their needs, not age. Review of data held for the Fife Council/ Health Board area, to measure all benefits derived from these changes.	*n/a*

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	Over the same period, Scotland's population rose by 8.2%.[1] Whilst the population of Scotland is projected to increase, Fife as a county is expected to see a slight population decrease over the next 10 years. However, only younger age groups are expected to decrease, older age groups will see a significant increase in numbers, by 30% from 2020 to 2034. Community Rehabilitation as part of the Home First model will aim to positively impact on the streamlined and timeously discharge (for those identified as fit for discharge) from an acute setting (ward / admissions unit / front door) to their own home or homely setting. The dignity of patients will be paramount, and their human rights will be at the forefront of this model, ensuring that their independence and wellbeing support the ability to promote recovery. Older adults are often regarded as being at risk of social isolation and loneliness due to bereavement, reduced social networks and lack of ability to go out or access/use digital communications.	Reduced autonomy Delayed discharges impact on the right to a private life (article 8 of the Human Rights Act 1998) Early discharge / premature discharge can impact on human rights and result in readmission rather than rehabilitating in their home or homely environment. No suitable support plan is in place for individual. Risk to discharge - patient feels pressurised and does not feel ready to be discharged. Patients and families may feel anxious about discharge for home based rehabilitation Considerations must be made regarding appropriate discharge setting including conversations with patients and families/carers	Extensive communication will take place with staff, patients, carers and the wider population across Fife. This will include those with protected characteristics. Communication methods are still being developed however there is an opportunity to arrange community meetings and engage existing community groups including Fife Carers and other third and voluntary sector groups and organisations. Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different ages will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.	

[1]https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	Older adults' risk of isolation likely increased during the COVID-19 pandemic, with 68% of Age Scotland's Big Survey 2021 sample reporting difficulty accessing friends and family – 24% did not see anyone else during a typical week and only 21% saw someone every day. The community rehabilitation model will help to increase contact with care workers from all sectors and may help to reduce loneliness for some people in their own homes particularly. Community Rehabilitation and support will ensure that people of all ages are supported to make decisions and be involved in the planning and processes for discharge. Advocacy and access to legal support and advice will be provided to those individuals who require it. Patients and their families will be supported to make informed decisions about the most appropriate discharge / homely setting, which will aid, support and promote recovery.	as to the best place for rehabilitation Lack of advocacy provided.		

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	Patients will be supported and encouraged to make their own choices about their recovery goals, which will be detailed in a personalised care and support plan. The HSCP 'Moving On' procedure serves to localise and make operational within Fife the Scottish Government Guidance (CEL 32(2013))[2] Guidance on Choosing a Care Home on Discharge from Hospital. When the dignity of the individual is affected, professionals involved in delivering community rehabilitation and care will ensure that people are supported to make decisions and be involved in the planning and processes for discharge with the following support in place: Provision of advocacy Access to legal support and advice Patients will make their own choices about their recovery goals, supported as part of the community rehabilitation and care model.			

[2] https://www.sehd.scot.nhs.uk/mels/cel2013_32.pdf

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	The Scottish Census of 2011[3] definition covers those ”living with a long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age.” For the Fife council area population were categorised as 20.3% of respondents identified themselves as having a long-term health problem or disability. The Health Needs Assessment Report, published by NHS Scotland in 2004, highlighted that people with learning disabilities have both different and higher health needs, compared with the general population.[4] The Community Rehabilitation and Care approach will aim to positively support the return to familiar / homely settings where patients can feel safe, and where personal goals can be discussed and support / signposting provided.	As detailed in section above	These changes will see improvements to physical make-up of our Community Hospital, with greater opportunity for improved rehabilitation within the community to give everyone the best opportunity to live independently. All changes to sites will remain assessable for disabled service-users. The 2011 Scottish Census results below: Limited a lot by Long-term health problem or disability 9.5% Limited a little by Long-term health problem or disability 10.8% Not limited 79.7% The data and its implications will be explored further as part of the next stage of this assessment. Future work should review recommendations developed in the Health Needs Assessment Report, to ensure the Home First programme is contributing to reducing health inequalities, in order to make a difference to the quality of life of persons with	

[3] Search | Scotland’s Census - Area Overview - Results for 2011 (scotlandscensus.gov.uk)
[4] Health Needs Assessment Report – Summary - People With Learning Disabilities In Scotland https://www.healthscotland.com/documents/1040.aspx

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	The approach will ensure patient and family / carer involvement, understanding and comprehension of the process to allow informed, mutually agreed decisions to be made. Returning to familiar surroundings, where they feel safe will have a positive impact on the individual. Successful placement will be dependent on visiting services / home adaptations being fully in place at time of return home. Considerations must be made with regard to appropriate discharge setting.		learning disabilities, that of their families and enrich social experiences. Discussion and collaboration with internal and external partners and community groups that have experience and expertise in engaging with people of this protected category will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from any suggested changes.	
Gender Reassignment	Access to health services for those who are transgender – ensuring that for example screening services continue to be provided for those who are now living as a gender other than at birth. Improvements in digital first approaches will help the patient to retain confidentiality and safety.	Considerations must be made with regard to appropriate discharge setting, e.g. including the confidentiality and safety of the individual. Information listed above also applies here.	Continue to follow the guidance from the Scottish and UK Government on the Gender Recognition Reform bill.[5] Discussion and collaboration with these partner organisations and community groups that have experience and expertise in engaging with people of different protective characteristics will enable the programme to identify and mitigate the potential barriers people	

[5] https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
		The impact of the Gender Recognition Reform bill; changes to how care is provided for those who are transitioning may impact on local staff who may need further training and support and understand how integrated working can further benefit those who are trans.	may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes. Consideration to the use of pro nouns, support groups, family relations.	
Marital Status (Marriage and Civil Partnerships)	The National Records for Scotland profile show the number of people in Fife entering marriages and civil partnerships was significantly impacted by Covid-19.[6] Prior to this marriage rates had declined over the past 10 years, with civil partnerships increasing marginally. The Community Rehabilitation approach will aim to positively support the return to familiar / homely settings where patients can feel safe, and where personal goals can be discussed and support / signposting provided.	Information in characteristics above also applies here. Difficult social circumstances within the home environment may discourage an individual from going home when ready for discharge. Couples who are carers may be disadvantaged by changes to services provided to those they care for.	We will actively seek engagement regarding the changes to the delivery model through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. These organisations provide services which target issues related to domestic (Domestic abuse, family homelessness), marriage, and civil partnerships, and we will aim to work with them as part of the exercise.	

[6] https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html#marriages_and_civil_partnerships

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	The approach will ensure patient and family / carer involvement, understanding and comprehension of the process to allow informed, mutually agreed decisions to be made. Considerations must be made in regard to couples wishes i.e., those who wish to remain together or who are dependent on one another.	Often these impacts can be significant, such as affecting their ability to combine caring with employment, a breakdown in the caring role, economic hardship, or a negative impact on the carer's own health and wellbeing.	Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protective characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.	
Pregnancy and Maternity	The Community Rehabilitation Model must ensure that access to services is available for pregnant and nursing people in a timely and safe manner to support the individual and their family.	Information in characteristic 1 also applies here	Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers.	
Race (All Racial Groups including Gypsy/Travellers)	Communication needs should be met, including improved access to translation service online as well as via traditional printed and in person services. Cultural considerations and awareness of the needs and issues relating to race, and ethnicity will be provided to ensure patient centred	As above and: It has been recognised that health inequalities impact disproportionately upon social and economic disadvantaged communities, race and ethnicity can further define	The Community Hospitals Transformation must explore more about the diversity of the local community and what their needs may be to ensure fair participation and meet health needs. There will be no impact in accessing interpreters with processes already in place to ensure access to these services.	

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	care is provided and the culture of individuals is respected, and any perceived barriers removed. Understanding of cultural differences of racial group must be considered to support patients and families and the Community Hospitals Transformation will aim to consider all these aspects when considering changes to the model of care.	life expectancy and outcome. The 2011 Census for Scotland showed seven Fife Localities were predominantly white and therefore there is a risk that other ethnic groups may be overlooked, and the Community Hospitals Transformation – transforming Rehabilitation must explore more the diversity of the local community and what their needs may be to ensure fair participation and meet health needs.	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.	
Religion, Belief, and Non-Belief	In Scotland's 2011 census, religion was an optional question and 7% of people did not state their religion, this was mirrored in Fife. The census recorded a rise in people with no religion between 2001 and 2011, while Church of Scotland numbers dropped. Fife results highlighted that 31% of respondents reported their religion as Church of Scotland and 46% declared no religion.	As above	We will actively seek involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the	

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	Whilst other religions were indicated on the return, these were significantly less than the above (>20% for all other religions combined). Delivery of community rehabilitation in a person's home or homely setting will enable dietary requirements and religious practices to be observed. Also, access to spiritual care and support must be considered.		potential barriers people may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.	
Sex (Women and Men)	In 2021, there were more females (51.4%) than males (48.6%) living in Fife. There were also more females (51.2%) than males (48.8%) living in Scotland overall.[7] In adults over 65 there were 36,130 males and 43,285 females living in Fife in 2021.[8] Recognition of previous negative experiences of care and health must be taken into account as part of transforming the model of rehabilitation and care. LGBT rights must be considered in terms of their choices, experiences of care and health, access to support which is appropriate for their needs.	As Characteristic 1	There is no anticipated impact based on this category with this transformation work. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. The area of gender-based violence should be reviewed in particular. Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face,	

[7] Public Health Scotland data and intelligence

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	Lifestyle and family life must also be supported in the discharge process and new placement. Needs must be met as part of the planning processes, to ensure fair inclusion and participation in addition to fair service provision meeting needs for all sexes.		and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes. The HSCP staff should also take the opportunity to complete the leaning available on gender-based violence, trafficking and modern slavery etc.	
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	Recognition of previous negative experiences of care and health. LGBT rights must be considered in terms of their choices, experiences of care and health, access to support which is appropriate for their needs. Lifestyle and family life to be supported in the discharge process and new placement. Enabling rehabilitation at home allows LGBT+ patients to be supported in their own environment. There is an overarching aim to improving access and experience of health care for LGBT groups by listening and learning from research and local feedback.	Age Scotland highlight that services catering to older adults, such as care homes may not be inclusive and welcoming to people of LGBTI+ identities. Information in Characteristic 1 also applies here. The impact of the Gender Recognition Reform bill; changes to how care is provided for those who are transitioning may impact on local staff who may need further training and support and understand how integrated working can	Continue to follow the guidance from the Scottish and UK Government on the Gender Recognition Reform bill: https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill. We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and	

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)	**No Impact**
	Fife LGBT Community Needs Assessment Report, published January 2016 has made a series of recommendations which will be used to inform the support, access and experience of Healthcare for LGBT groups. These link into Fife's Health Inequality Strategy (Fife Health & Wellbeing Alliance, 2015) 3 themes approach to reducing health inequalities. This has been used as a framework for recommendations for the partners, to help those planning and delivering services and support across Fife to better recognise and meet the needs of lesbian, gay, bisexual, and transgender people. The National Health needs assessment of LGBT+ people summary info graphic report June 2022, details learning from these communities and details a further series of recommendations including the overarching recommendation "Directors of Public Health and Public Health Scotland are asked to champion the recommendations from this report within their local health boards, and nationally with COSLA and Scottish Government." The learning in both documents will be considered and responded to	further benefit those who are trans.	then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	proportionately according to those needs and improvement in service experience as part of the transformation of rehabilitation and care model.			

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

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	As referenced in the HSCP-Annual-Performance-Report-2021_2022.pdf (fifehealthandsocialcare.org) (page 28), supporting the mental health and wellbeing of veterans is noted specifically under Priority 2 Promoting mental health and wellbeing. Providing community rehabilitation on discharge from hospital in a person's own home or homely setting enables people to return to their normal environment rather than a hospital ward area which could lead to anxiety and exacerbate existing trauma.	Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services. The Armed Forces Covenant places specific requirements on the Integration Joint Board/Health and Social Care Partnership which should be considered prior to any proposed changes.	We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health	

			Board, to measure all benefits derived from these changes. In regard to patient discharge, subject matter expertise will be sought for the armed Forces community to address any specific impact.	
Carers	It is estimated that there are around 44,000 unpaid carers and 6,500 young carers in Fife. Referenced in the Localities documentation. Many carers are included in the protected characteristics groups highlighted above. This includes carers who are in protected characteristics groups themselves, and individuals who care for other people that are in protected characteristics groups. All carers are included in the Partnership's Carers Strategies and the supporting delivery plan, guidance, and procedures. This approach ensures that carers, requirements, and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and service changes. Community Hospitals Transformation and community rehabilitation model	Carers may be disadvantaged by changes to services provided to those they care for. Some carers may find the return home of their loved one for community rehabilitation stressful and exhausting. Impacts can be significant, such as affecting their ability to combine caring with employment, a breakdown in the caring role, economic hardship, or a negative impact on the carer's own health and wellbeing.	We will actively seek their involvement in further engagement through attending existing groups across communities and will tap into existing networks through third and voluntary sector groups and organisations. Discussion and collaboration with these partners and community groups that have experience and expertise in engaging with people of different protected characteristics will enable the programme to identify and mitigate the potential barriers people may face, and then take reasonable steps to reduce or remove these barriers. Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes.	

	development work will seek to consider all these aspects.		Follow guidance set out in the Carers Strategy for Fife 2023-26[8] and the Young Carers guide[9], to review the updated papers when available at https://www.fifehealthandsocialcare.org/services/for-carers/	
Looked After Children and Care Leavers	Referenced in the Localities doc The Children (Scotland) Act 1995 [10] (as amended) set out that local authorities have a legal duty to: • prepare young people for leaving care or ceasing to be looked after • Provide advice and assistance to young people who have ceased to be looked after on or after their 16th birthday. Local authorities are legally required to provide aftercare support until the care leaver turns 19, and to assess any eligible needs for aftercare support until they turn 26 (or beyond in some cases) These duties are set out in the Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003. Transforming the rehabilitation and care model will require to consider all	Some care leavers may become involved in the rehabilitation at home of family members. Supporting them to develop the skills required to undertake such a role will be pivotal to their success. This may not be a role that they expect to be in and may not have the emotional capacity to support themselves and another.	Discussion and collaboration with young people who have been in all aspects of the care system as to the impact of rehabilitation at home on them. Discussion with young carers around the support they require physically and mentally with changes to models of care. Ensure robust linkages are in place with School Nursing and Psychology for accessible support.	

[8] https://www.fifehealthandsocialcare.org/media/0sch2hnj/hscp-carers-strategy-2023-to-2026.pdf
[9] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0032/188339/Young-Carers-Guide-2018_V4.pdf
[10] https://www.gov.scot/policies/looked-after-children/

	these aspects when the model of care is being implemented.			
Privacy (including information security, data protection, and human rights)	Personal and identifiable records should be safeguarded and handled in an appropriate manner according to the guidelines set out for each organisation. It should only be used for the purpose required, handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction, or damage. The Community Hospitals Transformation will seek to consider all these aspects when the model of care is being implemented.	Changes to the services may impact on the privacy of the individual if data is shared outside of the currently prescribed routes. Considerations must be made with regard to appropriate steps are taken to ensure that the privacy of the individual is protected.	Part of the next stage of this exercise will be to review any data held for the Fife Council/Health Board, to measure all benefits derived from these changes. Organisational mandatory training will be reviewed periodically to ensure that it is relevant and up to date. Mandatory training is provided for all HSCP, Fife Council and NHS Fife staff. This includes, but is not limited to, Data Protection, Information Governance, Prevent (Terrorism) etc.	
Economy	The Fairer Scotland Duties[11] is statutory guidance for public bodies and came into force on 1 April 2018 and was last updated 19 August 2022. It aims to help them actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. It places a legal responsibility on named public bodies in Scotland to actively consider ('pay **due regard**' to) how they can **reduce inequalities of outcome caused by socio-economic**	Continued business and funding constraints from the Scottish and UK Government, may impact on service provision. Continued funding pressures at local level might impact on the HSCP ability to deliver its programmes.	Locality data will inform the socio-economic aspects to be able to implement the requirements of the Fairer Scotland Duties. Continue to monitor the potential financial constraints from the Scottish and UK Government and at local level, and how they may impact on current and future service provision.	

[11] https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/pages/0/

	disadvantage, when making strategic decisions. The HSCP Strategic plan has considered the impact of economic changes on the people of Fife and the Medium Term Financial Strategy includes appropriate mitigations for potential economic impacts. The Community Hospitals Transformation aims to provide better value for people of Fife.			

Evidence used	Source of evidence
Scottish Government Urban Rural Classification 2020 - Mid-year 2020 Population Estimates Tables	https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2022/05/scottish-government-urban-rural-classification-2020/documents/scottish-government-urban-rural-classification-2020-mid-year-2020-population-estimates-tables/scottish-government-urban-rural-classification-2020-mid-year-2020-population-estimates-tables/govscot%3Adocument/scottish-government-urban-rural-classification-2020-mid-year-2020-population-estimates-tables.xlsx
FHSCP Annual Performance Report 2021-22	https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0012/413031/HSCP-Annual-Performance-Report-2021_2022.pdf
Scotland 2011 census/Know Fife Briefing 2023	2011 census | Scotland's Census (scotlandscensus.gov.uk) www.know.fife.scot/census
National Records of Scotland	https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html
Public Health Scotland Data and Intelligence SPARRA Model	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/

Scottish Public Health Observatory (ScotPHO)	https://www.scotpho.org.uk/
Terms of reference Community Hospitals Transformation Work stream (May 2024)	Draft Internal document – available on request
Fife HSCP Strategic Plan 2023-2026	www.fifehealthandsocialcare.org/about-us/publications
Fife's Home First Strategy (2023)	www.fifehealthandsocialcare.org/about-us/publications
Deconditioning of patients in hospital	Cited on the Nursing Times website Frailty Series - **Walker J et al** (2018) Reducing the effects of immobility during hospital admissions. *Nursing Times* [online]; 114: 6, 18-20.
British Geriatric Society – Community Rehabilitation	BGS – Joining the Dots and Reablement, Rehabilitation and Recovery: Everyones Business can be found at www.bgs.org.uk/Rehab; www.bgs.org.uk/JoiningtheDots
Community Rehabilitation Beds in Fife	Internal information – Fife Community Care Services Division (2024)
Transformation: Community Rehabilitation and CAre Model 2024	Document included as part of IJB papers for 28 March 2024 meeting – available online www.fife.gov.uk/committees
Evidence gaps	**Planned action to address evidence gaps**
1. Armed Forces Community	At present there are a few data sources in use in the HSCP which specifically deal with the armed forces community in Fife. The Community Hospitals Review will be actively seeking the inclusion of the existing networks, through third and voluntary sector groups and organisations, to work with us as part of the exercise to close the gap.
2. Economy	The Community Hospitals Transformation will use Fairer Scotland Duty as a resource, and to consult/ actively seek the inclusion of existing groups across

	communities and will tap into existing networks, through third and voluntary sector groups and organisations, to work with us as part of the stage 2 of the Equality Impact Assessment process. Considerations will be given to the implications of the Fife HSCP Medium Term Financial Strategy and its implications on the Community Hospitals Transformation – Transforming rehabilitation and care, including transforming how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.
3. Carers	We will seek subject matter expertise from existing networks, through third and voluntary sector groups and organisations, to review the impact of the Community Hospitals Transformation on young and other carers, following the development of the HSCP strategies for Carers[12] and Young Carers Guide[13] which are currently under review, and further stages of the EQIA process will reconsider any potentially impact to this specific protected characteristic.

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

A Children's Rights and Wellbeing Impact Assessment (CRWIA) is required due to the potential for children and young people to be young carers for family members.

Part 3 – Children's Rights & Wellbeing Impact Assessment

Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)	Articles 3,5,9,12,13,24,27,28
What impact will the policy/procedure/ strategy/practice have on children's rights?	☐ Negative ☐X Positive ☐ Neutral

[12] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0020/188201/Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf
[13] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0032/188339/Young-Carers-Guide-2018_V4.pdf

Will there be different impacts on different groups of children and young people?	There is potential for additional support required for young carers with more care taking place in the home – this could be for a parent or grandparent. Data is being gathered as to the number of children and young people who may be caring for an elderly relative particularly.
What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?	It is considered that the impact will be positive for families including young carers and consideration will be given at all stages of the development as to any negative impact and required mitigations.
How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?	Having parents or grandparents unwell in hospital can cause significant stress and anxiety for children and young people. Enabling parents/grandparents to remain at home for treatment or have as short a stay in hospital will contribute to reduction in anxiety and stress.
How will the policy/procedure/strategy/practice promote the Rights of the Child?	Children and young people will be included in the conversations about hospital care and return home – they will be heard as part of the discussions
Have you engaged with children & young people in the development of this policy/procedure/ strategy/practice?	☐ Yes – Please complete Part 4
	X☐ No – please explain why The engagement with stakeholders is just starting to take place and the service will ensure that children and young people are included in any engagement process or information sharing.

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

Evidence used	**Source of evidence**
N/A	N/A
Evidence gaps	**Planned action to address evidence gaps**
Numbers of children and young people who are young carers to an elderly relative	Contact with Strategy officer for the Carers Strategy to identify any data available.

Part 4 – Children's Rights & Wellbeing – Engagement and Participation of Children and Young People
Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement

Not applicable as per Part 3

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
	N/A	
2.	A chance to be involved	Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?
	N/A	
3.	Remember it's my choice	How did you make sure you gave children and young people choices?
	N/A	
4.	Value Me	How did you make sure that children and young people know their views have been taken seriously and have made an impact?
	N/A	
5.	Support Me	How did you identify and overcome any barriers to participation?
	N/A	
6.	Work Together	How well did working together achieve aims of participation?
	N/A	
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
	N/A	

What impact has the engagement/participation made?
N/A

Part 5: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
1. Development and implementation of the Communication and Participation & Engagement plan to ensure that staff/ patients/ families/ carers are informed of the proposed plans	Chris Conroy	Ongoing
2. Collaboration with NHS Fife Acute and other key stakeholders to ensure positive impact for all	Chris Conroy	Ongoing

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: **30/05/2025**	Date sent to Compliance Team: FOI.IJB@fife.gov.uk
Senior Officer Name: **Christopher Conroy**	Designation: **Head of Service, Community Care Services**

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	
Date checked and initials	

Fife Health & Social Care Partnership
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DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	**2025.008**
2	**Report Title**	Community Hospitals Transformation Proposals
3	**Date Direction issued by Fife Integration Joint Board through the Chief Officer**	30 July 2025
4	**Date Direction Takes Effect**	30 July 2025
5	**Direction To**	NHS Fife
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	No
7	**Functions Covered by Direction**	Community Hospitals inpatient provision
8	**Full Text of Direction**	NHS Fife is directed to repurpose community wards as follows: Glenrothes Hospital – to be completed by January 2026:- • Remove 17 community beds from Ward 1; and • Remove 20 community beds from Ward 3 Glenrothes Hospital – to be completed by March 2027:- • Relocation and refurbishment of existing community wards to create site of dedicated expertise for Stroke and Neuro Rehabilitation Cameron Hospital – to be completed by March 2027:- • Relocation and refurbishment of existing community wards to create site of dedicated expertise for general community rehabilitation.

		NHS Fife and Fife Council, through the Director of Health and Social Care, are directed to commission care to support the needs of people who would have otherwise been cared for in the community hospitals. This includes the transfer of financial resources to support this.
9	**Budget Allocated by IJB to carry out Direction**	There is no additional revenue funding allocated to undertake this work. • This transformational work will achieve an overall revenue saving of £2.8m by 2026-27. • £2m of these savings were previously agreed by the IJB and included within the Medium-Term Financial Strategy. • The remaining £0.8m will be re-invested into community rehabilitation at home services.
10	**Performance Monitoring Arrangements**	Oversight of progress on the implementation of activities identified at Point 8 above are closely monitored by the Community Hospitals Transformation Workstream and reported to the Home First and Community Care Services Transformations Oversight Group. Updates on this transformational work will be reported on a bi-monthly basis.
11	**Date Direction will be reviewed**	An update on this Direction will be included within the Monitoring of Directions Progress Updates presented to Board on a quarterly basis. Appropriate escalations will be initiated if/when required.

Fife Health & Social Care Partnership
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Meeting Title:	**Fife Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**6.4**
Report Title:	**Short Stay Bed Base provision**
Responsible Officer:	**Lynne Garvey, Director of Health and Social Care Partnership**
Report Author:	**Chris Conroy, Head of Integrated Community Care Services**

1 Purpose

This Report is presented to the Integration Joint Board for:

- Decision

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

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and

social care services.

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

- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

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

- STAR (Short Term Assessment Review) Strategy Group
- STAR Bed Review Short Life Working Group
- SLT - 6 January 2025
- SLT - 24 March 2025
- SLT - 16 June 2025
- Qualities & Communities Committee – 4 July 2025
- Finance, Performance & Scrutiny Committee – 16th July

3 Report Summary

3.1 Situation

Following a review of how we use short stay beds in our local authority care homes for older people, this report is being brought to QCC to seek approval to modify the current operating model to better align with interdependent workstreams, resource availability, the needs of our population and reflect the skill-set of our care home workforce. This proposal has been developed based on intelligence of need across Fife.

It is proposed that the changes outlined in this report will impact positively on the whole system, make best use of resources, create efficiency savings and improve service delivery both in terms of community access and hospital flow.

3.2 Background

Short stay beds for older people are utilised for assessment, rehabilitation or respite for an unpaid carer. Following an Options Appraisal Exercise late 2024, interrogation of data and financial information and consultation with colleagues in Community Care Services responsible for co-dependent workstreams, it is our view that change is required in how we deliver all of our short-stay residential care services for older people in Fife.

Section 3.3 outlines the rationale for change and proposals going forward.

3.3 Assessment

Discounting Northeden House in Cupar and Ladywalk House in Anstruther which are subject to a separate reprovision workstream, the Local Authority provides 59 short stay residential beds for older people in Fife as in Table 1.

Table 1 Current Short Stay Beds in Scope

Bed Type	Location	No. of Beds
STAR (Rehabilitation) Beds	Ostler's House, Kirkcaldy	12
	Napier House, Glenrothes	12
	Lindsay House, Lumphinnans	12
Assessment Beds	Methilhaven Care Home, Methil	12
Respite Beds	Jean Mackie Centre, Dunfermline	11

The challenges around the current Short Term Assessment Review (STAR) Bed model are summarised below:

- **Staffing resources** – it has become increasingly difficult to ensure that Social Care staffing and Allied Health Professional input are at the optimal level to support all 36 STAR beds in 3 locations across Fife.
- **Referrals** – Up to 50% of referrals to STAR were seen as not meeting the current criteria.
- **Flow** – Evidence of service users being 'stuck' in STAR units, awaiting assessment or further services.
- **Purpose** – STAR Bed units being used for purposes not aligned to the STAR model of support.
- **Community Access** – Issues around access from Community, particularly from GP's.

Current Activity

Data on STAR bed and assessment bed usage from 2021 to 2024 has been considered in shaping up our short stay bed proposal going forward. To get the most current indication of need, data from 2023 and 24 has been interrogated further to show the following:

- **STAR beds in Local Authority Care Homes** – 32% of available bed days were used across the 3 STAR bed units in 2023 and 41% of available bed days in 2024. This shows that between 12 and 15 fully occupied beds would have met demand. This figure may be further

reduced if:-

- flow through STAR was enhanced - 58% of service users in 2023 and 64% in 2024 exceeded the expected 6 weeks stay.
- service users who are not appropriately placed in STAR units were appropriately placed in alternative short stay beds.

- **Assessment beds in Local Authority Care Homes** – 4536 and 1470 assessment bed days were occupied in 2023 and 2024 respectively in local authority residential care homes. 13 beds fully occupied (2023) and 4 beds (2024) would have met this demand.
- **Assessment beds in Independent Sector** – Residential assessment bed days commissioned in the independent sector were 4080 in 2023 and 4536 in 2024, which equates to 12 and 13 fully occupied beds respectively.
- **Respite beds across all Sectors –** There are approximately 6 citizens placed into short stay and emergency placements per week (335 annually). Whilst removed during the Covid-19 Pandemic, previously there were 27 beds available across Fife were well utilised and contributed to the prevention of crisis admissions to care homes and hospitals.

In summary, analysis of current demand has demonstrated the following requirements:

- One 12-bed STAR unit in Fife could meet the demand in the system.
- Two 12-bed units could support residential assessment bed demand currently being met by residential care homes in both the local authority and independent sectors combined.
- This would allow us to reconfigure two units to re-instate some of our respite provision. One unit in the East of Fife and one in the West (total 23 beds) could meet a potential unmet need for Carer Respite and it is anticipated that there would be significant demand for the service. It should be noted that there is a separate Respite Provision Task Force Group and that this work aligns to the actions of that group.

Table 2 below outlines the proposal for delivering on these the requirements outlined above, with rationale of how this would be configured across the 53 beds within scope for this transformation.

Table 2 Proposal for Short Stay Residential Beds

Bed Type	Location	No. of Beds	Rationale and Benefits
STAR (Short Term Assessment and	Napier House,	12	12 beds would meet current demand for STAR

Review) Beds STAR Beds are specifically for individuals who require a period of reablement to support them to stay in their own homes or return home after a hospital admission which may otherwise lead to long term care.	Glenrothes		beds. Reducing to 12 beds in one unit would enable concentration of resources both in terms of appropriate Social Care staffing and Allied Health Professional input, i.e. Physiotherapy and Occupational Therapy. Less beds with more concentrated resources would enable more appropriate referrals and better outcomes for service users. Notwithstanding this, it is acknowledged that reduction in STAR bed locations from 3 to 1 could impact on choice and the ability to meet need in specific localities.
Short Stay Beds Short Stay Beds would accommodate individuals with a variety of short stay needs aimed at enabling individuals to stay in their own homes or return home after hospital where there are not specific reablement needs. This includes, but is not specific to, service users who currently access 'assessment beds.' The focus will shift to give service users the best chance possible of going home.	Ostler's House, Kirkcaldy Lindsay House, Lumphinnans	12 12	24 beds would meet current demand for residential assessment beds in the system as a whole. Financial savings would be created by ceasing commissioning in independent sector. See 3.3.3 Widening criteria will mean that these units will meet the needs of more service users. (The criteria for all bed types will be reviewed in detail and communicated effectively once model has been approved). Would enhance flow within hospitals and the system as a whole and

			prevent admission to hospital and long-term care.
<u>Respite Beds</u> Respite Beds would be available to provide carers with respite from the caring role. It is anticipated that respite will be predominantly planned but the units will also accommodate emergency arrangements where necessary. The Service will be managed in a way which provides optimum use of beds through appropriate assessment and review.	Methilhaven Care Home, Methil Jean Mackie Centre, Dunfermline	12 11	Would help to meet some of the unmet demand for carer respite, reduce crisis admissions to care and prolongs service users' ability to live in their own homes for longer. These units would provide a vital service, consistent with the Prevention & Early Intervention Strategy 2024-27. Provides a service to unpaid carers. Financial savings made from reducing commissioned respite beds in independent sector (part of separate workstream).

The proposed model outlined in the table above will support equitable access to Community and Hospital Teams working in Social Work and Acute and Primary Care settings. The new model will be aligned to the Home First Strategy and the Prevention & Early Intervention Strategy 2024-27. The model also makes best use of available resources and will generate efficiency savings through fully utilising the capacity within local authority care homes (see 3.3.3).

Discussions with Community Care Managers to date confirm that some flexibility can be applied to the model above where necessary. For example, if the one STAR Bed Unit reached capacity, then Allied Health Professionals would reach service users with reablement needs placed in the other short stay units.

Financial Position

Significant efficiency savings and potential income can be achieved. After staffing and other costs have been offset against this, the new model can realise at least £280k in efficiency savings. Details are set out at 3.3.3 and in **Appendix 1**.

Next Steps

If the proposed model is agreed, a number of key actions will be taken to ensure that the model is as successful as it can be. These are:

- Project Management approach with key workstreams and milestones.
- Review of all referral routes for the different resources, affected systems and paperwork.
- Review of criteria for the different resources.
- Review all relevant communication.
- Communication to go out to all stakeholders re-new model to raise awareness and ensue that everyone that need to know about the services, knows.
- Consultation with unpaid carers.
- Change programmes for staff.
- Engagement with commissioned care homes.
- Development of new roles.
- Ensure registration requirements are met with Care Inspectorate.
- Review and evaluate the success of the new model over time.

3.3.1 Quality / Customer Care

It is fully anticipated that the proposed changes will drive up the quality of services provided and improve service users' journey and outcomes.

3.3.2 Workforce

Three full time equivalent posts would be required to ensure the smooth operation of the five short stay residential units, which would include a 7-day working model.

Furthermore, there is a requirement to ensure that all short-stay units are suitable resourced with Social Care professionals and that Allied Health Professional input is at the correct level within the STAR bed unit at Napier House.

3.3.3 Financial

See Appendix.1 for full details of financial projections, with a minimum forecast saving of £285k, with further work to assess reduction in respite bed usage, which would be taken forward if this proposal were to be supported.

3.3.4 Risk / Legal / Management

There is a risk that during transition that there may be a small impact on flow. However, it is hoped that the impact of the new model in terms of early intervention through enhanced community access may contribute to shifting demand away from hospitals.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

A full EQIA will be conducted if proposal is supported.

3.3.6 Environmental / Climate Change

None identified.

3.3.7 Other Impact

Not identified

3.3.8 Communication, Involvement, Engagement and Consultation

Consultation has taken place with key stakeholders through:

- STAR Strategy Group.
- STAR Bed Review Short Life Working Group.
- SLT 6 January 2025
- SLT 24 March 2025
- SLT 16 June 2025

4 Recommendation

- **Decision** – IJB are asked to make a decision to reconfigure Fife HSCP managed short stay residential care home beds to better meet the needs of our population and wider system demand, including increasing assessment bed and respite provision.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Short Stay Residential Beds – Financial Assessment

6 Implications for Fife Council

Improved outcome for service users and staff.

7 Implications for NHS Fife

Improved outcomes for services users and staff.

8 Implications for Third Sector

None perceived.

9 Implications for Independent Sector

Possible Reduction in residential assessment beds used in independent sector.

10 Directions Required to Fife Council, NHS Fife or Both

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

11 To Be Completed by SLT Member Only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

Author Name: **Tom Cross**

Author Job Title: **Service Manager / Business Change Manager**

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Appendix 1

Short Stay Residential Beds - Financial Assessment

Potential Savings Associated with Reprovisioning Assessment Beds in Residential Care Sector to Local Authority Care Homes

Year	No. of Individuals Placed	No. of Bed Days Occupied	Potential Savings if Reprovisioned in LA Care Homes at 25/26 NCHC rate
2023	65	4080	£514,080
2024	78	4536	£578,718

Calculations based upon total number of weeks occupied multiplied by the national care home contract rate which was is set at £882 per week. (25-26). Assumes that local authority care homes are staffed as per establishment (under review).

Employee and Other Costs Associated With Proposed Model

3 x FTE posts at FC8 (subject to job evaluation) including on costs = £163,020 (bottom of pay scale) - £178,857 (top of pay scale). Mid-point on the salary scale would cost £168,783

There may be some additional catering and cleaning costs associated with using more capacity within the local authority care homes, particularly at Methilhaven which has had a unit closed since opening. This cost is estimated at £50,000.

If review of care home establishment is progressed and staffing is as proposed, there will be no additional staffing costs associated with the model. However, if this review has not taken place, an additional member of staff at FC4 or FC6 may need to be costed until the establishment figures are reviewed.

Total Savings

Reprovision Savings (based on 2023 bed use)		£514k
Less Cost of 3 FTE Posts at FC8 (based at mid-point)	less	£179k
Less additional Catering & Cleaning Costs	less	£50k
Total Savings		**£285k**

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30 July 2025**
Agenda Item No:	**8.1**
Report Title:	**Revised Budget Direction**
Responsible Officer:	**Lynne Garvey, Director Fife Health & Social Care Partnership**
Report Author:	**Audrey Valente, Fife HSCP Chief Finance Officer**

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- Tripartite Directors of Finance
- Finance Governance Board

3 Report Summary

3.1 Situation

At their meeting on 26th March, following approval of the 2025-26 Revenue Budget the IJB agreed to formally issue Directions 2025.001 and 2025.002 to Fife Council and NHS Fife respectively.

The funding position from both partners has since changed.

3.2 Background

Since this meeting, there has been further constructive dialogue with the Executive Director of Finance & Corporate Services, Fife Council and the Director of Finance, NHS Fife, with agreement from both partners provide additional contributions to the Health & Social Care Partnership (HSCP) totalling £14.000m

This additional contribution has been allocated across service areas as detailed within attached appendices.

3.3 Assessment

New Directions which supersede previously issued Directions are appended to this report:-

Direction 2025.001 to NHS Fife will be closed and superseded by Direction 2025.005 as attached at Appendix 1.

Direction 2025.002 to Fife Council will be closed and superseded by Direction 2025.006 at attached at Appendix 2.

3.3.1 Quality / Customer Care

There are no quality/customer care implications to this report.

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

Gives assurance that finance is being appropriately monitored.

3.3.4 Risk / Legal / Management

There is a legal obligation to deliver on IJB Directions.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

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

3.3.7 Other Impact

No other impacts are anticipated from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

There has been regular dialogue with the Executive Director of Finance & Corporate Services, Fife Council and Director of Finance, NHS Fife in reaching this decision to provide additional contributions to HSCP.

4.4 Recommendation

- **Decision** – Approve the issue of the Directions 2025.005 and 2025.006 which supersede Directions previously issued.
- **Decision** – Agree to close Directions 2025.001 and 2025.002

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Previously approved direction to NHS Fife 2025.001 (for info)
Appendix 2 – Superseding Direction to NHS Fife 2025.005
Appendix 3 – Previously approved direction to Fife Council 2025.002 (for info)
Appendix 4 - Superseding Direction to Fife Council 2025.006

6 Implications for Fife Council

There is a legal obligation on Fife Council for the delivery of Directions

7 Implications for NHS Fife

There is a legal obligation on NHS Fife for the delivery of Directions

8 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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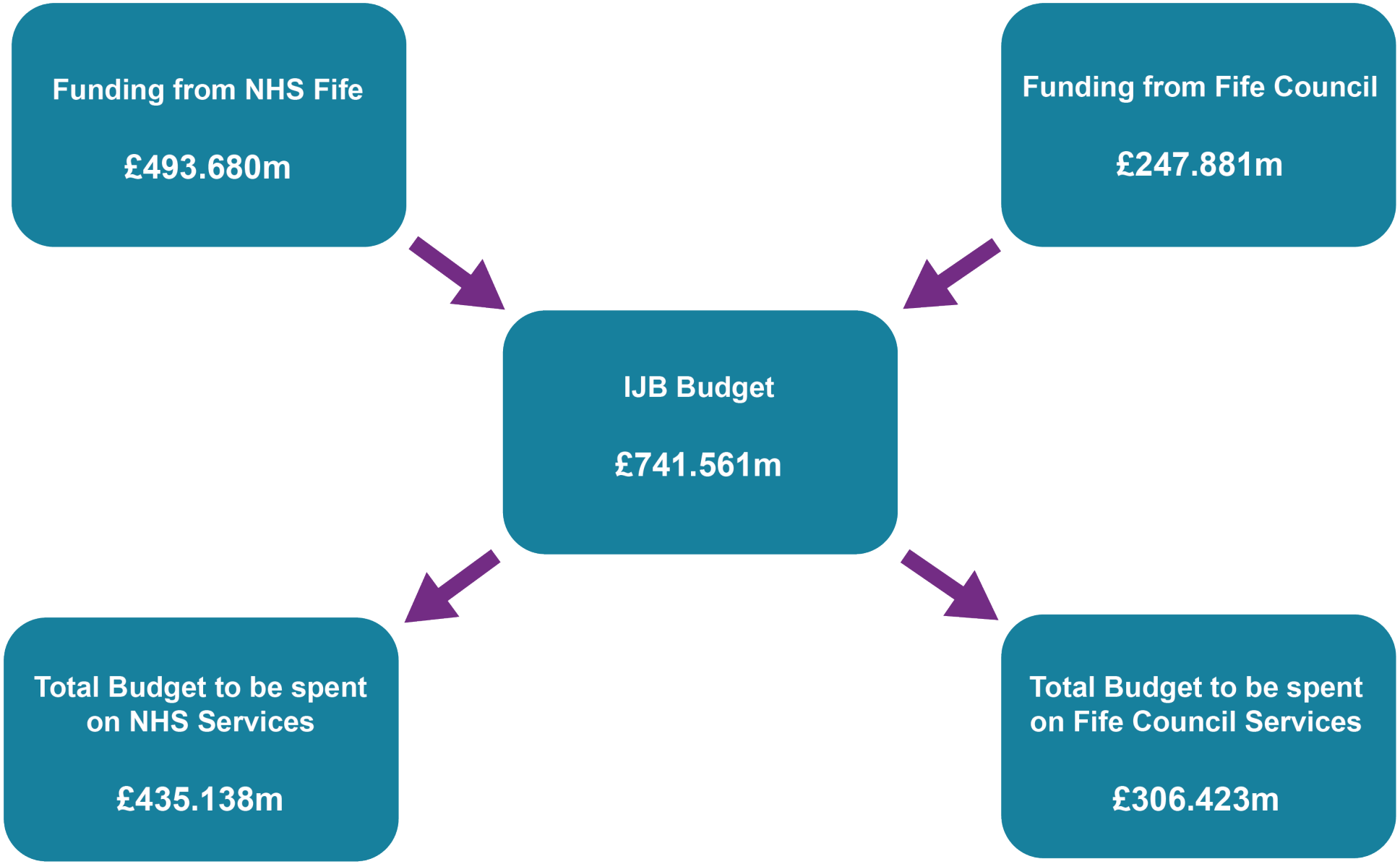
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Appendix 2 (a)

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	**2025.001**
2	**Report Title**	Revenue Budget 2025-26
3	**Date Direction issued by Fife Integration Joint Board through the Chief Officer**	26th March 2025
4	**Date Direction Takes Effect**	1st April 2025
5	**Direction To**	NHS Fife
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	No
7	**Functions Covered by Direction**	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	**Full Text of Direction**	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	**Budget Allocated by IJB to carry out Direction**	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £435.138 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme. The assumed funding for volatile budgets is yet to be confirmed by each partner, and will be agreed on an 8-weekly basis through the escalation and review process.
10	**Performance Monitoring Arrangements**	Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	**Date Direction will be reviewed**	26th May 2025


Funding from NHS Fife
£493.680m
Funding from Fife Council
£247.881m
IJB Budget
£741.561m
Total Budget to be spent on NHS Services
£435.138m
Total Budget to be spent on Fife Council Services
£306.423m

	435.138	Total Budget to be spent on NHS Services
Portfolio/ Service	**Budget £M**	**Narrative**
Primary Care & Preventative	**252.959**	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	16.481	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	3.011	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	4.963	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Rheumatology	4.884	
Fife Public Dental Service	7.515	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	2.577	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.
Advanced Health Practitioner Services Fife-wide	16.855	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)	7.662	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	0.751	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	0.250	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	87.636	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	100.374	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	**64.192**	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	18.223	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	12.878	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 int their community wherever possible. The ICASS services and functions are as follows - Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team). Assessment and Rehabilitation Centres - Developing into Community Frailty Team The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife. Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided. Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation. Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided. Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.
Community Nursing Services	16.812	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	10.505	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	1.404	Management + Admin support to Integrated Community Care Teams
Fife Equipment Loan Store Service	1.060	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Community Flow and Integrated Discharge Hub	3.310	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	**67.102**	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	52.038	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	8.507	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	6.557	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	**14.480**	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	**36.405**	HSCP allocations awaiting distribution & Board Vol Orgs

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

Appendix 2 (a)

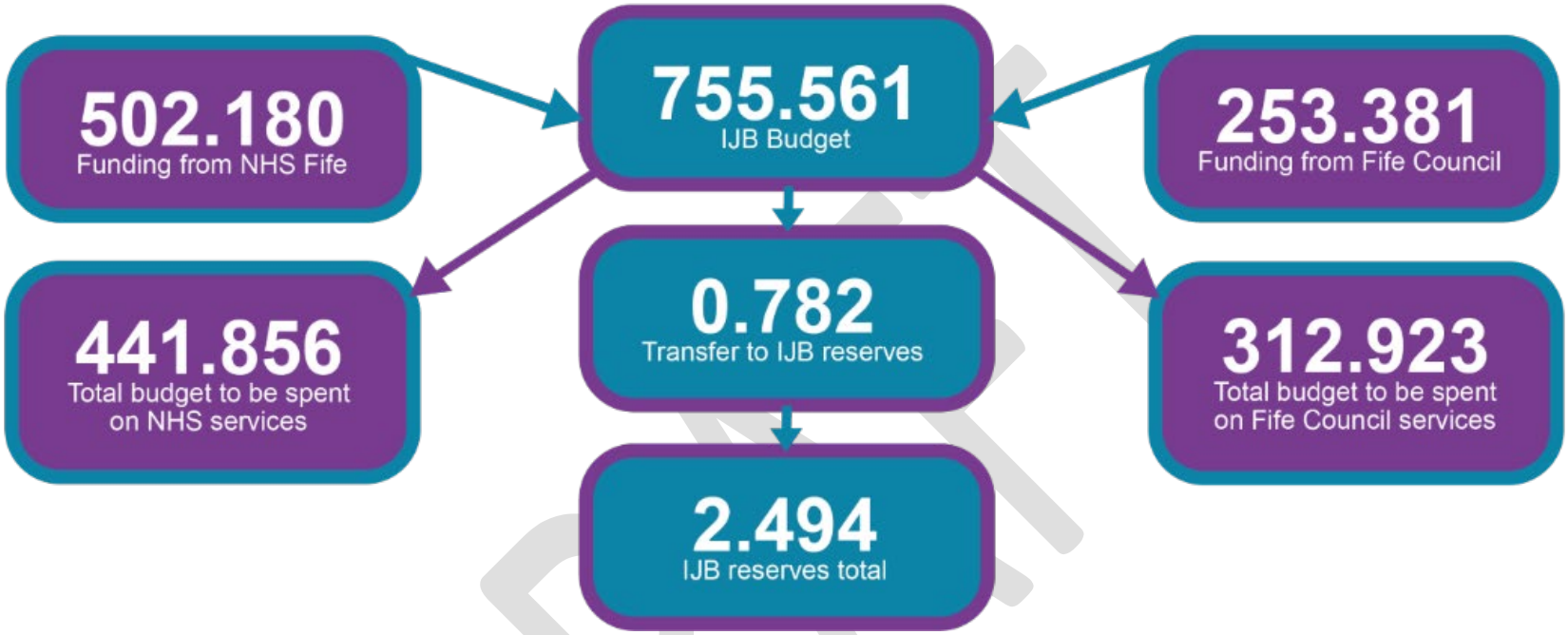
DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	**2025.005**
2	**Report Title**	Revenue Budget 2025-26
3	**Date Direction issued by Fife Integration Joint Board through the Chief Officer**	30th July 2025
4	**Date Direction Takes Effect**	1st April 2025
5	**Direction To**	NHS Fife
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	Yes – Supersede Dir: 2025.002
7	**Functions Covered by Direction**	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	**Full Text of Direction**	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, 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.

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9	**Budget Allocated by IJB to carry out Direction**	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.
10	**Performance Monitoring Arrangements**	Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	**Date Direction will be reviewed**	29th September 2025

DRAFT


502.180
Funding from NHS Fife
755.561
IJB Budget
253.381
Funding from Fife Council
441.856
Total budget to be spent on NHS services
0.782
Transfer to IJB reserves
312.923
Total budget to be spent on Fife Council services
2.494
IJB reserves total

DRAFT

	441.856	Total Budget to be spent on NHS Services
Portfolio/ Service	**Budget £M**	**Narrative**
Primary Care & Preventative	**252.959**	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	16.481	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	3.011	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	4.963	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Rheumatology	4.884	
Fife Public Dental Service	7.515	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	2.577	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.
Advanced Health Practitioner Services Fife-wide	16.855	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)	7.662	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	0.751	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	0.250	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	87.636	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	100.374	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	**68.192**	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	21.723	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.

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Icass Division	12.878	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 int their community wherever possible. The ICASS services and functions are as follows - Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team). Assessment and Rehabilitation Centres - Developing into Community Frailty Team The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife. Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided. Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation. Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided. Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.
Community Nursing Services	16.812	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.

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Specialist Inpats + Outreach	11.005	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
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Community Flow and Integrated Discharge Hub	3.310	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	**69.102**	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	54.038	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	8.507	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	6.557	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	**14.480**	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	**37.123**	HSCP allocations awaiting distribution & Board Vol Orgs

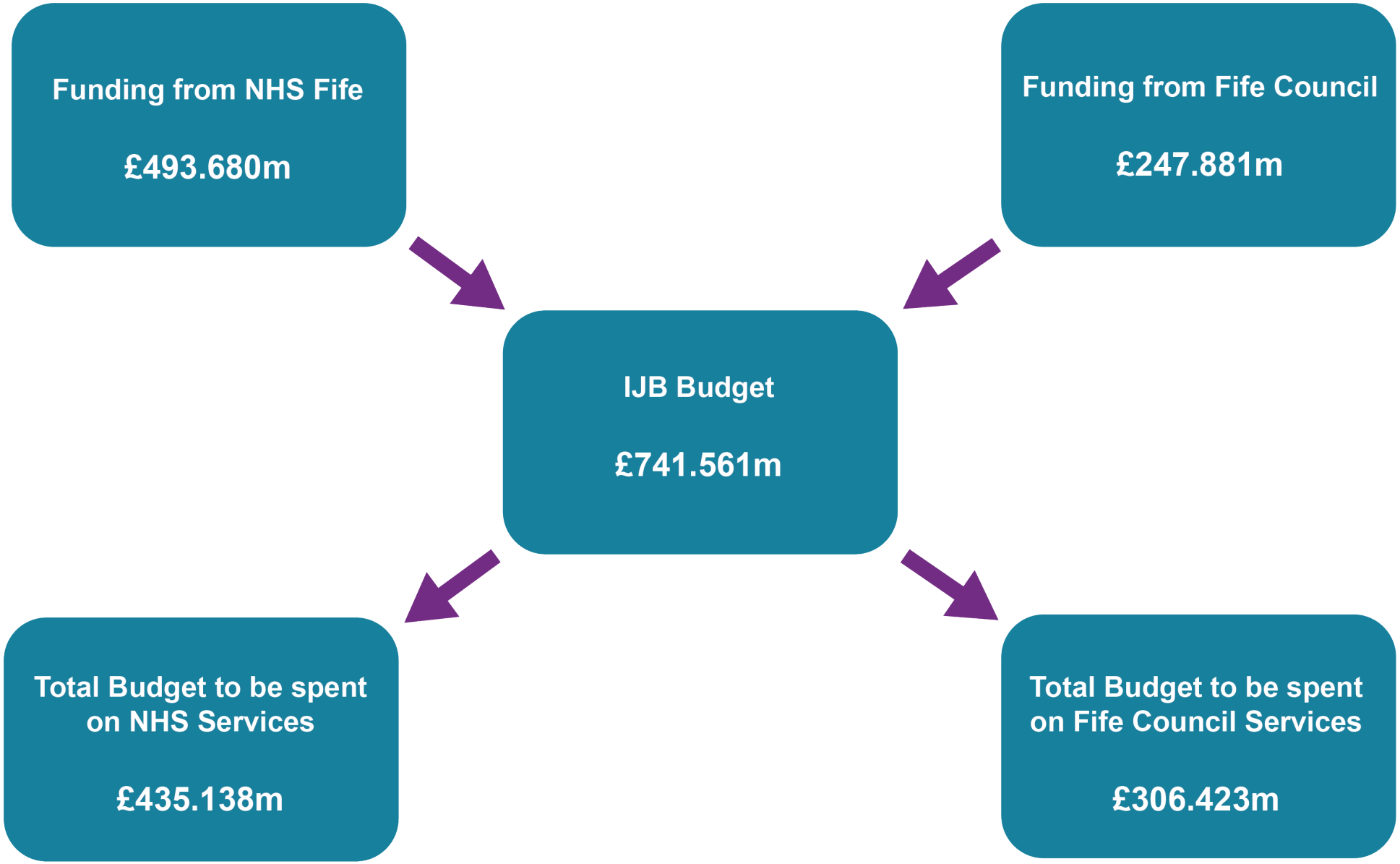
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Fife Health & Social Care Partnership
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DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	**2025.002**
2	**Report Title**	Revenue Budget 2025-26
3	**Date Direction issued by Fife Integration Joint Board through the Chief Officer**	26th March 2025
4	**Date Direction Takes Effect**	1st April 2025
5	**Direction To**	Fife Council
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	No
7	**Functions Covered by Direction**	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	**Full Text of Direction**	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	**Budget Allocated by IJB to carry out Direction**	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £306.423m million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme. The assumed funding for volatile budgets is yet to be confirmed by each partner, and will be agreed on an 8-weekly basis through the escalation and review process
10	**Performance Monitoring Arrangements**	Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	**Date Direction will be reviewed**	26 May 2025


Funding from NHS Fife
£493.680m
Funding from Fife Council
£247.881m
IJB Budget
£741.561m
Total Budget to be spent on NHS Services
£435.138m
Total Budget to be spent on Fife Council Services
£306.423m

	306.423	Total Budget to be spent on Fife Council Services
Portfolio/ Service	**Budget £M**	**Narrative**
Integrated Community Care	**152.418**	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
Homecare Services	67.067	The Care at Home Service has 850 staff providing care and support within the homes of 1100 of some of the most vulnerable people within Fife. There are a range of models of care (enablement, end of life support, ongoing maintenance of critical care and support), situated across the whole of Fife for all ages. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement. The service also operates as a key service within the H&SCP with a focus on improving the wellbeing of people who use health and social care services. In particular the National Health and Wellbeing Outcomes sets out clear the expectations that: 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”. 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”. Linked closely to the National and Regulatory expectations of service delivery, is the H&SCP strategic ambition to achieve the best outcomes for the people of Fife using a whole systems approach
OP Nursing & Residential	60.848	This budget funds Nursing & Residential external care packages for Older People over 65 through Nursing and Residential Placements and provides Direct Payments to Service Users to allow them to purchase their own services. It also funds assessment beds to allow for discharge from hospital
OP Residential & Daycare	17.114	OP Residential provides care for people aged 65 and over in 8 Partnership Care Homes across Fife. The service supports hospital discharge through providing Assessment beds for those where Long Term Care is a likely plan and Interim Beds for those who are medically fit for discharge and awaiting a package of care at home. Long Term Care beds and planned respite beds are provided across all 8 Care Homes. Three of the 60 bed Care Homes provide 32 Short Term Assessment and Review (STAR) beds for those requiring a multi-disciplinary approach to assessing and supporting a service user to develop independent living skills to enable a safe return home with a package of care commensurate to their needs. Daycare Services are now being progressed by external organisation providing Daycare on our behalf from the Partnership Homes. There is currently a review of the STAR bed model to support whole system approach. The staffing establishment is being reviewed with a focus in improving retention, staff wellbeing and reducing reliance on agency.
OP Fife wide	1.683	OP Hospital Discharge Services works with multidisciplinary teams to support people to move from hospital to more appropriate settings. Supporting East Fife Community Hospitals and when required service to Fife Residents in Ninewells and PRI. West covers Victoria and QM Hospitals and Fife Residents in Forth Valley and Clackmannanshire.

Community Occupational Therapy	5.706	The Community Occupational Therapy Service work with adults within their home environments. The team's remit is to identify both what is preventing or limiting individuals in carrying out essential daily living tasks and what assets are available to overcome these. Intervention will vary from alternative techniques, coping strategies, moving and handling techniques. assistive equipment and adaptations to the home environment. They also provide postural management support if someone has a complex postural management need that impacts upon their ability to support themselves in a sitting or lying position.
Integrated Complex & Critical Care	**146.828**	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adults Fife Wide	8.205	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management.
Adult Supported Living	31.187	Adult Resources provides Accommodation with Care and Support by internal teams either in group settings or single tenancies. Adult Services Resources also provide a Respite and Outreach services. Appropriate Adults provide communication support to vulnerable people (people accused or suspected of committing an offence, a victim or witness) during police procedures. Local authorities are responsible for the provision of Appropriate Adults under the Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019, and the Scottish Ministers are responsible for providing guidance to local authorities on this responsibility under the Criminal Justice (Scotland) Act 2016. The Deaf Communication Service, whilst it is a small service with 4 staff members, covers the whole of Fife delivering support on a duty basis, as well as through organised clinics, delivering training and assessments. The Service provides a plethora of services including Hearing Screening within our Older People residential homes, awareness raising events, BSL training, assessments for equipment and advice on hearing aid maintenance. The service also provides Interpreting, Text Phone and Lip-Reading services to support peoples access to services. Deaf Communication Services is the lead agency for the local BSL plan and works in partnership with 22 other local agencies, as well as involvement in National groups/forums. Adult Services Resources Accommodation with Care and Support and Housing Support has 670 staff providing care and support over 88 settings on an Outreach, 24/7 or Respite basis to 281 of the Partnerships most vulnerable service users. There are a range of models of care, situated across Fife and all are regulated and must meet the National Care standards and contribute to the National Wellbeing Outcomes for staff and service users. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, HMO Licencing, Mental Welfare Commission, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement. Fife Community Support Service (FCSS) has 178 staff delivering services to 182 service users. This can be on a 1:1 basis or as a group. The Service provides a flexible community-based service, for adults aged 16 to 65+ years old, with a range of disabilities, including learning disabilities, physical disabilities, sensory impairments, autistic spectrum disorders and other related issues to lead full and meaningful lives. FCSS support is provided during the daytime, evenings and weekends to suit the identified needs of individuals Fife-Wide. Shared Lives Fife was set up in 1987 and is now established throughout Fife. There are 56 households offering care and support for the Shared Lives Fife service across the region. The service is supported by a team of five social workers and two social work assistants.

Social Care Fieldwork Teams	21.688	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.
Adult Placements	85.748	Adult Placements supports arrangements for external care packages for adults under 65, following social work assessment, who meet the critical criteria. Support services include Long Term Care, Supported Living and Respite. It also provides Direct Payments to Service Users under SDS option 1 to allow them to purchase their own services, where the critical criteria is met and where the adult makes the choice to manage their own care provision.
Prof & Business Enabling	**3.259**	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	**3.918**	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.

Fife Health & Social Care Partnership
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Appendix 2

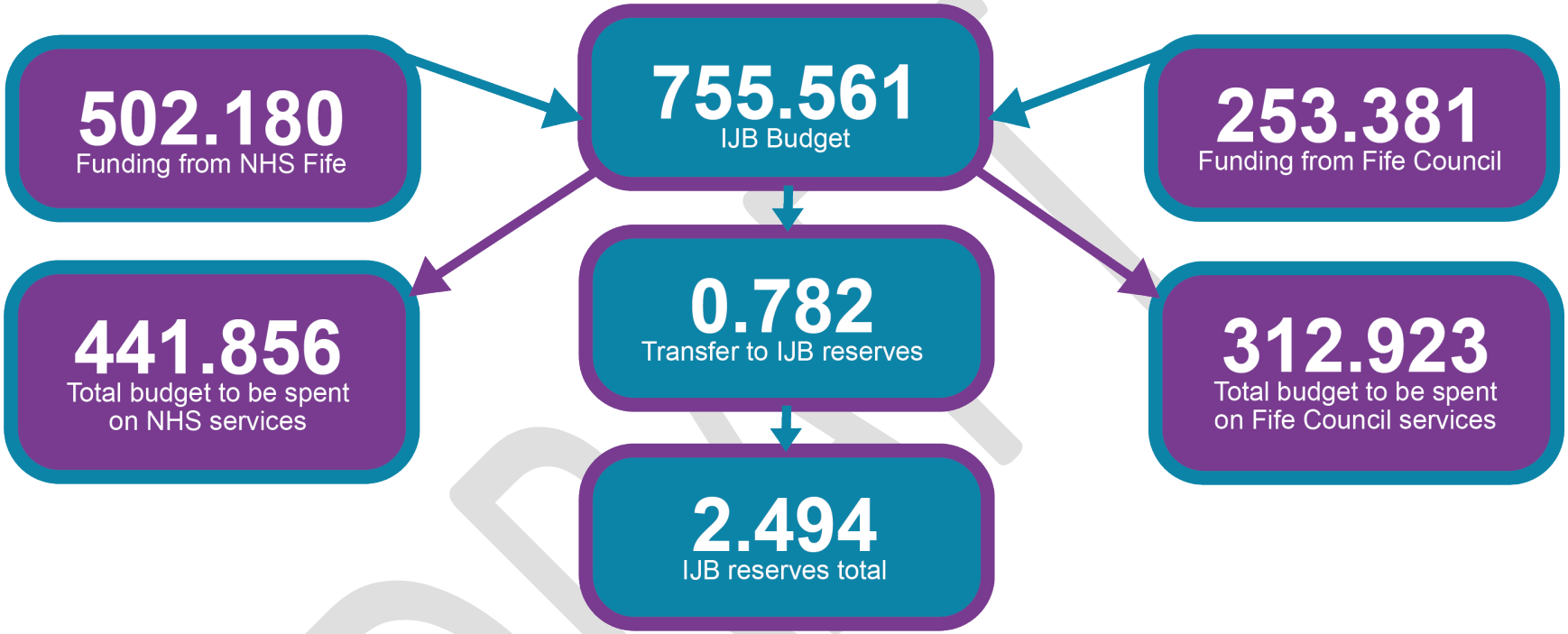
DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	**2025.006**
2	**Report Title**	Revenue Budget 2025-26
3	**Date Direction issued by Fife Integration Joint Board through the Chief Officer**	30th July 2025
4	**Date Direction Takes Effect**	1st April 2025
5	**Direction To**	Fife Council
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	Yes - Supersede Dir: 2025.002
7	**Functions Covered by Direction**	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	**Full Text of Direction**	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council 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.

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9	**Budget Allocated by IJB to carry out Direction**	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.
10	**Performance Monitoring Arrangements**	Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	**Date Direction will be reviewed**	29th September 2025

DRAFT


502.180
Funding from NHS Fife
755.561
IJB Budget
253.381
Funding from Fife Council
441.856
Total budget to be spent on NHS services
0.782
Transfer to IJB reserves
312.923
Total budget to be spent on Fife Council services
2.494
IJB reserves total

DRAFT

	312.923	Total Budget to be spent on Fife Council Services
Portfolio/ Service	**Budget £M**	**Narrative**
Integrated Community Care	**158.418**	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
Homecare Services	69.067	The Care at Home Service has 850 staff providing care and support within the homes of 1100 of some of the most vulnerable people within Fife. There are a range of models of care (enablement, end of life support, ongoing maintenance of critical care and support), situated across the whole of Fife for all ages. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement. The service also operates as a key service within the H&SCP with a focus on improving the wellbeing of people who use health and social care services. The National Health and Wellbeing Outcomes sets out clear the expectations that: 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”. 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”. Linked closely to the National and Regulatory expectations of service delivery, is the H&SCP strategic ambition to achieve the best outcomes for the people of Fife using a whole systems approach
OP Nursing & Residential	63.148	This budget funds Nursing & Residential external care packages for Older People over 65 through Nursing and Residential Placements and provides Direct Payments to Service Users to allow them to purchase their own services. It also funds assessment beds to allow for discharge from hospital
OP Residential & Daycare	18.814	OP Residential provides care for people aged 65 and over in 8 Partnership Care Homes across Fife. The service supports hospital discharge through providing Assessment beds for those where Long-Term Care is a likely plan and Interim Beds for those who are medically fit for discharge and awaiting a package of care at home. Long Term Care beds and planned respite beds are provided across all 8 Care Homes. Three of the 60 bed Care Homes provide 32 Short Term Assessment and Review (STAR) beds for those requiring a multi-disciplinary approach to assessing and supporting a service user to develop independent living skills to enable a safe return home with a package of care commensurate to their needs. Daycare Services are now being progressed by external organisation providing Daycare on our behalf from the Partnership Homes. There is currently a review of the STAR bed model to support whole system approach. The staffing establishment is being reviewed with a focus in improving retention, staff wellbeing and reducing reliance on agency.
OP Fife wide	1.683	OP Hospital Discharge Services works with multidisciplinary teams to support people to move from hospital to more appropriate settings. Supporting East Fife Community Hospitals and when required service to Fife Residents in Ninewells and PRI. West covers Victoria and QM Hospitals and Fife Residents in Forth Valley and Clackmannanshire.

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Community Occupational Therapy	5.706	The Community Occupational Therapy Service work with adults within their home environments. The team's remit is to identify both what is preventing or limiting individuals in carrying out essential daily living tasks and what assets are available to overcome these. Intervention will vary from alternative techniques, coping strategies, moving and handling techniques. assistive equipment and adaptations to the home environment. They also provide postural management support if someone has a complex postural management need that impacts upon their ability to support themselves in a sitting or lying position.
Integrated Complex & Critical Care	**147.328**	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adults Fife Wide	8.205	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management.
Adult Supported Living	31.187	Adult Resources provides Accommodation with Care and Support by internal teams either in group settings or single tenancies. Adult Services Resources also provide a Respite and Outreach services. Appropriate Adults provide communication support to vulnerable people (people accused or suspected of committing an offence, a victim or witness) during police procedures. Local authorities are responsible for the provision of Appropriate Adults under the Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019, and the Scottish Ministers are responsible for providing guidance to local authorities on this responsibility under the Criminal Justice (Scotland) Act 2016. The Deaf Communication Service, whilst it is a small service with 4 staff members, covers the whole of Fife delivering support on a duty basis, as well as through organised clinics, delivering training and assessments. The Service provides a plethora of services including Hearing Screening within our Older People residential homes, awareness raising events, BSL training, assessments for equipment and advice on hearing aid maintenance. The service also provides Interpreting, Text Phone and Lip-Reading services to support peoples access to services. Deaf Communication Services is the lead agency for the local BSL plan and works in partnership with 22 other local agencies, as well as involvement in National groups/forums. Adult Services Resources Accommodation with Care and Support and Housing Support has 670 staff providing care and support over 88 settings on an Outreach, 24/7 or Respite basis to 281 of the Partnerships most vulnerable service users. There are a range of models of care, situated across Fife and all are regulated and must meet the National Care standards and contribute to the National Wellbeing Outcomes for staff and service users. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, HMO Licencing, Mental Welfare Commission, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement. Fife Community Support Service (FCSS) has 178 staff delivering services to 182 service users. This can be on a 1:1 basis or as a group. The Service provides a flexible community-based service, for adults aged 16 to 65+ years old, with a range of disabilities, including learning disabilities, physical disabilities, sensory impairments, autistic spectrum disorders and other related issues to lead full and meaningful lives. FCSS support is provided during the daytime, evenings and weekends to suit the identified needs of individuals Fife-Wide. Shared Lives Fife was set up in 1987 and is now established throughout Fife. There are 56 households offering care and support for the Shared Lives Fife service across the region. The service is supported by a team of five social workers and two social work assistants.

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Social Care Fieldwork Teams	21.688	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.
Adult Placements	86.248	Adult Placements supports arrangements for external care packages for adults under 65, following social work assessment, who meet the critical criteria. Support services include Long Term Care, Supported Living and Respite. It also provides Direct Payments to Service Users under SDS option 1 to allow them to purchase their own services, where the critical criteria are met and where the adult makes the choice to manage their own care provision.
Prof & Business Enabling	**3.259**	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	**3.918**	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.

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

Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**8.2**
Report Title:	**Finance Update**
Responsible Officer:	**Lynne Garvey, Director of Health & Social Care**
Report Author:	**Audrey Valente, Chief Finance Officer**

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board 11th July 2025
- Finance, Performance & Scrutiny Committee 16th July 2025

3 Report Summary

3.1 Situation

The attached report details the financial position (projected outturn) of the delegated and managed services. The forecast for Fife Health & Social Care Partnership at 31 May 2025 is currently a projected overspend of £5.221m.

3.2 Background

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

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

3.3 Assessment

As at 31 May 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £5.221m

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

These overspends are partially offset by underspends in:-

- Supported Living & Community Support
- Learning Disabilities

There is also an update in relation to savings which were approved by the IJB in March 2025 and use of Reserves brought forward from March 2025.

Given the projected overspend there is a requirement to develop a recovery plan to ensure financial balance by the end of the financial year. Significant work has been progressed, and this will be reported to the next meeting of the Finance, Performance and Scrutiny Committee

3.3.1 Quality / Customer Care

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

Any recovery plan actions will be developed in conjunction with clinical and medical colleagues. Quality and customer care is a priority for the IJB and work will continue to ensure high quality services are delivered to the people of Fife

3.3.2 Workforce

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

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

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

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

3.3.3 Financial

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

3.3.4 Risk / Legal / Management

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

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

3.3.5 Equality and Diversity, including Health Inequalities

An understanding of how the recovery actions impacts on equality and diversity, including Health Inequalities is important to us and will be considered as part of our assessment process. Aligned to the IJB strategic plan the impact on localities and health inequalities is considered as part of all development work

3.3.6 Environmental / Climate Change

There are no impacts on the environment

Climate Fife 2024 Strategy and Action Plan

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

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

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

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

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

4.4 Recommendation

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

List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at May 2025
Appendix 2 – Direction to NHS Fife
Appendix 3 - Approved 2025-26 Savings Tracker
Appendix 4 – Fife H&SCP Reserves

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

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

9 Implications for Independent Sector

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

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

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

Report Contact

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www.fifehealthandsocialcare.org



Fife Health & Social Care Partnership

Finance Report

Projected Outturn as at 31st May 2025

NHS Fife

Supporting the people of Fife together

Fife Council

FINANCIAL MONITORING

PROJECTED OUTTURN AS AT MAY 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 set for 2025-26 with a requirement to deliver savings of £28m to balance the budget.

A paper to update and supersede the direction which was agreed and issued as part of the budget setting in March 2025, was presented today to committee. This details an increased budget after a further £14.000m of funding was passported from partners. This finance update takes into consideration the additional funding and the new increased budget of £755.561m.

A revenue budget of £52.824m for acute set aside was also set for 2025-26.

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership. A summary of the projected outturn, which is an overspend of £5.221m 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 £9.238m since April. This is after the additional £14.000m of funding is included, and £0.782m is transferred to reserves. This is shown in Table 1 below:

Budget at March	**741.561**
Additional funding	14.000
Updated Budget after additional funding	**755.561**
To reserves	(0.782)
NHS allocations:	
Adjustments between roll forward & opening budget	4.256
Primary Care uplift	4.481
NI	3.900
PCIF to Health retained	(3.702)
Junior Doctors	0.410
Funding from Fife Council for Veterans/ Delayed Discharge etc	0.566
Waiting Times	0.312
Unscheduled care	0.350
Mental Health/ Care Home Nurses	2.447
Misc Income	(4.612)
Vol orgs	1.362
Other	0.250
Budget at May	**764.799**

A direction for the £10.020 increase in NHS funding is included at Appendix 2.

4. Directions

When the budget was approved in March 2025 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. This transfer currently equates to £6.7m but following approval at today's meeting the revised direction supersedes and increases the transfer from NHS Fife to Fife Council to £8.5m.

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.

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

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

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £5.221m overspend. This is shown in Table 2 below.

Fife Health & Social Care Partnership					
Provisional Outturn as at May 2025					
Objective Summary	**Budget May**		**Forecast Outturn May**		**Variance as at May**
	£m		**£m**		**£m**
Community Services	169.371		174.535		5.164
Hospitals and Long-Term Care	70.107		69.177		(0.930)
GP Prescribing	87.784		88.786		1.002
Family Health Services	105.190		105.572		0.382
Children's Services	19.424		19.204		(0.220)
Homecare Services	70.502		72.010		1.509
Older People Nursing and Residential	61.843		61.842		(0.001)
Older People Residential	18.685		19.435		0.750
Older People Fife Wide/ Hospital Discharge	1.683		1.657		(0.026)
Occupational Therapy & ICASS	5.706		6.147		0.441
Adults Fife Wide	10.040		10.018		(0.022)
Adult Supported Living	32.891		30.365		(2.526)
Social Care Fieldwork Teams	24.988		24.580		(0.408)
Adult Placements	79.410		79.695		0.286
Social Care Other	(5.706)		(5.706)		0.000
Business Enabling/Professional	11.249		11.069		(0.180)
Housing	1.633		1.633		0.000
Total Health & Social Care	**764.799**		**770.020**		**5.221**

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

	Budget May	**Forecast Outturn May**	**Variance at May**
	£m	**£m**	**£m**
Primary Care & Preventative	270.763	270.811	0.048
Complex & Critical Care	225.177	223.461	(1.716)
Community Care	229.144	232.130	2.986
Professional & Business Enabling	24.541	24.969	0.428
Other	15.173	18.649	3.475
Total HSCP	**764.799**	**770.020**	**5.221**

5.1 Financial Analysis

The projected financial position at May is an overspend of £5.221m. The main areas of overspend are

Prescribing £1m overspend
Prescribing data runs two months behind and therefore the projection is currently based on data from last year. In 2024-25, there were 7.895m items at a cost per item of £10.81, (a 2.84% increase on items from 2023-24). Assumptions included in the projection are an average price of £10.95 (Jan-Mar average was £10.97) and a 3% increase in year-on-year items. Assuming all efficiencies are met this would result in a £1.002m overspend. The assumptions applied to both volume and cost per item will fluctuate as the year unfolds and will be reassessed as actual data becomes available.

Service Level Agreements (SLAs) £3.5m overspend
SLAs are projecting a year end overspend of £3.5m. This consists of £0.600m due to a surcharge for an existing patient who is now deemed to be in delay. £1.4m of overspends on SLAs with Lothian, Tayside and Forth Valley. Slippage of £1.4m in saving delivery due to delays in returning patients to Fife. Work continues to advance the progression of patients returning to Fife, and to determine whether there is any scope to negotiate a price reduction with out of Fife providers. A deeper dive into the overspends on SLAs with Lothian, Tayside and Forth Valley will be undertaken.

Mental Health and Psychology £1.9m overspend
Mental Health and Psychology budgets are projecting an overspend of £1.9m. Inpatient bed numbers are currently higher than budgeted levels, work is underway to reduce the bed numbers and provide increased support in the community. 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. The £1.9m projected overspend also includes £0.523m non delivery of savings which will remain under review throughout the year, and an alternative sought if required.

Care at Home internal £1.5m overspend
Care at Home hours delivered exceed the budgeted position, due to continued increased demand from both the hospital and community aligned to the ageing population. Work is underway to develop further performance metrics, which will support close scrutiny by SLT to continue.

Older people residential - £0.750m
There is an overspend within Fife Council internal care homes relating to cleaning & catering recharges. Discussions will continue to ensure close scrutiny and actions taken to reduce spend wherever possible.

The main areas of offsetting underspend are

Supported Living and Community Support - £2.6m underspend
Underspends remain in supported living and community support due to vacancies and difficulty in recruitment.

Learning Disabilities - £0.958m underspend
Underspends in Learning Disabilities from vacant posts, many of these posts are specialist and difficult to recruit to.

6. Savings

Savings approved by the IJB for 2025-26 total £29.424m. £27.447m is currently on track to be delivered (93% delivery).

The £29.424m consists of savings approved in 2025-26 of £12.347m, as well as brought forward unachieved savings from 2024-25. Unachieved savings included in the medium-term financial strategy were £15.277m, this paper recognises that these were based on known factors at a point in time. Savings unachieved as of March 2025 totalled £17.077m and this balance was brought forward to be delivered in 2025-26.

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

a) Timing of reporting - Given we are only in month 2 there may be an element of uncertainty to some aspects of delivery of savings. Our increased scrutiny in the shape of 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.

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.

   Further detail of savings is shown at Appendix 3 which also includes additional narrative captured through the PRU process which should provide assurance to committee in relation to progress.

7. Reserves

Reserves brought forward to April 2025 were £1.712m, as shown in Table 4.

Table 4

Reserves Balances	**Opening Balance @ April 2025**
Earmarked Reserves	0.574
Reserves Committed	1.138
Total Reserves	**1.712**

As part of the updated budget direction presented today, £0.782m was to be transferred to reserves available for use. A request to the IJB will follow as part of the recovery plan to draw down and utilise the £0.782m to reduce the projected overspend.

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.

A recovery plan with mitigating actions is being developed and will be presented to the next meeting of the IJB.

9. Risks

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

10. Key Actions / Next Steps

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

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

Delivery of savings is a key priority for the IJB and the Chief Officer will continue to monitor, scrutinise and drive forward delivery of the agreed savings. Weekly Progress Review Update meetings will continue to take place to ensure savings are being progressed.

Continued scrutiny of all vacant posts through a weekly recruitment panel.

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

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

As a result of the financial challenges faced by the IJB, the increased frequency of meetings with both partners and The Chair and Vice Chair of the IJB will continue.

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

Audrey Valente
Chief Finance Officer
16th July 2025

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Appendix 2

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	**2025.007 (DRAFT)**
2	**Report Title**	Additional Funding 2025-26
3	**Date Direction issued by Fife Integration Joint Board through the Chief Officer**	30th July 2025
4	**Date Direction Takes Effect**	30th July 2025
5	**Direction To**	NHS Fife
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	
7	**Functions Covered by Direction**	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	**Full Text of Direction**	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHs Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

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9	**Budget Allocated by IJB to carry out Direction**	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
10	**Performance Monitoring Arrangements**	Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	**Date Direction will be reviewed**	30th September 2025

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	10.020	Total Additional Budget to be spent on NHS Services
Portfolio/ Service	**Budget £M**	**Narrative**
Primary Care & Preventative	**17.804**	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	2.943	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	10.343	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	(0.017)	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Rheumatology	0.380	
Fife Public Dental Service	(1.086)	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	(0.223)	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.
Advanced Health Practitioner Services Fife-wide	(0.499)	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)	(0.271)	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	1.357	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	(0.087)	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	0.148	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	4.816	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	**2.534**	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Care Of The Elderly Inpatients	(1.716)	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.

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Icass Division	(0.402)	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 int their community wherever possible. The ICASS services and functions are as follows - Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team). Assessment and Rehabilitation Centres - Developing into Community Frailty Team The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife. Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided. Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation. Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided. Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.
Community Nursing Services	(0.205)	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	0.237	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	4.390	Management + Admin support to Integrated Community Care Teams

DRAFT

Fife Equipment Loan Store Service	0.002	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Community Flow and Integrated Discharge Hub	0.228	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	**8.747**	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	7.905	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	(0.007)	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	0.849	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	**(1.443)**	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	**(17.622)**	HSCP allocations awaiting distribution & Board Vol Orgs

DRAFT

APPENDIX 3 OPPORTUNITIES	2024-25 Unachieved Balance brought fwd	2025-26 Additional - New savings	2025-26 Total savings to be delivered	2025-26 Projected non achieved	2025-26 Status from PRU	2025-26 Narrative - Update from PRU
Medicines Efficiencies	0.614	1.230	1.844		Green	On track to deliver - rebates, script switch and medicines wastage. Risk of medicines going into short supply.
Locum Savings	1.153	0.800	1.953		Amber	Reduction in locum usage from Direct Engagement, recruitment to substantive posts from 'grow your own' initiatives and international recruitment
Transport Review	0.000	1.000	1.000		Red	Travel and transport survey out to employees across HSCP. 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.
Recovery Plan others (Small Value)	0.000	0.067	0.067		Green	On track
Nurse Supplementary Staffing	1.000		1.000		Amber	Further successful NQP's recruitment event, now 41wte for MH, 30 CCS, 7 for LD Services. Come September, this will support reduction in supplementary staffing. Planned summer school and robust NQP Induction to ensure support and retention of NQP's. All recruitment efforts underway with RtP advert, Open university applications, EHNC routes and further scoping of Band 4's A reduction in the use of surge beds is also required
Reprovision of out of area care packages	0.000	2.330	2.330	1.454	Red	Delays in reprovision of packages and bringing patients back to Fife have resulted in the projected non achievement of 62% of this saving. Work in underway to review all other patients and find substitute savings
Mental Health Redesign	4.192		4.192	0.523	Amber	Plans to repurpose inpatient rehab wards. Capital funding is available for refurbishment and redesign works. Planned reduction in inpatient bed base and further provision of support in the Community. Reduction in surge beds, will reduce bank staff usage. Work is underway to identify a solution to the £0.523m undelivered brought forward saving.
Assessment and Rehabilitation Centres (ARCs) Redesign	0.000	0.300	0.300		Green	On track
Transforming Business Administration Project, Digital Programme	0.000	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. Work continues with NHS.
Community Rehabilitation & Care	1.000		1.000		Green	SBAR has been approved by NHS and capital funding has been allocated to allow this to progress. Staff are well informed.
Review of Respite care	0.000	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)	0.000	1.125	1.125		Green	On track
Income - Charging for services - to be funded	0.000	0.500	0.500		Green	On track
Nursing & Residential - reprovision of care home beds	2.500		2.500		Amber	Budget buys 2000 beds, if we can remain within this number the saving will be achieved. Continues to be demand led and regular scrutiny at a weekly multi-disciplinary panel continues
Commissioning of Adult Care Packages	2.250		2.250		Green	40% of the saving has been delivered to date. Work continues to review staffing requirements and commissioned care. Dedicated staff member is assisting in progress.
Commissioning Centre of Excellence	0.068		0.068		Green	On track
Group Homes	0.050		0.050		Green	On track
Transforming Overnight Care	2.915	3.000	5.915		Amber	32% of total cases allocated for review, 23% completed. Dedicated team being assisted by other SW staff to push forward and review remaining cases.
Home First and Community Care Services Transformations Programme (SHC)	1.335	0.500	1.835		Green	On track to deliver, full year effect of reduction in hours at year end will ensure 100% of this saving
TOTAL	**17.077**	**12.347**	**29.424**	**1.977**		

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

*Additional reserves from updated direction would increase the total balance to £2.294m and reserves available for use would be £0.782m

Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**8.3**
Report Title:	**Annual Performance Report 2024 to 2025**
Responsible Officer:	**Audrey Valente** **Chief Finance Officer** **Fife Health and Social Care Partnership**

1 Purpose

This Report is presented to the Integration Joint Board for:

- **Discussion** - The Board is asked to review the Annual Performance Report 2024 to 2025 and provide final approval for publication and circulation to partner agencies (Scottish Government, Fife Council and NHS Fife).
- **Assurance** - The Annual Performance Report is provided to the Integration Joint Board to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.

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

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

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

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

2 Route to the Meeting

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

- Senior Leadership Team – 16th June 2025
- Quality and Communities Committee – 4th July 2025

  Minor grammatical improvements were suggested.

  The Committee agreed that the draft report should progress to the Integration Joint Board for final review and approval.
- Finance, Performance and Scrutiny Committee – 16th July 2025

  Financial sections reviewed and updated.

  The Committee agreed that the draft report should progress to the Integration Joint Board for final review and approval.
- Strategic Planning Group – 18th July 2025

  Discussion regarding the statutory guidance for annual performance reports (available here: www.gov.scot/publications/annual-performance-reports-statutory-guidance/). It was agreed that the content requirements will be reviewed for next year's Annual Performance Report.

  The Strategic Planning Group agreed that the draft report should progress to the Integration Joint Board for final review and approval.

3 Report Summary

3.1 Situation

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. To ensure that performance is open and accountable, Section 42 of the Act requires integration joint boards to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

Fife Integration Joint Board/Fife Health and Social Care Partnership is required to publish a performance report covering performance over the reporting year no later than four months after the end of that reporting year.

Reporting years begin on 1 April annually. For example, a performance report covering the period April 2024 to March 2025 is required to be published no later than the end of July 2025.

3.2 Background

The Strategic Plan for Fife sets out the vision and future direction of health and social care services in Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally along with the six Public Health Priorities for Scotland.

The Annual Performance Report is structured using the nine national health and wellbeing outcomes to emphasise the links between the national indicators and local performance. This approach also enables comparison of performance across multiple years, and across different health and social care partnerships.

The main body of the report focuses on performance during 2024 to 2025, and includes updates and examples of improvements and achievements completed during this timescale. Managers across the Partnership provided narrative, graphs and photographs for their services and teams; these have been combined into 41 separate performance updates/examples.

In addition to the Easy Read Version provided in Appendix 2, a Sway version is also available here:
https://sway.cloud.microsoft/2rZFN9VlhsJxYhNA?ref=Link

3.3 Assessment

The purpose of the Annual Performance Report is to provide a balanced assessment of the Partnership's performance over the period 2024 to 2025 This includes areas of best practice, specific achievements, and performance appraisal in accordance with the national indicators.

3.3.1 Quality / Customer Care

Quality assurance is managed through existing policies and procedures. No additional impact on customer care is anticipated.

3.3.2 Workforce

The activities highlighted in the Annual Report are retrospective and relate to the operationalisation of the Partnership's Strategic Plan. No additional impact on workforce.

3.3.3 Financial

The previous years financial performance is used as the baseline for setting the medium-term financial strategy, alongside cost pressures, inflation and demographic growth. Collectively this information is used to identify any budget gap and required savings over the medium term.

3.3.4 Risk / Legal / Management

Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014, Fife Health and Social Care Partnership is required to publish an annual performance report

setting out an assessment of performance in planning and carrying out the integration functions that we are responsible for. This Annual Report ensures that we meet this legislative requirement.

Further information is available here: The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 (legislation.gov.uk).

3.3.5 Equality and Diversity, including Health Inequalities

Equality responsibilities, including children's rights, health inequalities and anchor institute ambitions are usually considered during strategic planning, service planning and service delivery.

Equality Impact Assessments are required when new policies, strategies, or services are being developed and/ or when existing ones are being reviewed, particularly where the proposed change(s) has the potential to impact people differently based on their protected characteristics.

This Annual Performance Report 2024 to 2025 includes updates on activities and services that have already been completed. The report does not include any proposed changes to the Partnership's policies, strategies or services and therefore an Equality Impact Assessment is not required.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

No formal consultations have been carried out. All of the information provided was collected through discussions with key stakeholders.

4 Recommendation

- **Discussion** - The Board is asked to review the Annual Performance Report 2024 to 2025 and provide final approval for publication and circulation to partner agencies (Scottish Government, Fife Council and NHS Fife).
- **Assurance** - The Annual Performance Report is provided to the Integration Joint Board to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Annual Performance Report (Final Draft)

Appendix 2 – Annual Performance Report – Easy Read Version

6 Implications for Fife Council – This report is retrospective; there are no additional implications.

7 Implications for NHS Fife – This report is retrospective; there are no additional implications.

8 Implications for Third Sector – This report is retrospective; there are no additional implications.

9 Implications for Independent Sector – This report is retrospective; there are no additional implications.

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

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

11 To Be Completed by SLT Member Only (must be completed)

Lead	**Audrey Valente**
Critical	
Signed Up	
Informed	

Report Contact

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www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership



Annual Performance Report 2024-2025





NHS Fife

Supporting the people of Fife together

Fife Council

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A message from our Chair

It is a privilege to introduce this year's Annual Report as the newly appointed Chair of the Fife Integration Joint Board. I would like to begin by acknowledging the exceptional leadership of my predecessor Arlene Wood, whose dedication and steady guidance helped steer us through the last three years. Her commitment has laid a strong foundation upon which we continue to build.

We also warmly welcome Lynne into her new role as Director of the Fife Health and Social Care Partnership. Lynne brings a wealth of experience and a fresh perspective to the team at a time when strategic leadership is more vital than ever.

This year has not been without its challenges. The continued local impact of national funding constraints, coupled with the enduring legacy of higher inflation, and the demand for services has placed sustained pressure on our financial position. We have been required to make difficult decisions to ensure services remain resilient.

Workforce challenges have also persisted. Like many across the sector, we face ongoing difficulties in recruiting, retaining, and developing a skilled, motivated, and future-focused workforce. Addressing these issues remains a key priority, and we are committed to creating a culture that supports and values those delivering care and support.

Despite these headwinds, there is much to be proud of. We have made tangible progress in implementing Fife Health and Social Care Partnership's equality outcomes, reaffirming our commitment to inclusive and equitable service delivery. Our integrated working with partners has continued to strengthen, enhancing the coordination and effectiveness of the support we provide to individuals and communities across Fife.

As we look ahead, we do so with a clear sense of purpose and collective responsibility. This report reflects not only the challenges we have faced but also the resilience, innovation, and dedication of our teams and partners.

Together, we will continue to evolve and respond to the needs of those we serve, building a health and social care system that is fit for the future.



David Ross
Chair, Fife Integration Joint Board

Foreword

I am delighted to take on the role of Director of the Fife Health and Social Care Partnership and Chief Officer of the Integration Joint Board. It is a great privilege to step into this position, and I do so fully aware that I am following in the footsteps of two exceptional leaders, Nicky Connor and Fiona Mckay, whose commitment and vision have helped shape the Fife Health and Social Care Partnership into what it is today. Their legacy is deeply appreciated.

Over the past year, we have experienced several senior leadership changes, with more to come later this year. During this time of transition, I want to offer clear assurance that there is a strong commitment to stability, progress, and continuity. Our leadership team—present and emerging—is fully focused on maintaining high standards, providing consistent direction, and ensuring the organisation continues to be well led.

Like many across health and social care, we have faced significant challenges over the past year. The implementation of our Savings Recovery Plan was essential to addressing financial pressures while continuing to deliver high-quality, person-centred care. I would like to extend heartfelt thanks to all our staff who have pulled together, showing resilience, creativity, and a deep sense of shared purpose.

Our workforce remains our most valuable asset. Supporting their health and wellbeing is a key priority. We are committed to ensuring they have the resources and backing needed to deliver the very best care across Fife's communities. The success of our leadership programme and collaborative efforts to recruit and develop the workforce of the future are powerful examples of what we can achieve when we invest in our people.

There is much to be proud of. We've made meaningful progress in advancing our health and social care community model—empowering people to take an active role in improving their own health and wellbeing, reducing illness through healthier lifestyles, and accessing care through more local, community-based services. Our focus on reducing delayed discharges and helping people return home or to a homely setting as quickly as possible is delivering real results.

Our achievements are the result of collective effort. We have an amazing workforce, and we simply could not do what we do without them. Their dedication is at the heart of the difference we make every day in the lives of the people of Fife.

Finally, thank you to the people of Fife for continuing to engage with us. Their voices help shape our services to ensure they meet the needs, both now and into the future. Together, we are building a sustainable, responsive, and compassionate system of care.



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

Introduction and Background

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. Every Integration Joint Board in Scotland has to have a Strategic Plan that sets out the vision and future direction of their health and social care services. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally. Strategic Plans are reviewed regularly to make sure that they are still relevant to the needs of the area and the people who live there.

Fife Integration Joint Board is responsible for the strategic planning, resourcing, and the operational oversight of a wide range of health and social care services. Over the last year we have worked collaboratively with partners and individuals across Fife to progress the implementation of our Strategic Plan 2023 to 2026, and to deliver the essential, extensive, and transformational improvements set out in our Year Two Delivery Plan. Fife's Strategic Plan can be found here: **www.fifehealthandsocialcare.org**.

To ensure that performance is open and accountable, Section 42 of the Public Bodies (Joint Working) Scotland Act requires integration joint boards to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible. You can find copies of our Annual Performance Reports here: **www.fifehealthandsocialcare.org**.

This Annual Performance Report is structured using the nine national health and wellbeing outcomes to emphasise the links between the national indicators and local performance. This approach also enables comparison of performance across multiple years, and across different health and social care partnerships. The Report highlights some of the improvements and innovations that we have delivered over the last year. It acknowledges the exceptional effort, expertise, and commitment of our employees who strive every day to make a difference, and to positively support you, the people of Fife, to live independent and healthier lives.



Demographics

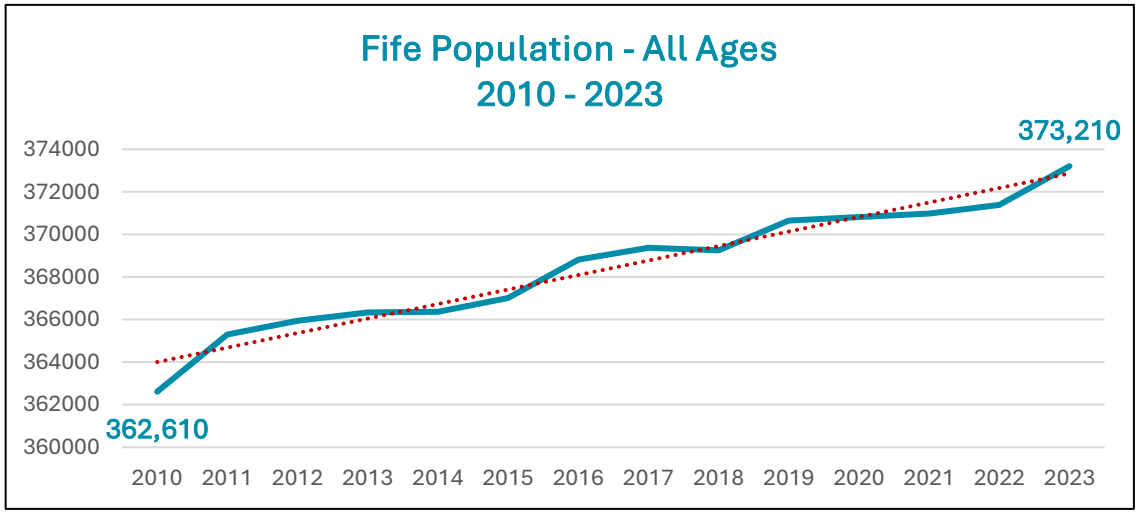


Fife has a population of **373,210**

This is an increase of 2,390 people (0.6%) since 2020.
(National Records of Scotland, 2024).

By 2043 Fife's population is expected to decrease to 364,164.

However, only younger age groups are expected to decrease, older age groups will see an increase in numbers.



Fife, like Scotland, has experienced a number of decades of steady growth in its population. However, fewer children, fewer working-age adults and more older people (particularly the very old) will have implications for service demand and the cost of providing future public services across Fife.

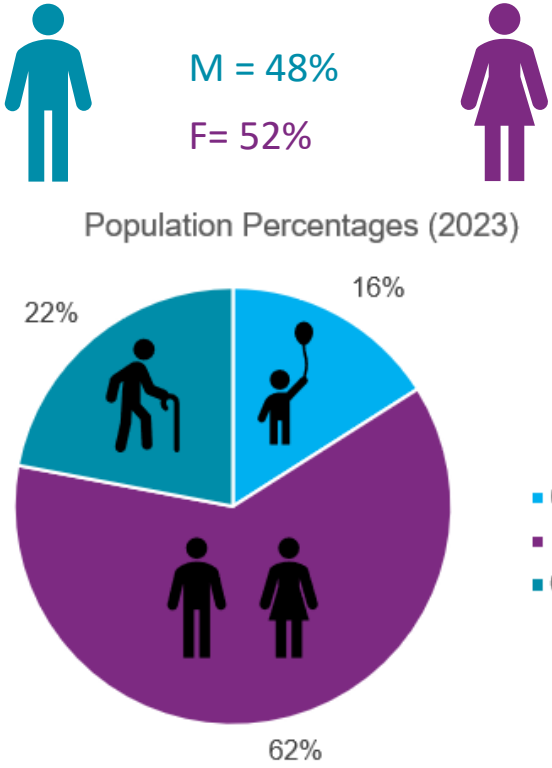
With a life expectancy of 77 years, men in Fife are estimated to live 59 years in relatively good health.

Women are expected to have a longer life expectancy (81 years) and slightly lower healthy life expectancy (55 years).

(National Records of Scotland, 2024).

M = 48%

F= 52%



(All data from National Records of Scotland, 2024)

Strategic Plan for Fife 2023 to 2026

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

The Strategic Plan has five strategic themes:



These priorities provide a framework for all of the work that we do to support people and communities across Fife. This includes our collaborations with other health and social care providers, particularly our partners in the third and independent sector, and the many thousands of carers who work hard to make a difference every single day. This table links the Partnership's strategic themes to the national Health and Wellbeing Outcomes and the examples provided in this report.

Strategic Theme	National Health and Wellbeing Outcomes	Relevant Examples in this Annual Performance Report
Local	1, 2, 3, 4, 5, 7, 8, 9	1, 2, 5, 7, 13, 14, 16, 20, 23, 24, 30, 34, 36, 37, 39, 41
Sustainable	1, 2, 3, 4, 5, 7 ,9	1, 8, 10, 13, 14, 16, 18, 21, 27, 29, 30, 37, 38, 39, 40, 41
Wellbeing	1, 2, 3, 4, 5, 6, 7, 8, 9	1, 2, 4, 6, 7, 8, 10, 13, 14, 15, 16, 22, 23, 24, 25, 26, 30, 35, 39, 41
Outcomes	1, 2, 3, 4, 5, 6, 7, 8, 9	1, 2, 3, 4, 7, 8, 10, 11, 12, 13, 14, 16, 20, 21, 22, 25, 28, 30, 34, 39, 41
Integration	1, 2, 3, 4, 5, 6, 7, 8, 9	1, 2, 3, 4, 7, 8, 9, 12, 13, 14, 16, 17, 19, 20, 24, 30, 31, 32, 33, 34, 36, 37, 39, 40, 41

The Strategic Plan is supported by annual delivery plans which provide a framework for the programme of work that is planned and delivered each year. Our Year Two Annual Report was approved by the IJB in March 2025. This report includes an overview of our performance towards the implementation of the Strategic Plan and an update on all of the 77 actions planned for 2024. Overall, the Partnership is making good progress in challenging times, and is on track to implement the strategic priorities set out in the Strategic Plan within expected timescales. There have been some significant changes, both nationally and locally, over the last few years, particularly financial pressures and workforce availability. Therefore, some of the activities that were originally planned have evolved to address new requirements, or they have been replaced with more effective alternatives.

More information on the national outcomes and public health priorities is included in Appendix 2 of this report.

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





Locality Planning

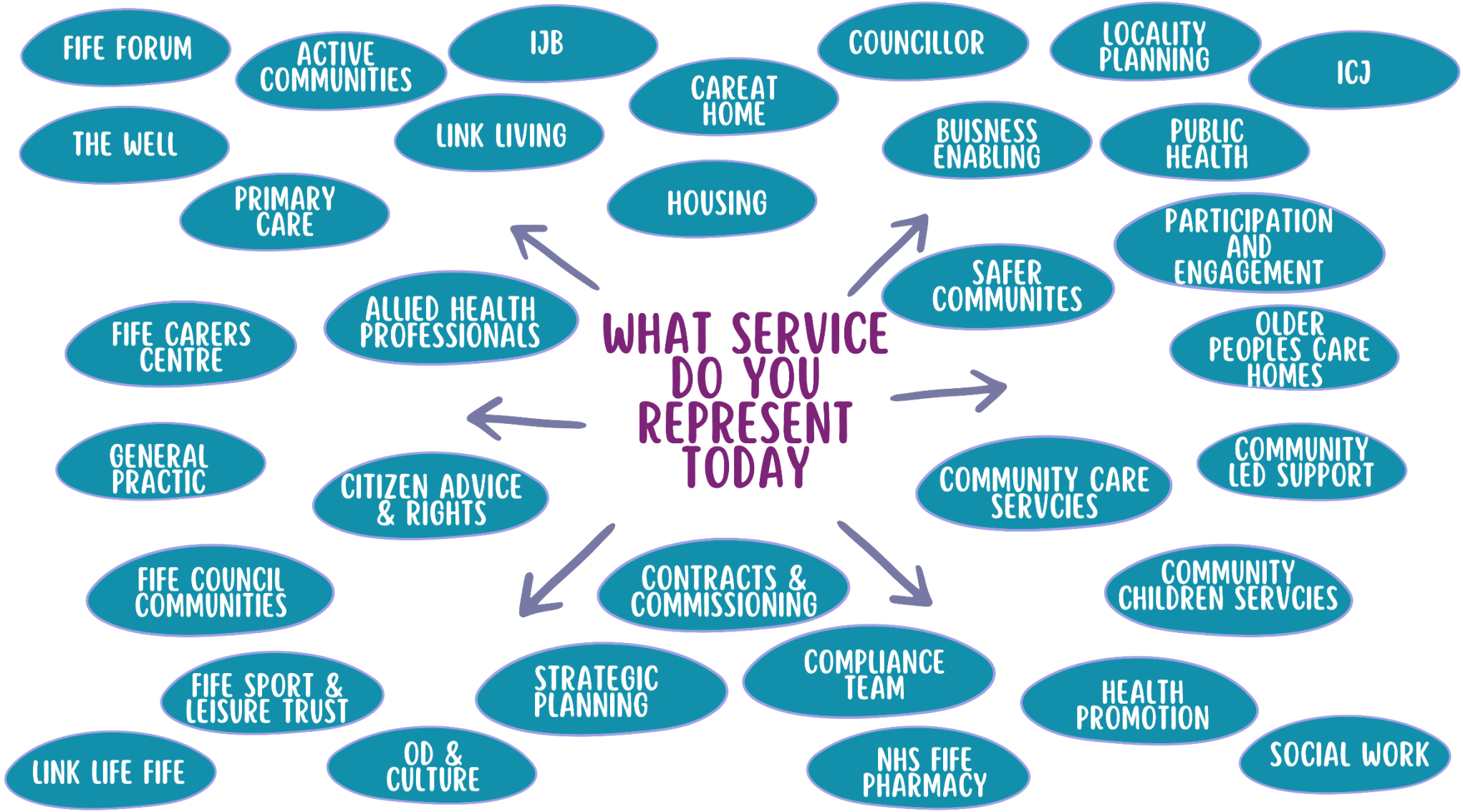
The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees. A focus on locality working is one of our five key themes within the strategic plan. To demonstrate commitment and leadership to locality planning there is a member of Senior Leadership Team (SLT) assigned to support each locality group. There is also a commitment to present an Annual Report to the seven Fife Council Area Committees, proving an overview of locality planning and any joint areas of interest.

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes. The overarching goals of localities are to:

- Promote healthy lifestyle choices and self-management of long-term conditions
- Support people to live healthy well independent lives while living in their own home for as long as possible
- Reducing the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital
- Efficiently and effectively manage resources available to deliver Best Value
- Support staff to continuously improve information and support and care that they deliver
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing

For more information please contact: **hscplocalityplanning@fife.gov.uk.**

Who is involved in Locality Planning?



“Making a difference in our communities” – key developments during 2024 to 2025

Locality Planning has gone from strength to strength. Critical to the success has been the collaborative/systems working approach. This has enabled locality groups to play a powerful role in making integration a success across Fife. By applying the insights, experience, and resources the partnership has been able to improve local networks, develop robust, productive professional relationships and improve outcomes. The diagram below highlights areas of work undertaken by locality planning groups in 2024 to 2025.



Highlights from 2024 to 2025

- **Falls Prevention**: A new pathway between Mobile Emergency Care Service and Fife Cares (community safety) led to a 120% increase in referrals, expanding to a Fife-wide service.
- **Unpaid Carers Support**: Over £350k allocated to projects benefiting unpaid carers, with the impact of round one projects currently under evaluation.
- KY **Clubs**: New clubs in Levenmouth, Kirkcaldy, and Cowdenbeath support individuals affected by drugs and alcohol, providing access to vital services.
- **Mental Health Response Car**: Levenmouth Area Committee funded a Mental Health Response Car to assist emergency services with mental health calls, funded through to June 2025.
- **Homelessness Support**: The "Ending Homelessness Together" board funded a link worker post in Kirkcaldy, engaging over 80 individuals at risk of homelessness.
- **Home First Initiative – weekly Primary Care Verification**: The Home First test of change, concluded in October 2024, due to the success it is now part of "business as usual."
- **Mental Health Training**: Glenrothes locality group provided mental health training and resources to support the local workforce.
- **Power of Attorney Campaign**: A campaign encourages and supports individuals to set up a Power of Attorney.
- **Community-Led Support Service**: Partnered with the Acute Hospital "Waiting Well" initiative, ensuring all patient letters included local support information "The Well".
- **Life Curve Project**: Kirkcaldy Locality Group promoted "ageing well" with the Fife Voluntary Action and Fife Council Housing test of change, showing positive feedback and data outcomes.
- **Moving More (physical activity):** The Cowdenbeath Locality Planning Group awarded funding to Fife Sports and Leisure Trust to subsidise the cost of attending health classes. This initiative led to a 70% increase in class attendance, encouraging more people to engage in physical activity.

KY Clubs – Bringing services together to support people affected by substance use.

The informal café-style layout and relaxed atmosphere allows people to get a bite to eat, a warm drink and to access food and other provisions. Workers in recovery from substance use host the event and provide support during the café and offer community-based support for people at all levels of need. Other services on offer are:

- Same day access and prescribing for Opiate Replacement Therapy from NHS Fife Addictions Service.
- Blood Borne Viruses (BBV)/sexual health testing and treatment.
- Housing support.
- Specialized family support.
- Wound care.
- Community based mental health support.

Success and roll out:

- Over 60 people have accessed Opiate Replacement Therapy and have started their recovery journey.
- On average, more than 20 people attend each week.
- Two more one stops were developed led by the Fife Alcohol and Drug Partnership Support Team and the Locality Team in Kirkcaldy locality and Cowdenbeath locality where there are higher rates of harm than in Fife overall.
- ADAPT has developed in partnership with women with lived and living experience a one stop shop for women in Methil.

Awards

Leading Women in Care Awards 2025

Alyson Vale, Abbotsford Care (Glenrothes) Ltd won the **Leading Women in Care Award**.





Baby Friendly Gold Award from UNICEF

NHS Fife Maternity, Neonatal and Community Children's Services have achieved gold standard status.





Health Care Support Worker Award at the Scottish Health Awards
Karli Whittle, Dietetic Assistant in the Eating Disorder Advanced Intervention Team won the **Support Worker Award.**





Scottish Charity Awards 2024
Fife Young Carers won **Charity of the Year**

Further information is available here: **https://scvo.scot/scottish-charity-awards/previous-winners/winners**

Scottish Care Home Awards 2024

Carol Davidson, Bandrum Nursing Home won the **Emerging Talent Award.**



The Care Home Team at Leven Beach Care Home was a finalist for the **Palliative and End of Life Care Practise Award.**

Benore Care Home was a finalist for the **Care Home Service of the Year Award.**

Further information on the Scottish Care Awards 2024, and all of the finalists, is available here: **https://scottishcare.org/care-home-awards-2024/**

Scottish Care at Home Awards 2024

Fife's Care at Home Collaborative was a finalist for the **Care Innovation Award**.

Further information on the Scottish Care at Home Awards 2024, and all of the finalists, is available here:
https://scottishcare.org/care-at-home-and-housing-support-awards-2024/

National Association of Care Catering Awards Ceremony

The Meals on Wheels Team were runners up at the **National Association of Care Catering Awards Ceremony**



Professional Achievements

Lynn Barker, Director of Nursing became an
Honorary Senior Lecturer with the University of Dundee



Roy Lawrence, Principal Lead for Organisational Development and Culture becomes a **Chartered Fellow of the Institute of Personnel and Development**



Dr Stephen Fenning, Dr Steinnun Boyce and Dr Joanna Bowden were made **Fellows of the Royal College of Physicians of Edinburgh**



NHS Fife 2024 Staff Awards

The **Service Improvement and Innovation Award** was won by Sexual Health Fife.



The **Team of the Year (Primary Care) Award** was won by the Community Palliative Care Team – Outreach.



Equality Outcomes

Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. As part of the development work for our Strategic Plan we reviewed and updated our equality outcomes. These are our equality outcomes for 2023 to 2026.

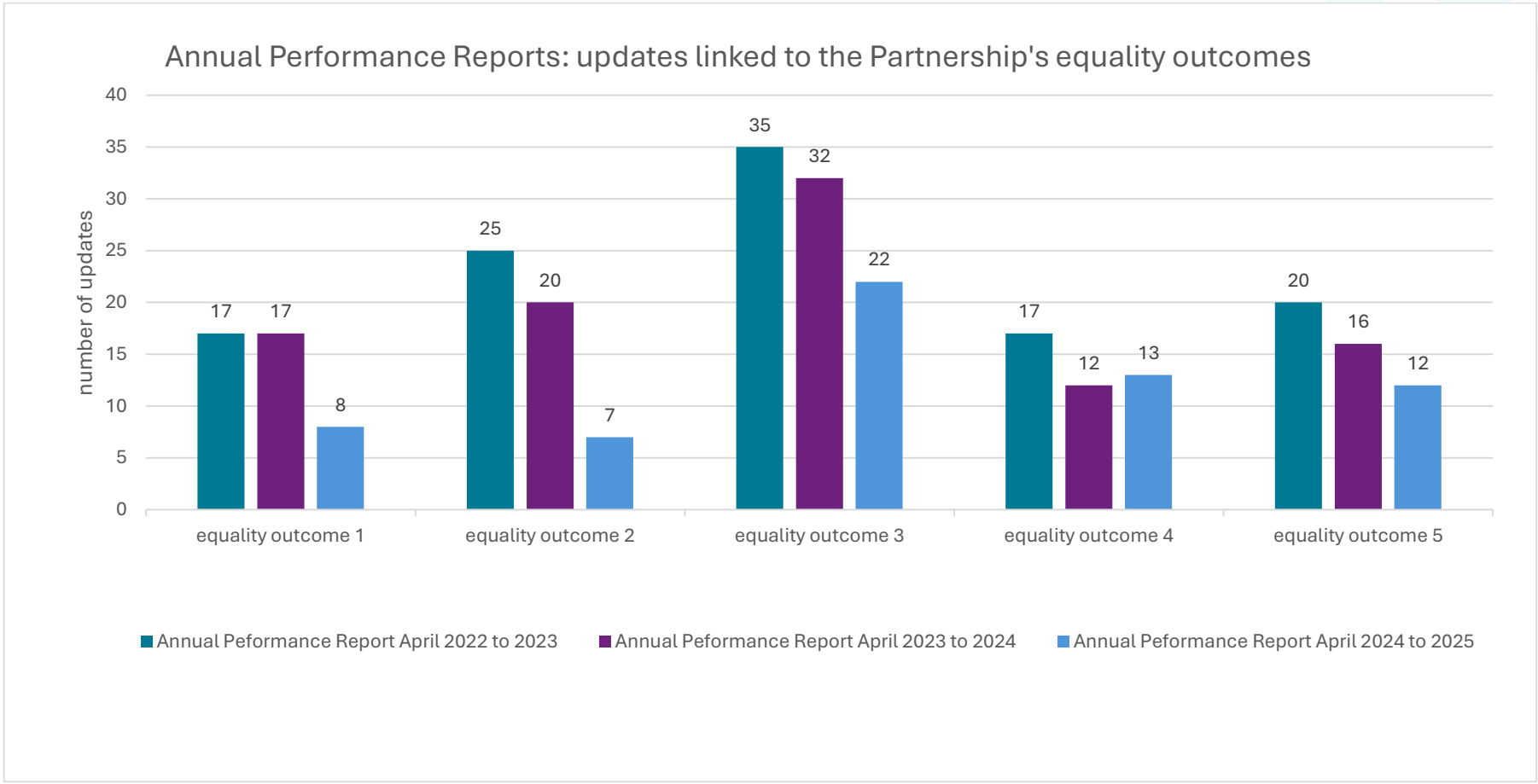
1. Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
2. Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
3. Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
4. Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
5. Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.



During 2024 a SWAY was developed and circulated to employees via the Director's Briefing to provide support for colleagues who complete Equality Impact Assessments during the development of key policies and strategies, and during strategic planning and decision making. In the last quarter of 2024, a dedicated area for equalities was developed on the Partnership's Website. This area includes all of the Equality Impact Assessments that have been published as well as information about equality, diversity and inclusion. Further information is available here: https://www.fifehealthandsocialcare.org/abour-us/equalities/.

Fife Integration Joint Board published its 'Mainstreaming the Equality Duty and Equality Outcomes Progress Report' in January 2025. This includes updates on the progress made towards achieving the equality outcomes listed above. The full document is available here: **https://www.fifehealthandsocialcare.org/about-us/publications/**.

Many of the updates in the Partnership's Annual Performance Reports are linked to the implementation of the Partnership's equality outcomes. This graph highlights the number of updates that support each equality outcome over the last three years. Some updates support more than one equality outcome.



Examples of progress towards the Partnership's equality outcomes that have been included in our Annual Performance Reports.

Our Performance

This section of the Annual Performance Report provides an assessment of our performance over the last year in relation to the National Health and Wellbeing Outcomes for Health and Social Care. Further information on the national health and wellbeing outcomes is available here: **www.gov.scot/publications/national-health-wellbeing-outcomes-framework.**

In this Report, each of the nine national outcomes is linked to the relevant national integration indicator(s) and includes Fife's performance information for the financial years 2023 to 2024, and 2024 to 2025. The national integration indicators are reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The Survey is run every two years and is sent out by post to a random sample of people who are registered with a General Practitioner (GP) in Scotland. It asks people about their experiences of accessing and using health and social care services. The information collected enables comparisons with different Health and Social Care Partnerships across Scotland, and across different years. Further information on the national integration indicators, including Fife's performance over the last five years is included in Appendix 3.

The performance information for each outcome is supported with some examples and updates on our key activities and achievements over the last year. Some of these updates may be relevant to more than one outcome, they have been grouped under the most relevant national outcome.



Outcome 1: Health and wellbeing are improved

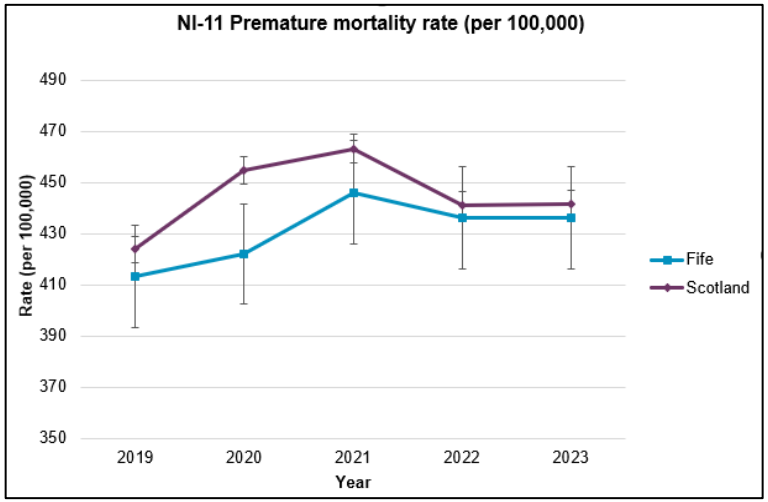
People are able to look after and improve their own health and wellbeing and live in good health for longer.

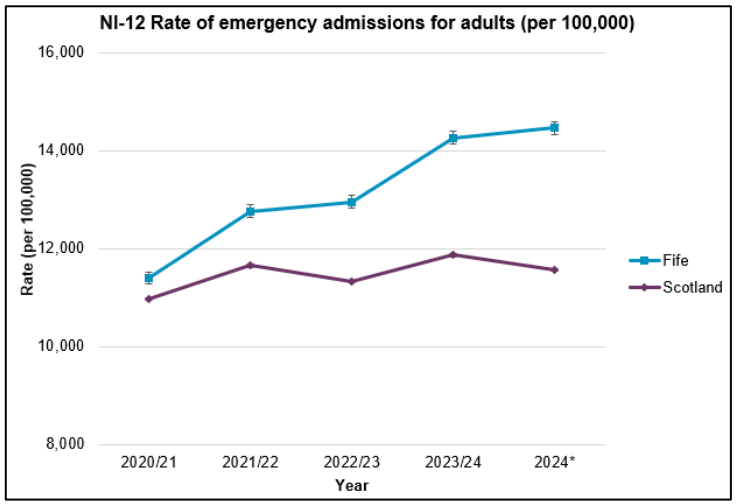
Indicator	Title	Latest Data	Fife	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well.	2023/2024	91.4%	90.7%
NI - 11	Premature Mortality Rate per 100,000 persons.	2023	436	442
NI - 12	Emergency admission rate (per 100,000 population).	2024	14,460	11,559

NI – 1 Fife is broadly the same as Scotland for *Percentage of adults able to look after their health very well*. In the most recent period (2023/24), Fife's figure was 91.4%, slightly above Scotland at 90.7%

NI - 11 Fife has tended to have a lower rate of premature mortality than Scotland, though this gap has narrowed in recent years. The most recent data shows Fife with a rate of 436 per 100,000, compared to Scotland with a rate of 442 per 100,000, in 2023.

NI – 12 Fife has a consistently higher rate than Scotland for emergency admissions. The rate has generally been increasing in Fife in recent years.





1. Fife Loves Life - Fife Child Healthy Weight Service

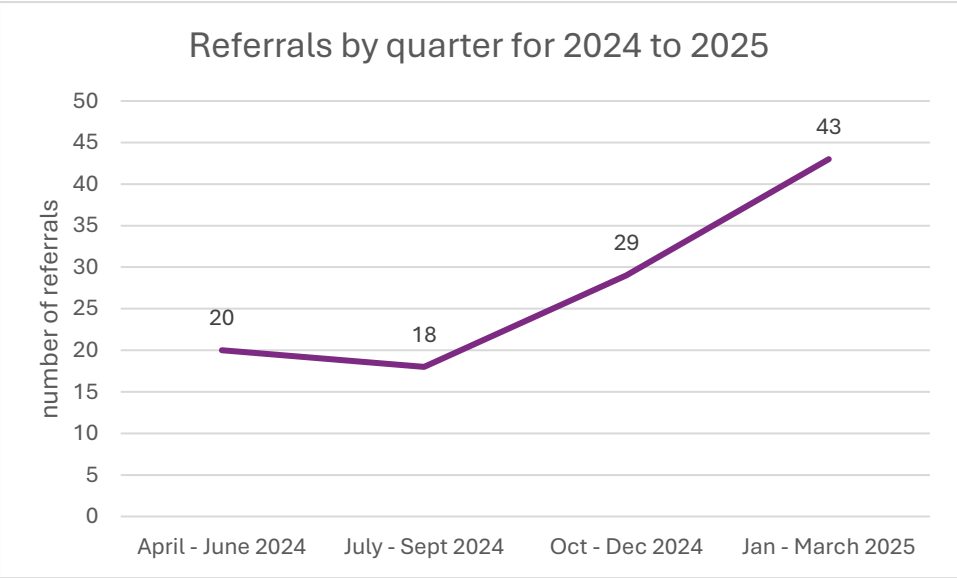
The Fife Loves Life Team supports families to eat well and be physically active.

The Child Healthy Weight Service was established in 2022 with East Region T2 diabetes prevention programme Scottish Government Funding. It supports Public Health Strategy Priority 6: 'A Scotland where we eat well, have a healthy weight and are physically active' and Fife Children's Service priorities within the Children's Services Plan for 2023 to2026 promoting wellbeing specifically healthy weight and activity.

Overall overweight/obesity rates have remained at a similar level for the past decade, but rates appear to be decreasing in least deprived and increasing in most deprived areas. From the recent data report:

> *"the proportion of children in the healthy weight category was 76.5% in 2023 to 2024, which is comparable to the proportion in the five years prior to the COVID-19 pandemic (76% - 77%)".*

The child healthy weight service continues to support families to eat well and be physically active by providing family focused sessions to support being active as a family and working together to make small healthy behavioural changes. The Child Healthy Weight Service is a team of experienced support workers, dietitian's, physiotherapists and psychologists. We offer self-referral, which aims to remove barriers and improve access to the Fife Child Healthy Weight Service. We have seen a steady increase in referrals over the last year.



Fife Child Healthy Weight Service - referrals by quarter for 2024 to 2025

The self-referral form can be accessed via our website and completed online, by parents/guardians, and submitted directly to the Child Healthy Weight Service: **https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/infant-children-young-people/child-healthy-weight-service-fife-loves-life/.**

The NHS Fife Child Healthy Weight Team created a free health and wellbeing app for families across Fife. The Fife Loves Life app was developed in 2022 with lots of information to support children, young people and their families.



Child Healthy Weight psychologists have designed a range of topic specific optional workshops for parents/carers and young people to attend as part of their Child Healthy Weight programme. These can now be accessed via Access Therapies Fife website: **https://www.accesstherapiesfife.scot.nhs.uk/how-can-we-help-you/teenager-and-child-groups/child-healthy-workshops/**

These workshops cover a spectrum of topics including:

- Selective Eating
- Healthy Choice
- Parenting Tweens
- Emotional Eating
- Best Me, and
- Making Change.

Service users can now access and book onto a workshop via the Access Therapies website. These psychology-led workshops have been implemented and tailored for both parents/carers and young individuals and can be delivered either face to face or online. They cover information and techniques to overcome a range of difficulties seen as barriers to making changes to eating and activity habits and support the promotion of positive mental health.

Early intervention and prevention are vital to establish key messages regarding weight management. In 2024 training was provided to all health visitors across Fife on key nutrients and weight management in pregnancy and the impact of maternal body mass index (BMI), gestational weight gain and breastfeeding on childhood obesity. This training also highlighted the need for good conversations re topics such as weight stigma as well as raising awareness of the Child Healthy Weight Service. This was evaluated very well and is about to be rolled out to Nurture Centres across Fife.

All children and young people who take part in the programme are offered support from Child Healthy Weight Physiotherapy. This may cover assessments for a range of physical issues impacting on fitness and general exercise ability, through to more general support with fitness and building activity into everyday life. 80% of the children we see report an increased level of activity at the end of their active phase within the program.

We work in collaboration with Fife Sport and Leisure to help families access to gym and swim passes, for those eligible, at all leisure centres throughout Fife. In this way we hope the increased level of activity is maintained.

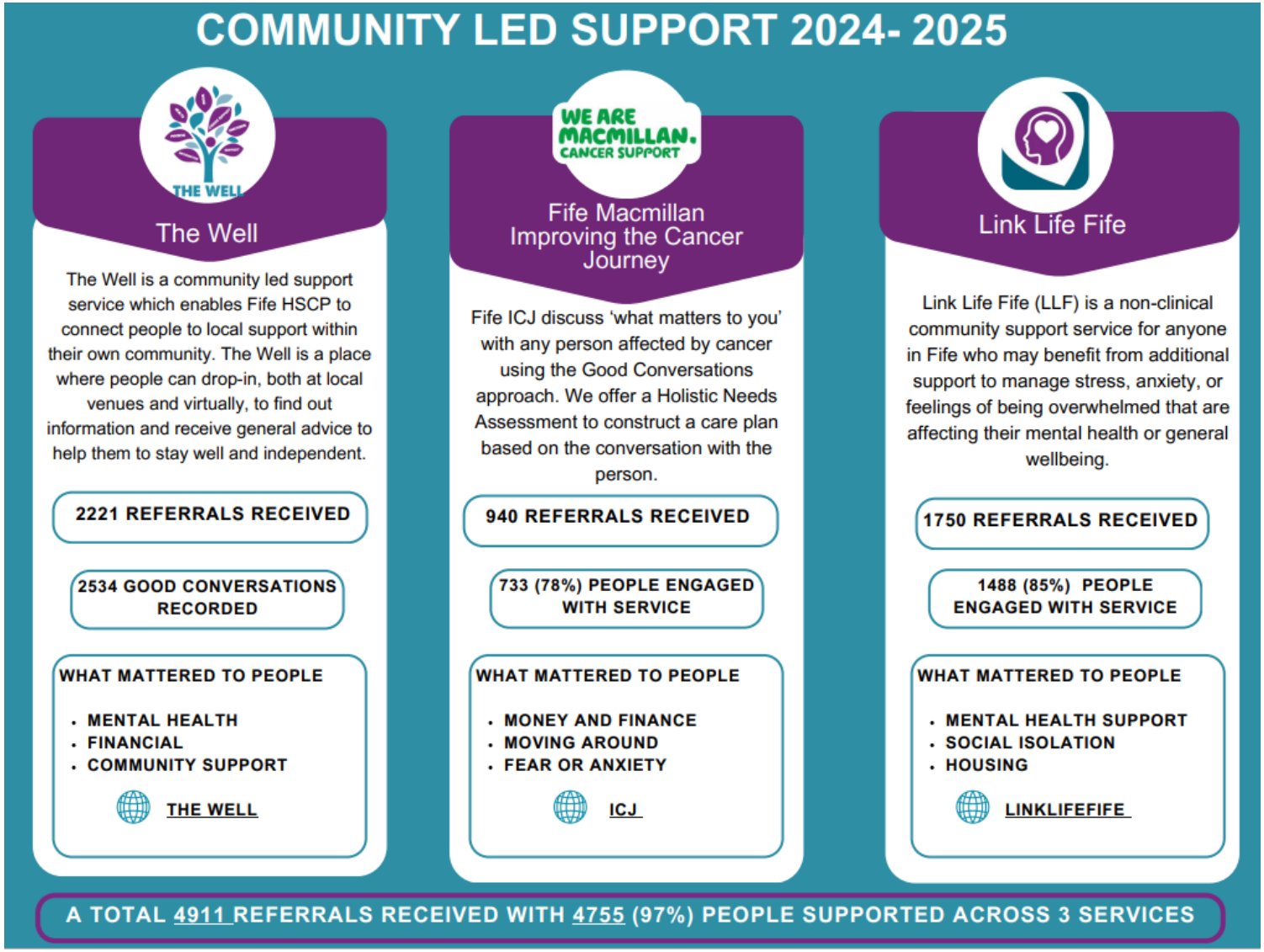
Not all families wish to engage with Child Healthy Weight Service, so the NHS Fife Child Healthy Weight Toolkit has been developed which is a professional guidance document designed to promote consistent, successful use of the local child healthy weight care pathway and support professionals to have conversations with families around diet, activity and other healthy living changes. It aims to enable a consistent set of first line evidence-based messages for young people, children and their families from all services and partner agencies.

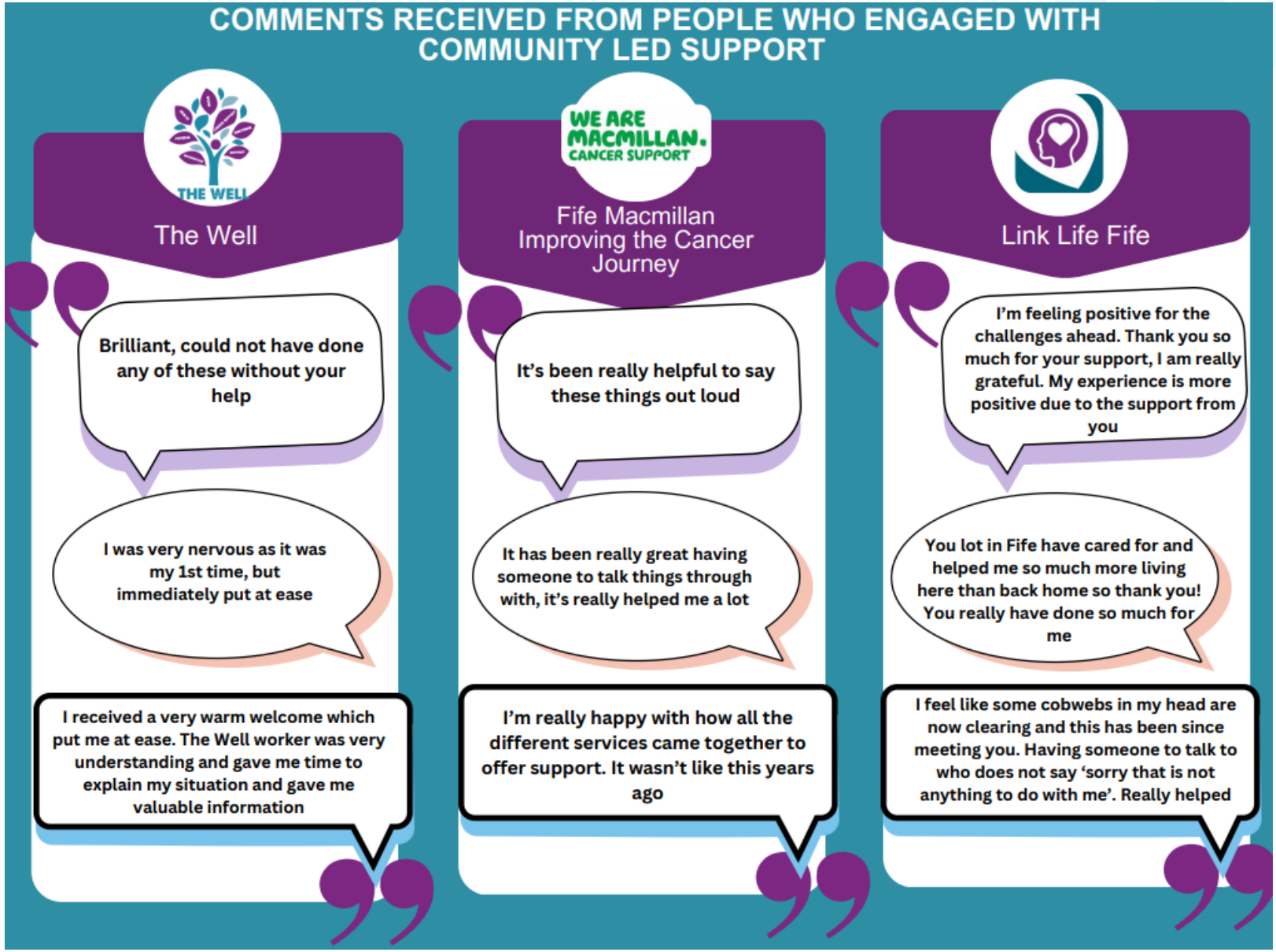
Professionals using the Toolkit are offered training by a Dietician from the NHS Fife Child Healthy Weight Service. This supports best use of the document and allows further discussion regarding how those working with families can engage them in making changes which support life-long health. We provide ongoing training to a variety of health professionals in the NHS Fife Health and Social Care Partnership, including medical staff, physiotherapists, occupational therapists, health visitors, dental and school nurses and Active Schools.

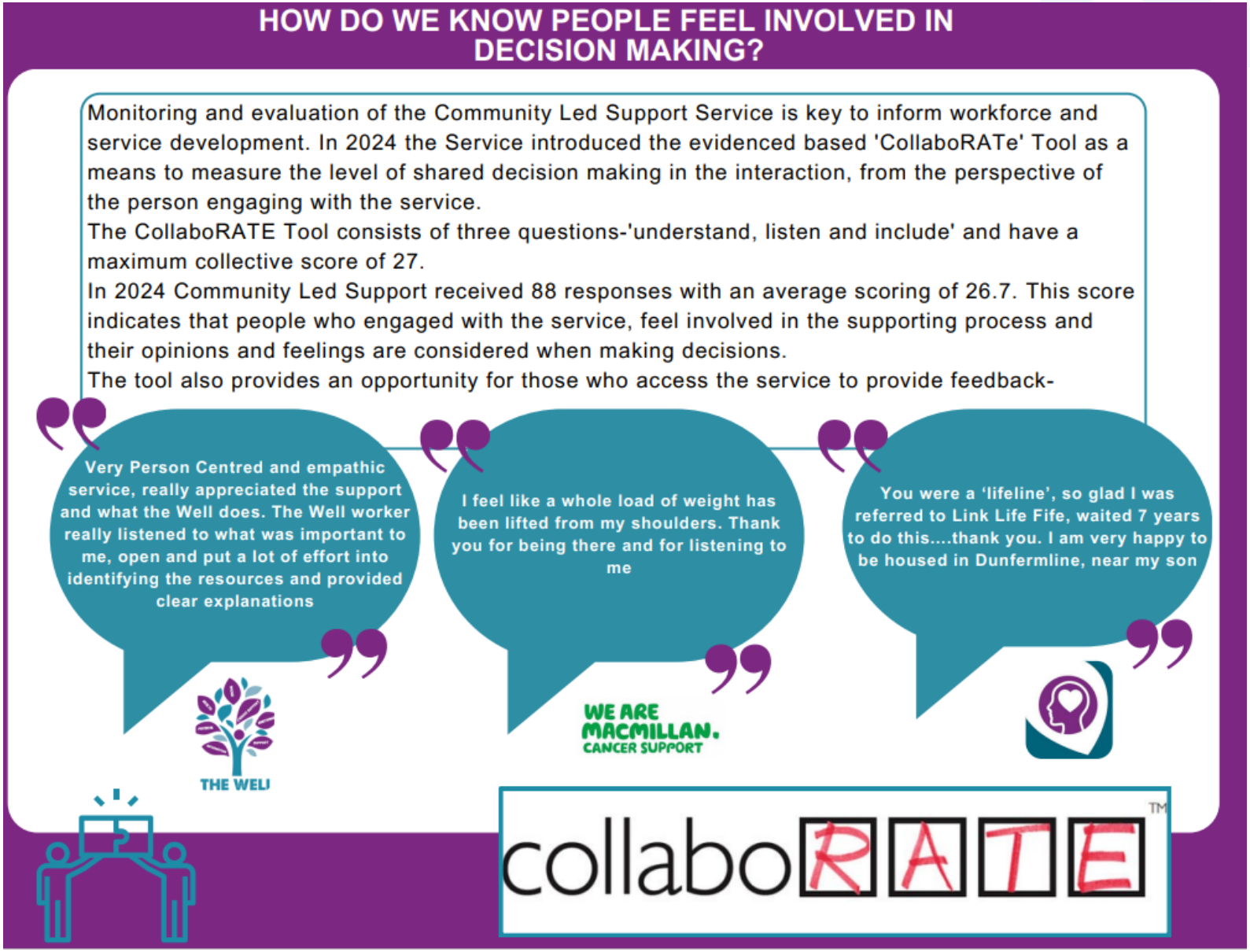
In collaboration with Fife Sport and Leisure Trust and Active Schools, a family fun day was held at Lochore Meadows on Tuesday 23rd July. It involved food sensory activities, wellbeing exercises and physical activity games. The day was deemed a great success, raising the profile of the Child Healthy Weight Service, Fife Sport and Leisure Trust and Active Schools to children and families in Fife.



2. Community Led Support




COMMENTS RECEIVED FROM PEOPLE WHO ENGAGED WITH COMMUNITY LED SUPPORT
THE WELL
The Well
Brilliant, could not have done any of these without your help
I was very nervous as it was my 1st time, but immediately put at ease
I received a very warm welcome which put me at ease. The Well worker was very understanding and gave me time to explain my situation and gave me valuable information
WE ARE MACMILLAN. CANCER SUPPORT
Fife Macmillan Improving the Cancer Journey
It's been really helpful to say these things out loud
It has been really great having someone to talk things through with, it's really helped me a lot
I'm really happy with how all the different services came together to offer support. It wasn't like this years ago
Link Life Fife
I'm feeling positive for the challenges ahead. Thank you so much for your support, I am really grateful. My experience is more positive due to the support from you
You lot in Fife have cared for and helped me so much more living here than back home so thank you! You really have done so much for me
I feel like some cobwebs in my head are now clearing and this has been since meeting you. Having someone to talk to who does not say 'sorry that is not anything to do with me'. Really helped


HOW DO WE KNOW PEOPLE FEEL INVOLVED IN DECISION MAKING?
Monitoring and evaluation of the Community Led Support Service is key to inform workforce and service development. In 2024 the Service introduced the evidenced based 'CollaboRATe' Tool as a means to measure the level of shared decision making in the interaction, from the perspective of the person engaging with the service.
The CollaboRATE Tool consists of three questions-'understand, listen and include' and have a maximum collective score of 27.
In 2024 Community Led Support received 88 responses with an average scoring of 26.7. This score indicates that people who engaged with the service, feel involved in the supporting process and their opinions and feelings are considered when making decisions.
The tool also provides an opportunity for those who access the service to provide feedback-
Very Person Centred and empathic service, really appreciated the support and what the Well does. The Well worker really listened to what was important to me, open and put a lot of effort into identifying the resources and provided clear explanations
THE WELL
I feel like a whole load of weight has been lifted from my shoulders. Thank you for being there and for listening to me
WE ARE MACMILLAN. CANCER SUPPORT
You were a 'lifeline', so glad I was referred to Link Life Fife, waited 7 years to do this....thank you. I am very happy to be housed in Dunfermline, near my son
collaboRATE™

3. Major Trauma Coordination

In 2024, the Fife Major Trauma Service received 68 referrals. 81% of referrals received were for patients who had sustained major trauma (Injury Severity Score greater than 15) and 19% were for patients who sustained trauma not classified as major trauma. The mean caseload number for the service was 60, the median caseload number was 60 (range 54 to 72), and the mode was 54.

The Fife Major Trauma Service Team carried out their first Major Trauma Rehabilitation Plan Roadshow event in September 2024 at the Victoria Hospital in Kirkcaldy. This education event was hosted and facilitated by the Major Trauma Service Team and included a range of learning activities including presentations and interactive work. The event was aimed at major trauma link therapists and therapists in Fife who frequently complete Rehabilitation Plans. The event provided attendees with the opportunity to:

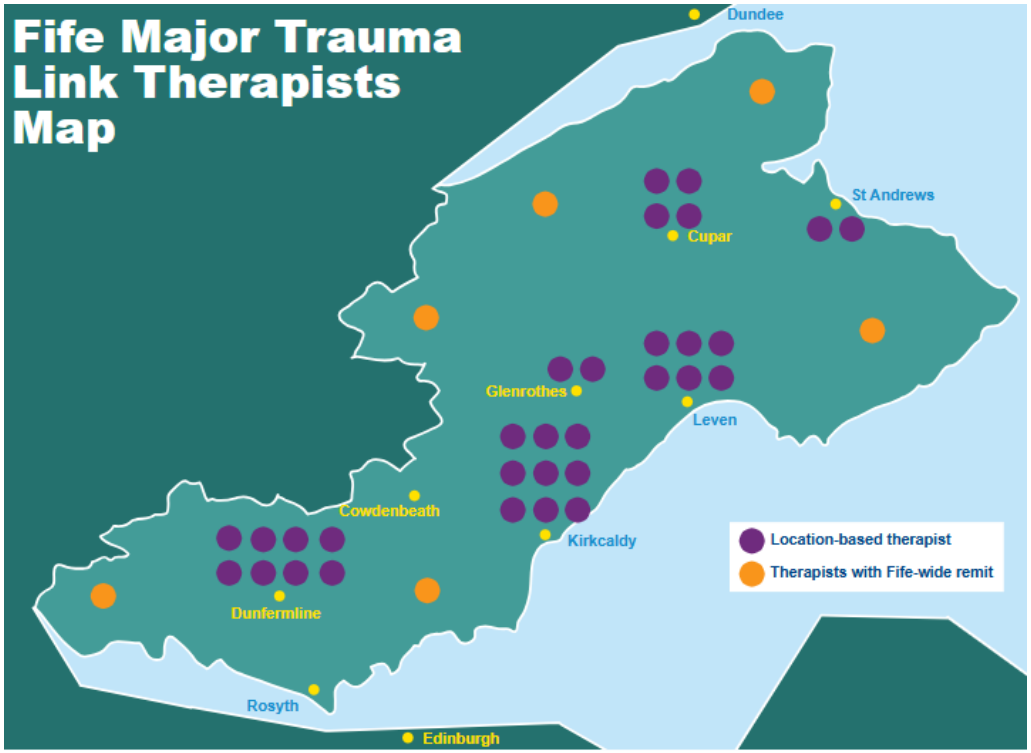
- Hear more about the Scottish Trauma Network and the South East Trauma Network.
- Meet members of the Major Trauma Service Team.
- Learn more about the Rehabilitation Plan (purpose and use in practice).
- Share learning with other therapists involved in the completion of Rehabilitation Plans.
- Participate in a Continuing Professional Development (CPD) activity which meets Health and Care Professions Council CPC Standards 2, 3 and 4.

The event is part of an ongoing quality improvement project with the Fife Major Trauma Service, and preliminary data following the event has been positive and encouraging. A total of 16 therapists, working in services across NHS Fife and the Fife Health and Social Care Partnership, from a range of professions including physiotherapy, occupational therapy and speech and language therapy attended the event. The results showed 38% fewer prompts were required to request Rehabilitation Plans be completed, and 50% fewer corrections were required on the Rehabilitation Plans after the event, when compared with data collected three months prior to the event. Feedback from attendees at the event was very positive and another event is planned for April 2025.



Feedback from attendees at the Major Trauma Rehabilitation Plan Roadshow

The Fife Major Trauma Service Team submitted an abstract to the NHS Scotland Event 2024, entitled 'NHS Fife Major Trauma Service: A Bespoke Model of Service Delivery', which was accepted under the Integrated Care category. Two of our Major Trauma Co-ordinators were invited to participate in a facilitated poster presentation to delegates, providing an opportunity to share innovation and quality improvement work undertaken by the Fife Major Trauma Service, with colleagues across NHS Scotland.



Map showing network of Major Trauma Link Therapists across Fife

You can find more information here: **https://my.ltb.io/index.html#/showcase/nhs-scotland-eposters**.

4. Intravenous antibiotic treatments at home for patients with diagnosis of Osteomyelitis: Collaborative working with Hospital at Home and Community Nursing Teams

Osteomyelitis is a painful bone infection. It usually goes away if treated early with antibiotics, however it can cause serious long-term problems if it's not treated. There have been 20 patients diagnosed with Osteomyelitis who have been referred to Hospital at Home (H@H) over the last year, 12 of these patients were jointly cared for between the H@H and District Nursing Teams. This has resulted in increased capacity and clinical assessment time for H@H staff for approximately 30 new assessments or 108 hours of patient reviews and intervention by H@H over this time.

This initiative has given staff positive direction and focus and facilitated greater communication and collaborative working across services. There has been positive impact on patients being able to remain at home and avoid hospital admission for task of intravenous (IV) antibiotic treatment.

Patient feedback is being captured in patient questionnaires. Capacity is being released for Hospital at Home Teams to provide more acute clinical assessments and care which maintains individuals at home and provide the early intervention required. By sharing this workload with District Nursing, the District Nurses have enhanced their general nursing skills and ability to support a wider range of patient care activities at home. There is continuous learning from each patient case and as District Nursing Teams complete necessary training this collaborative working will roll out across Fife with all Hospital at Home (H@H) District Nursing Teams, providing an equitable service Fife Wide.

This development has proved successful with the initial implementation to the District Nurses in the Dunfermline and South West Villages and is now being rolled out further.

5. Adult and Older Adult Social Work Locality Teams

Adult and Older Adult Social Work Locality Teams Services are provided across twelve teams, six covering Older Adults (over 65) and six covering Adults (from age 16 to 65). Each of the teams are led by a social work qualified Team Manager and consist of senior practitioners, social workers, and social work assistants. There are three social work qualified Service Managers that lead locality teams. The Principal Social Work Officer provides professional advice and guidance to the teams and professional supervision to all Service Managers. Between 1st April 2024 and 31st March 2025, 263 Personal Outcomes Support Assessments (POSAs) were completed by the Adults Service and 230 by the Older People Service (total 793).



6. Understanding and responding to children and young people at risk of suicide

A multiagency group with representation from Barnardo's, Fife Child and Adolescent Mental Health Service (CAMHS), Child Protection Committee, Children and Families and Justice Social Work, Education Service, Educational Psychology, Health Promotion Service and School Nursing Service worked together collaboratively to update the Our Minds Matter Understanding and Responding to Children and Young People at Risk of Suicide Guidance.

This guidance is for all staff in statutory and voluntary agencies that are working with and supporting children and young people in Fife.

The guidance is available as an online document which can be accessed here: **https://www.nhsfife.org/services/all-services/health-promotion-service/suicide-prevention-in-fife/understanding-and-responding-to-children-and-young-people-at-risk-of-suicide/**.

An accompanying case study document was also produced and can be accessed from the above link. The purpose of this second document is to support staff to reflect on how they would respond to disclosures of suicidal thoughts or action by young people, and consider their response, as a practitioner or service.

The webpages were published on in October 2024 and the latest analytics taken as of February 2025, show over 1,700 visits to the guidance pages.

Outcome 2: Living in the community for longer

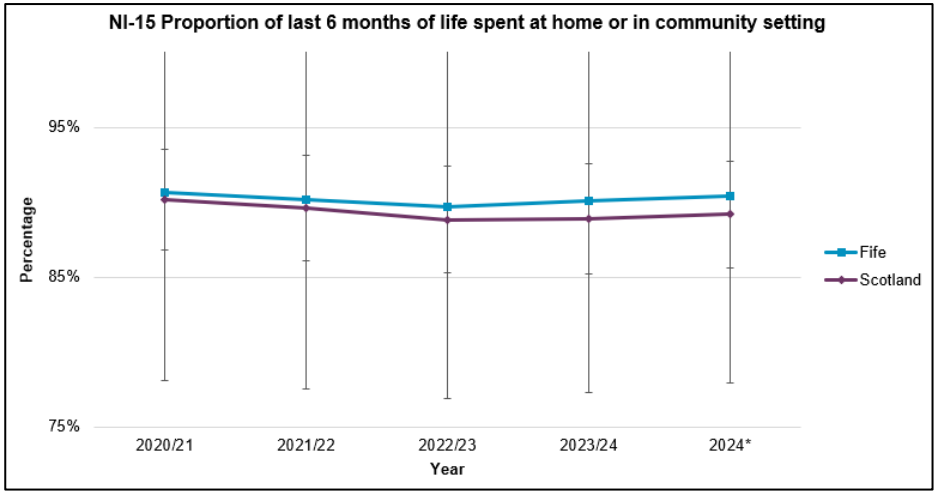
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Indicator	Title	Latest Data	Fife	Scotland
NI – 2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2023/2024	70.0%	72.4%
NI – 3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	2023/2024	51.0%	59.6%
NI - 15	Proportion of last 6 months of life spent at home or in a community setting.	2024	90.5%	89.2%

NI – 15 Both Fife and Scotland are very similar for *Percentage of last 6 months of life spent at home or in a community setting*. For the most recent data, 2024, Fife is slightly higher than Scotland (90.5% to 89.2% respectively).

*Please note results for indicators 2 and 3 for 2023/2024 are not comparable to previous years due to changes in survey wording.

Also results for 2019/2020 and 2021/2022 for indicators 2 and 3 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology



7. Development of Moving More for Health and Wellbeing Training

Being active and moving more has lots of positive benefits for health and wellbeing. Staff from across the Health and Social Care Partnership can play a key role in raising awareness of the health benefits of physical activity. To explore this topic Health Promotion and Active Communities led a workshop for the Partnership's Community Led Support Workers in April 2024. This workshop aimed to raise awareness of the health benefits of physical activity, and to discuss opportunities for physical activity in Fife. It also looked at what counts as physical activity and some of the common misconceptions around this. The feedback from participants that attended the workshop was very positive:



Participants also reported that the training was impacting positively on their practice and how they think about physical activity.

'I think the training was great to help people realise that physical activity and exercise isn't always what people think and can be more basic everyday tasks as well. The training helped me have more knowledge in my own role to link people in with support that promotes their physical health and wellbeing.' The Well Link Worker.

'It was good to highlight the importance of physical exercise, no matter how big or small.' Community Link Worker.

The workshop has now been adapted and a new training session called Moving More for Health and Wellbeing has been developed. This course is available as part of the Health Promotion Prevention and Early Intervention Programme; you can find out more here: **https://health-promotion-training.co.uk/**

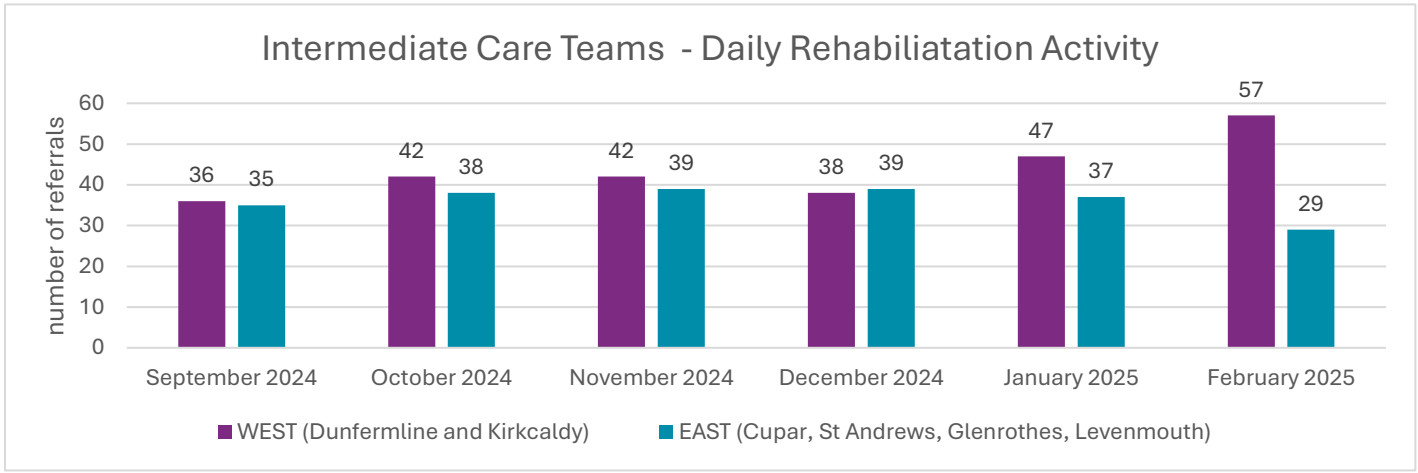
The training will support participants to understand the benefits of movement and physical activity for health and wellbeing, and provide information and knowledge to enable them to support people to be more active. It will allow participants to:

- reflect on the ways we are active and explore perceptions of physical activity.
- raise awareness of the health benefits of physical activity and how moving more can benefit health and wellbeing.
- identify barriers to physical activity and ways of overcoming these.
- explore ways of bringing movement and activity into our day and raising it with the people we support.
- signpost opportunities, services and training in Fife to support physical activity.

Increasing knowledge of staff around physical activity, and increasing awareness of local opportunities for activity was identified as a priority in the Partnership's Locality Plan in Dunfermline and South West Fife localities. An action was agreed by both groups to incorporate the Moving More training session. In Dunfermline a taster session was delivered to the Core Group in March 2025, and in South West Fife a short life working group has been established to support the delivery of targeted training sessions to teams and services across the locality area. This will be taken forward as part of the 2025 Local Action Plan.

8. Fife Intermediate Care Teams: Daily Rehabilitation Activity supporting early discharge and prevention of admission to acute and community hospitals

The key achievements of the daily rehabilitation function of the Intermediate Care Teams are that the Teams achieve consistently high caseloads. Within the West of Fife, the Intermediate Care Teams saw a significant increase in February 2025. The Intermediate Care Teams in the East of Fife have remained more consistent. All Teams have worked extremely hard to ensure there are minimal delays in the flow of patients through the systems including working cross boundaries.





Number of referrals to the Intermediate Care Teams from Victoria Hospital, Kirkcaldy

In regard to supporting discharges from Victoria Hospital, Kirkcaldy within a 24hr period, the Intermediate Care Teams performed to a high standard in achieving this ambition. Over the last 12-month period only 13% of referrals to Fife Intermediate Care Teams were not achieved within the 24hr period due to team capacity. Out of those cases not achieved in the 24-hour period the majority were out with the control of the Intermediate Care Teams.

9. Compass

Compass is a Fife Alcohol and Drug Partnership commissioned service providing a holistic, intensive care management social work service for individuals affected by long-term alcohol and drug use. The service launched in September 2023 and has received 129 referrals between 1st April 2024 and 31st March 2025, with most cases currently allocated and active. Despite full staffing, the service is at capacity with a waiting list. The Team is co-located with the NHS Addictions Service, and works closely with the hospital liaison teams, third sector, housing and health colleagues. The focus on collaboration supports a "team around the person" approach which helps to deliver more personalised experiences and improve outcomes for people supported by the service. The Compass Team are regular attenders at local support groups for people who use substances across Fife and have received multiple messages of positive feedback for adults with lived experience and their families over the 18 months. Going forward, the Team will incorporate critical information from substance use risk assessments, formulation, and information based on the SURE (Substance Use Recovery Evaluation) structured assessment tool and develop a programme of audit activity to support quality assurance oversight.

10. Development and recruitment of Rehabilitation Assistant Practitioner (AP) Band 4 posts for Fife Intermediate Care Teams

The development of Band 4 Assistant Practitioner roles across our Intermediate Care Teams will enhance the current capacity and skill base within the teams to allow patients to flow through the whole system in a timelier manner, impacting positively on the pressures faced in acute and community hospital inpatient services by effecting earlier safe discharge and preventing unnecessary admissions. This in turn assures the home first approach and patients receiving their rehabilitation needs met within their own homes. During 2024 to 2025 we have:

- Secured budget for the new posts through realignment.
- No additional funding was required.
- Amended the existing Rehab Assistant Practitioner job description and achieved approval for this.
- Progressed vacancy management documentation through approval stages to advert.
- Identified suitable applicants.
- Interviews were held in May 2025.



11. Integrated Working



The Adults Social Work Team in Cowdenbeath has been working with an individual who lives alone. The service user has been diagnosed later in life with autism and can display behaviours that often appear aggressive and threatening to a level that made it difficult to identify the correct support services for him. The allocated social worker has been visiting the person twice weekly to support with shopping and welfare. She was joined weekly by a nurse from the Learning Disability Team which enabled them a much deeper understanding through an ecological framework which resulted in understanding the service user's cultural and societal influences. These experiences throughout the adult's life course led to an improved understanding of how the adult copes and understands the world.

Using this relationship based approached the Team have been able to build a relationship and really understand how to communicate with the individual and understand their communication and behaviours enabling the creation of a robust plan for support. This has also resulted in the individual becoming more relaxed in the presence of others reducing what others may have perceived as threatening and aggressive behaviours while increasing and utilising the service user's skills. This has allowed much deeper insight to ensure any future support is person centred with a view to promote the service users' skills, independence and communication with others.

Outcome 3: Positive experiences of services

People who use health and social care services have positive experiences of those services, and have their dignity respected.

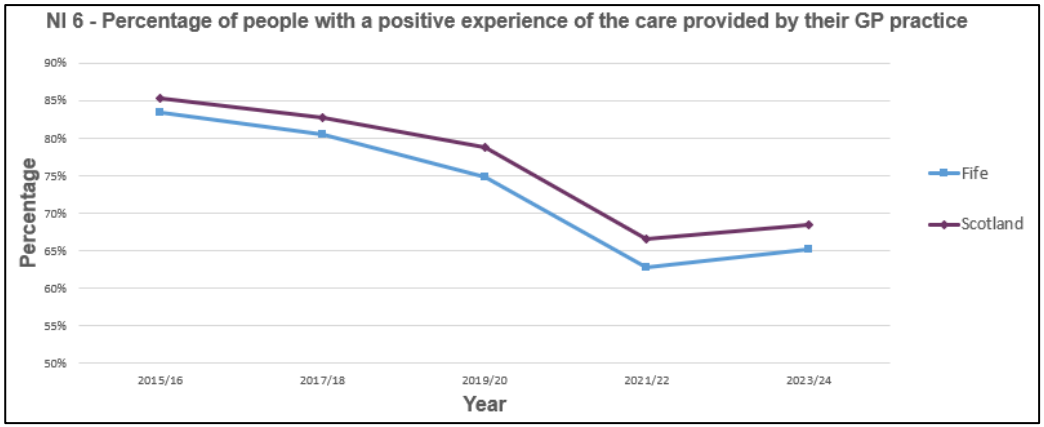
Indicator	Title	Latest Data	Fife	Scotland
NI – 4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	2023/2024	53.0%	61.4%
NI – 5*	Total % of adults receiving any care or support who rated it as excellent or good.	2023/2024	63.0%	70%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice.	2023/2024	65.1%	68.5%
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	2024/2025	73.5%	81.9%

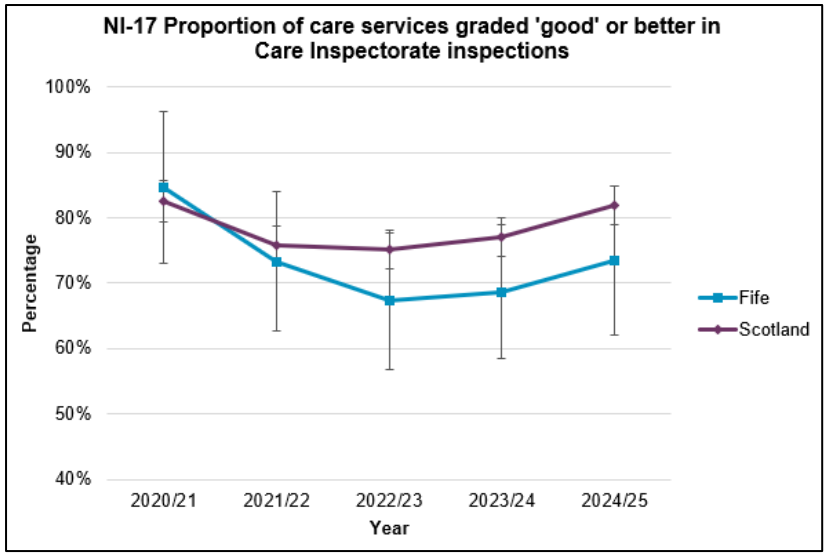
NI – 6 Fife tends to be slightly lower than Scotland for the *Percentage of people with a positive experience of the care provided by their GP practice.* In 2023/24, the Fife figure was 65.1%, compared to 68.5% in Scotland.

NI – 17 From being graded roughly the same as Scotland in 2019/2020, Fife is now below Scotland for the *Percentage of care services rated good or better by the Care Inspectorate*. In 2024/2025, the Fife figure was 73.5%, compared to Scotland at 81.9%.

*Please note results for indicators 4 and 5 for 2023/2024 are not comparable to previous years due to changes in survey wording.

Also results for 2019/2020 and 2021/2022 for indicators 4 and 5 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology





12. What Matters to You?

We celebrated What Matters to You Day in June 2024 as a follow up to the sessions delivered by Tommy Whitelaw, Lead for Person Centred Voices, that we had organised across Fife for staff. During these sessions, staff were asked what matters to them and from this we designed a poster capturing their feedback. We visited several health and social care work bases on WMTY day to deliver these posters.

As a follow on from the wider staff sessions, we worked with Napier House Care Home to implement WMTY, encouraging more person-centred conversations, and developing individualised WMTY boards. This worked so well and had such positive responses from staff, residents and their families, that The Health and Social Care Alliance commissioned a film to highlight the success and difference made through a small change.

Further information is available here: **www.alliance-scotland.org.uk**.



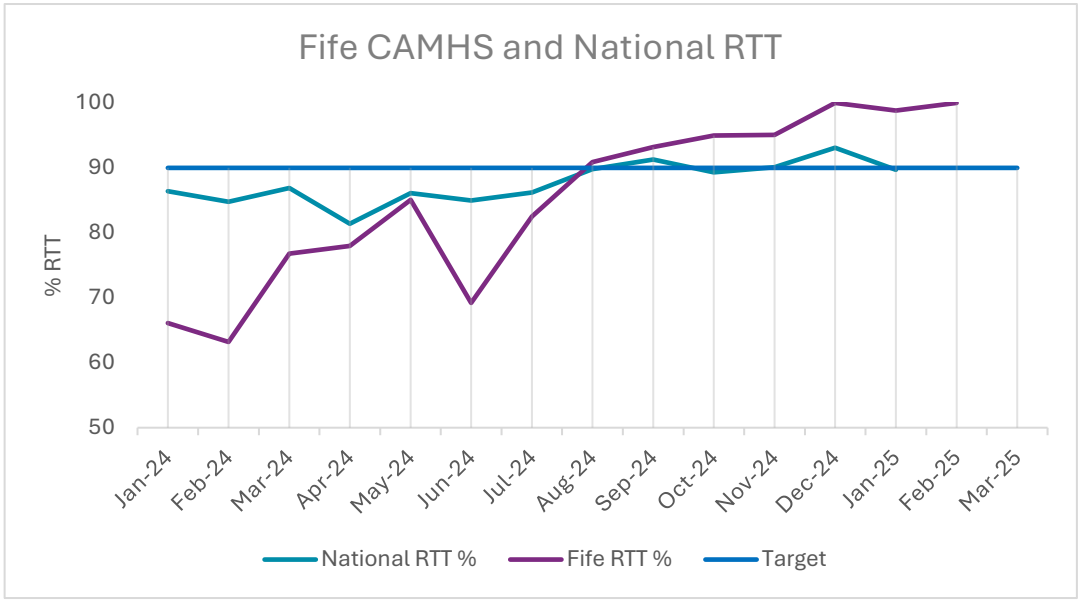
Item 5(5)

13. CAMHS Referral to Treatment Target (RTT)

Our main aim over the past year has been to meet the Referral to Treatment Target (RTT), to see children and young people as soon as possible without compromising on the quality-of-care children and young people receive in Child and Adolescent Mental Health Services (CAMHS). To achieve this, we have implemented lots of different improvements including:

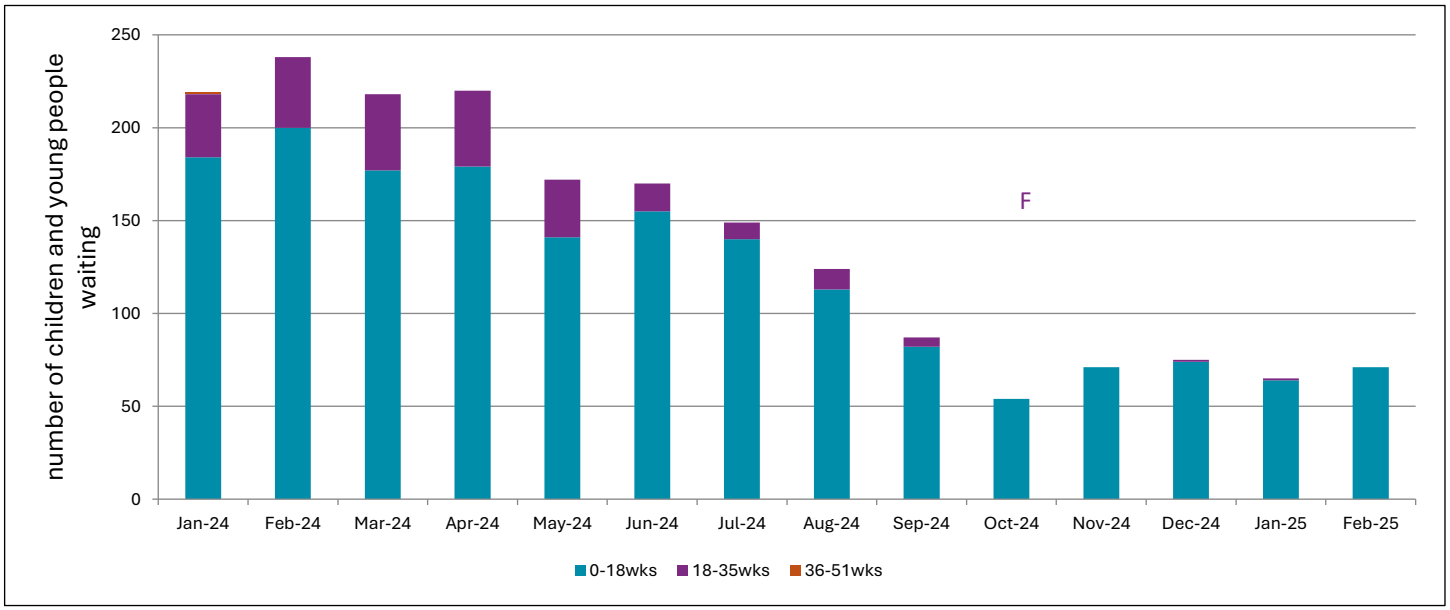
- Offering evening appointments to see children and young people sooner.
- Phoning families coming along for their first appointment to help make sure that children and young people are brought to appointments, and letting families easily change their appointment if needed.
- A solid system for looking at referrals and working out the right support for the child or young person.
- Where CAMHS is not the right service, sending therapeutic letters to families providing reasoning, acknowledging their concerns and direct signposting to appropriate supports to ensure children and young people are offered the right support.
- Where it isn't clear from the information in the referral if CAMHS is the right service, offering a Primary Assessment of Need Appointment (PANA) to provide face to face assessment to work out the most appropriate support.
- Overall, referrals to CAMHS continue to decline, possibly reflecting the early intervention work in the wider landscape and the broader scope of services in schools/community to support children and young people with their mental health.
- Making sure that each clinician has a job plan with the number of new/review clinical appointments each week:
- "Review" appointments are therapeutic interventions/treatment sessions offered following "New" appointments (initial assessment).
- Supporting clinicians to help make sure that the children and young people are discharged at the right time so new children and young people can be seen.
- Improved training opportunities to ensure skills are developed and maintained.
- Support from other CAMHS Teams into Care Experienced Teams to cover vacancies and help manage and contain risk as young people often arrive in crisis with complex issues.
- Early intervention training for the wider workforce to provide skills around manging risk, containment and responding helpfully to children and young people.
- Our group programme for parents/carers is in development to allow sharing of information and strategies that families can use together when managing periods of distress, recognising their responsibility in maintaining their own mental health and wellbeing and being able to support others around them.

The Scottish Government Referral to Treatment Target (RTT) is that 90% of children and young people should start treatment within 18 of referral to CAMHS. Over the last year Fife CAMHS met the RTT for seven consecutive months.



Fife CAMHS - Referral to Treatment Target

The waiting list for CAMHS has reduced significantly since January 2024, with almost all children and young people waiting less than 18 weeks since June 2024.



Fife CAMHS – number of children and young people waiting for treatment

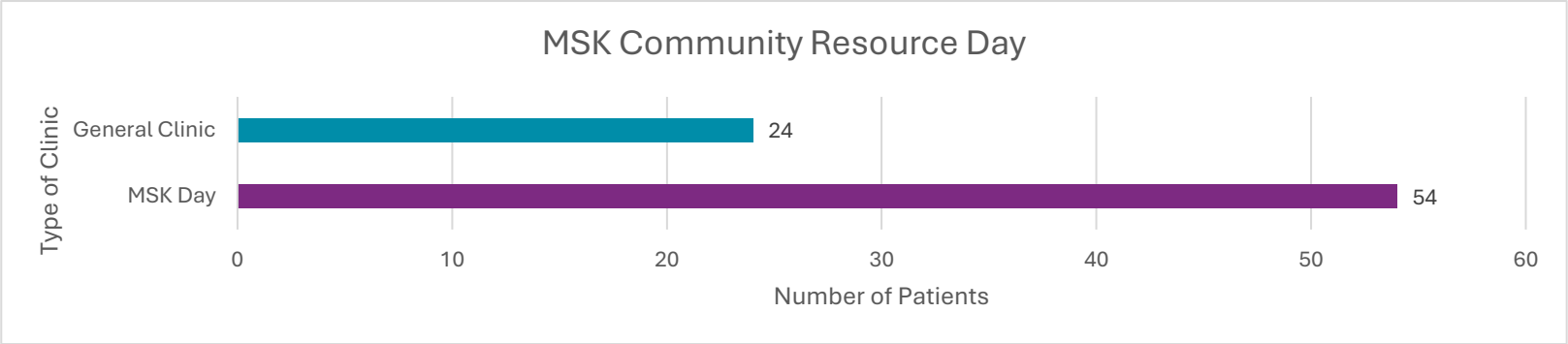
14. MSK Community Resource Day

We have piloted a new approach to musculoskeletal (MSK) interventions within Podiatry and Physiotherapy Services which will support timelier access to services that support early intervention to reduce the impact of the condition on patients' wellbeing. To support patient engagement and outcomes the pilot tested a community-based approach by incorporating various services and resources that promote and support activity, mobility and healthy living.

The following stakeholders were involved at the event, and patients were free to visit each service as required:

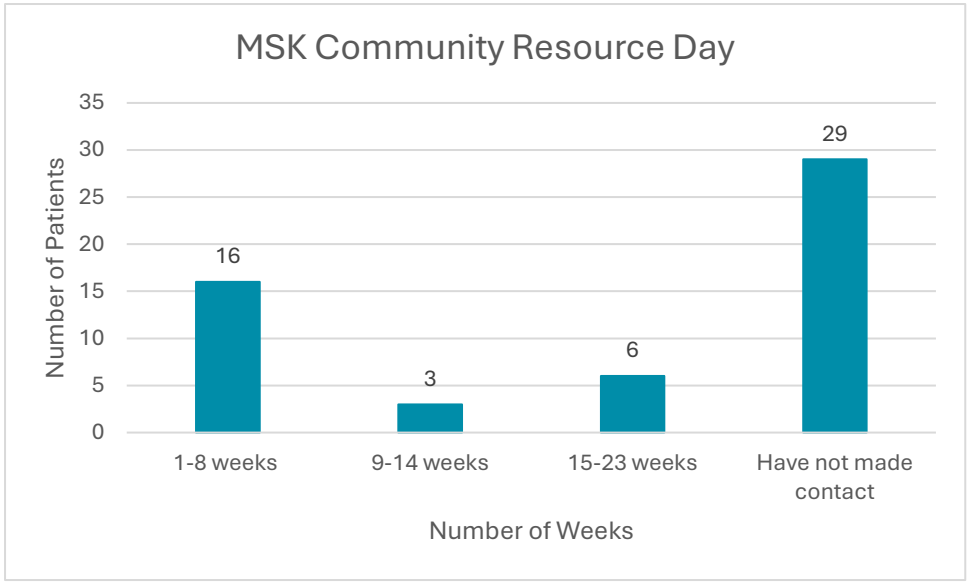
- Fife Community Occupational Therapy
- Fife Sports and Leisure Trust
- Health Promotion
- Occupational Health
- The Wells
- Versus Arthritis

The first pilot session was held in June 2024, and it was very successful. For example, The Podiatry Team were able to see 58 new patients on the day, this is much higher than the number of new patients (24 patients) seen in the general podiatry clinic with the same staffing resource.

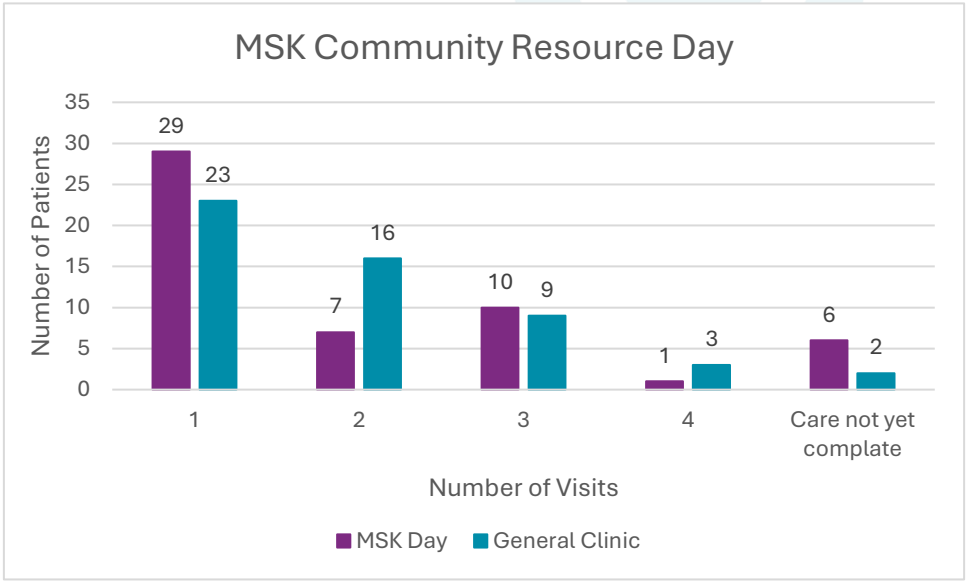


Number of new patients seen in general clinic vs. MSK Day with the same staffing resource

Four Podiatry sessions were held throughout the day, with best practice advice given on a range of foot conditions and stretching and strengthening programmes which patients can begin to engage in which will help support and strengthen the lower limb. Footwear advice was also offered. Patients were then advised to implement the advice and contact details provided to arrange an appointment for 8 weeks' time should the person still be impacted by the condition.



Time between attendance at Community Resource Day and face to face consultation



Patient journey through Podiatry – Community Resource Day vs. General Clinic

Building on the success of the first Community Resource Day, a future session is being considered to support waiting times, with adjustments made in line with feedback from staff involved and the feedback received from patients. This will include more focus on one-to-one discussion, whilst still supporting early intervention and self-management. We are also planning sessions in other localities to reduce travel time for patients.

15. Mental Health Officer (MHO) Team

During 2024 to 20255 the Adults Service supervised 195 Local Authority Welfare Guardianship orders and 746 private Welfare Guardianships. To ensure good practice is embedded the service has updated Fife Council Supervision of Proxy Guidance to reflect the Mental Welfare Commission for Scotland's best practice guidance and is developing a governance and oversight group to ensure effective and ongoing monitoring. Feedback from service users on our use of "Just Checking" and "Near Me" to support increased independence has been positive. Key challenges experienced by the service include managing transitions between services and securing appropriate resources for individuals with complex needs. An ongoing commitment to collaboration between Children and Families and Adult Services aims to address this through a "team around the person" approach, building on learning from the national Getting it Right for Everyone (GIRFE) pathfinder work. Improving service user and carer feedback will be central to all practice developments and this is a priority for all services in the coming year.

The dedicated Mental Health Officer (MHO) Team take forward MHO functions in line with the Adults With Incapacity Act (Scotland) Act 2000 (AWI) and the Mental Health Care and Treatment (Scotland) Act 2003. The demand for MHO services is significant and rising, with increasing requests for assessments and a notable rise in emergency and short-term detentions and out of hours detentions where MHOs are not present, all of which pose challenges to the service. Fife have experienced an increase in private AWI Guardianships, with the resulting increased requirement for MHO services placing demand on the team. The MHO Team is strengthening relationships with other social work teams, offering shadowing opportunities, and engagement with new staff to enhance understanding of MHO role and to encourage training. Despite pressures, the MHO Team demonstrates key strengths in performance and professionalism, consistently meeting statutory timescales and handling high demand with a skilled and dedicated workforce. The introduction of Social Work Assistants (SWAs) has enhanced the Team's capacity by supporting practical tasks, enabling MHOs to focus on statutory duties and improving discharge planning. Strong partnerships with NHS Mental Health Services and increased collaboration with other teams have further strengthened service delivery and communication.

Outcome 4: Quality of life is maintained and/or improved

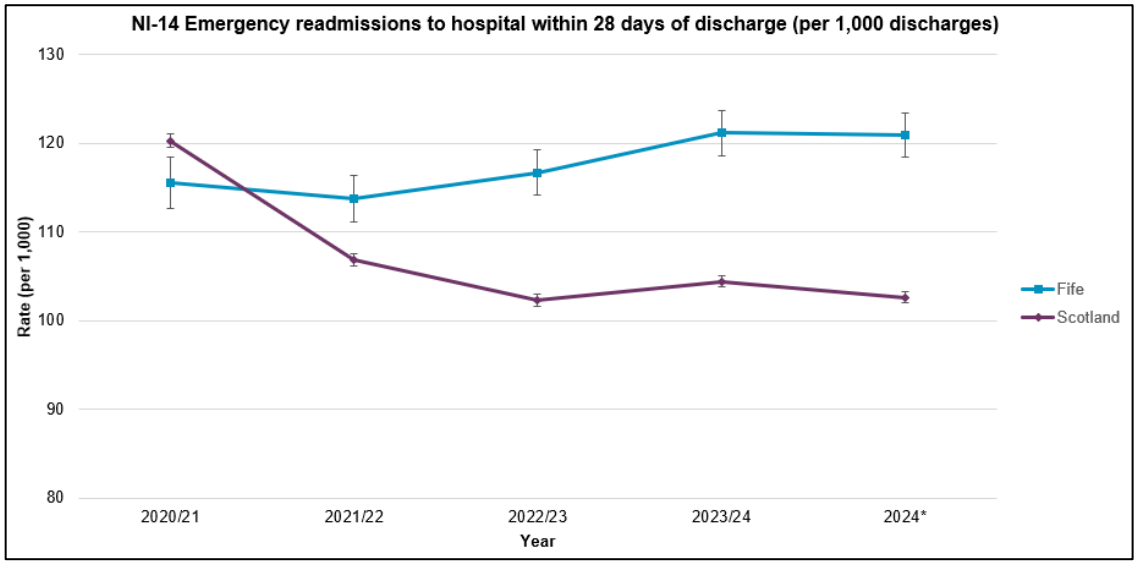
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Indicator	Title	Latest Data	Fife	Scotland
NI – 7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2023/2024	67.0%	69.8%
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2024	122	103

NI – 14 Fife has a consistently higher rate than Scotland for emergency readmissions within 28 days. The rate has increased slightly in Fife in the recent years, though has stayed the same in the most recent data, while the rate in Scotland has tended to fall.

*Please note results for indicator 7 for 2023/2024 are not comparable to previous years due to changes in survey wording.

Also results for 2019/2020 and 2021/2022 for indicator 7 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology



16. CAMHS Parent/Carer Consultation Group

Following the necessary NHS Fife approval, we launched our Child and Adolescent Mental health Services (CAMHS) Parent/Carer Consultation Group in February 2025. The overall purpose of the group is to involve parents and carers in shaping the service, to help us provide the best care for children and young people. The group is an opportunity for parents and carers to share their ideas on how we can do things better in CAMHS. It is also an opportunity for us to get input from parents and carers about how we deliver our services. Communication within the group will be over email, meeting face-to-face or getting together virtually.

Parents and carers can sign up to the group using a QR code, which is displayed on posters in CAMHS waiting areas and in a leaflet sent out with all appointment letters. We are also writing to parents and carers of all children and young people currently being seen in CAMHS, inviting them to become members of the group. Once parents/carers sign up, they are sent a welcome email, which includes the group's Terms of Reference. This document outlines the purpose, aims, governance, and roles and responsibilities of the group.

Once all invitation letters have been sent out, we plan to start engaging with the group. We have already had some ideas suggested, which will be taken to CAMHS management team initially, and then put forward to group members for discussion.



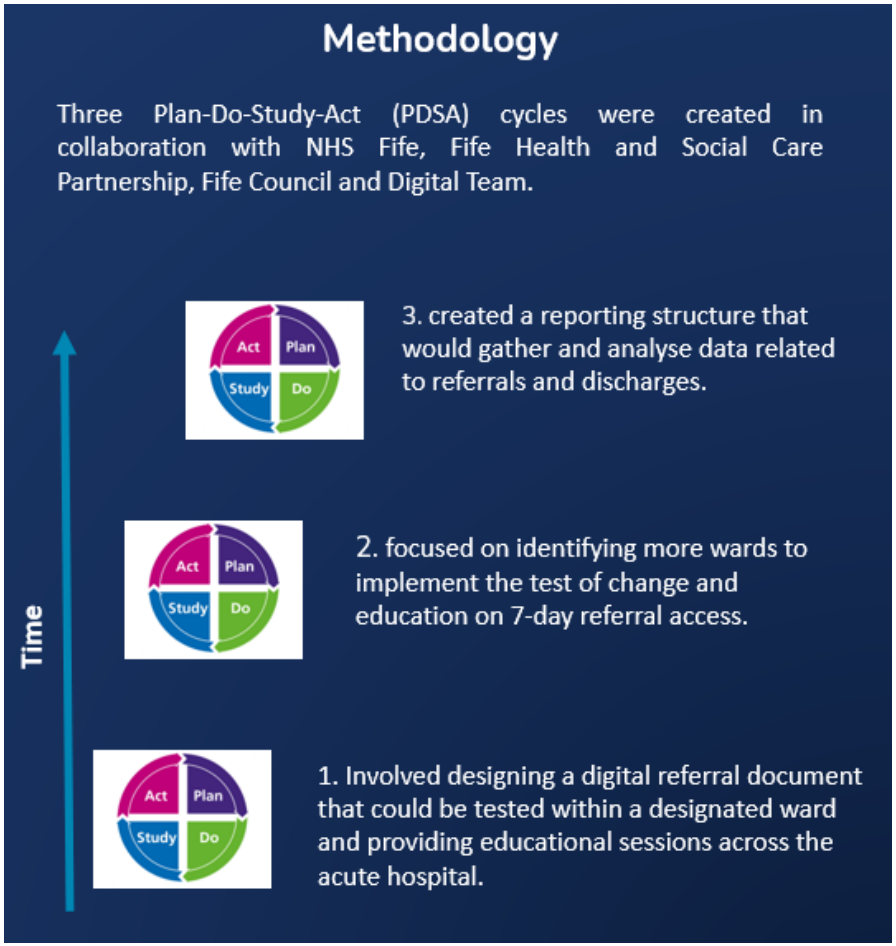
17. Streamlining Patient Transitions: A Digital Referral Initiative

The transition from hospital to home is a critical phase in patient care, often fraught with challenges that can lead to readmissions and compromised patient outcomes. This initiative explored the benefits of implementing a digital referral process within an Integrated Health and Social Care Partnership Discharge Hub aimed at streamlining communication and coordination among healthcare providers, patients, and community resources.

Over the course of the following 12 months, as we expanded our efforts to include additional wards, we observed noteworthy trends in referral patterns. Our analysis indicated a marked increase in the number of referrals received during the weekends, particularly between the hours of 4pm and 8am. This data highlights the significance of weekend referrals as a crucial component of our overall referral process.

Quantitative and qualitative findings demonstrated a notable enhancement in both the accuracy and 24-hour/7-day per week referrals. Staff feedback highlighted increased efficiency, attributed to the digital process. This shift has also provided us with valuable data indicating a rise in our activity levels. Future research will focus on expanding this initiative to encompass the front entrance of the acute hospital and community wards.

"This streamlined process for digital referrals has allowed patients in our ward to be assessed without any unnecessary delay".

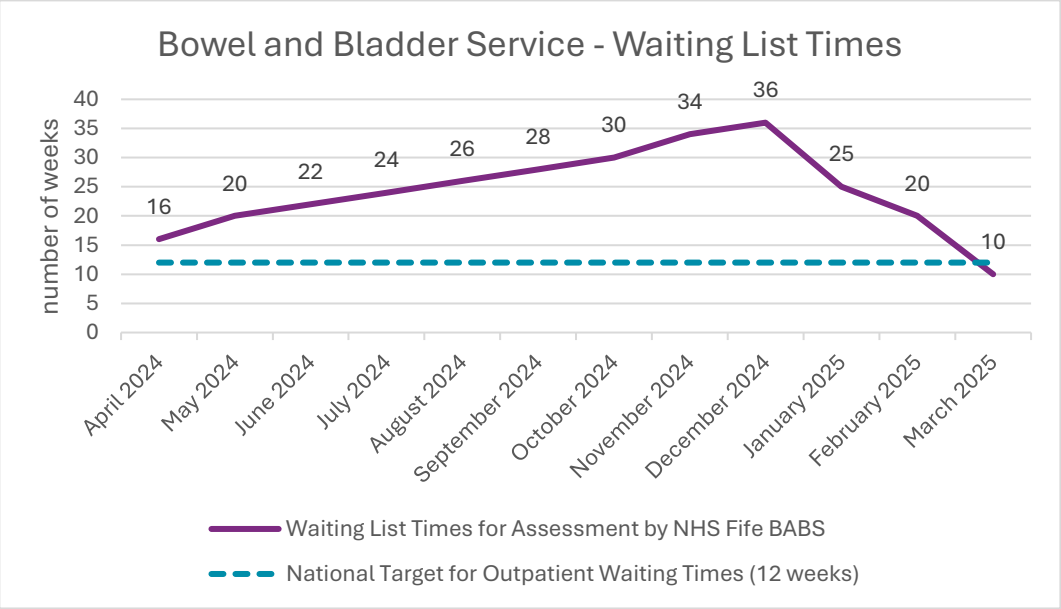


18. Service Improvement

Since initiating our Quality Improvement (QI) methodology, we have made significant strides in reviewing and enhancing our referral process for bladder and bowel services. Our primary goal was to address the extensive 36-week waiting list for patients.

- In September 2024 we initiated a process review to identify any bottlenecks and inefficiencies.
- Our first Plan, Do, Study, Act (PDSA) cycle that involved referral criteria implementation commenced in November 2024. We successfully implemented revised referral criteria, resulting in a more streamlined process that also prioritised urgent cases. For example, after 12 weeks the waiting list for palliative patients had improved to 20 weeks.
- Our second PDSA cycle involved education and training sessions that included collaborating with wider professionals.
- Our third PDSA cycle was to increase the weekly clinics offering online, telephone and face-to-face consultations when appropriate. To date our efforts have effectively reduced the waiting list from 36 weeks to 10 weeks, significantly improving access to necessary care.

The Scottish Government Health Care Standards state that 95% of all patients, should receive their outpatient appointment within 12 weeks of referral. Our Test of Change has successfully seen a reduction from 36 weeks waiting list time to 10 weeks in line with Scottish Government Health Care Standards.



NHS Fife Bladder and Bowel Services – waiting list times for non-housebound community patients



Bladder and Bowel Services

We will continue to monitor and evaluate the impact of these changes, ensuring sustained improvements and responsiveness to individuals needs that will see a reduction to 5 weeks by August 2025.

19. Mental Health Awareness at Work: Health & Social Care Forum

Fife Health Promotion Service, Workplace Team offer free and confidential workforce health safety and wellbeing advice and guidance to reduce health inequalities which in Scotland, are widest in the working age population.

The Health and Social Care Forum identified a training need, and the Workplace Team assisted the Forum to develop an appropriate training session. Thirteen colleagues form local organisations attended the session. This is some of the feedback from attendees:

- 73% (8) said the presentation was 'very good' and 27% (3) said it was 'good'.
- 64% (7) said the activities were 'very good' and 36% (4) said they were 'good'.

" (Awareness of) how my own professional and personal behaviours/habits blurred my own lines/thoughts".

"Good balance between presentation and group work"

" Good awareness and information session"



20. Building Bridges, Staff Support Project



Fife Health Promotion Service, Workplace Team offer free and confidential workforce health safety and wellbeing advice and guidance to reduce health inequalities which in Scotland, are widest in the working age population. In Fife, we will come together collaboratively and in partnership to support our communities, so they become safe, compassionate, inclusive, and free of stigma.

This initiative was a request from the established Fife Locations of Concern group – bringing together a consortium of professionals working to reduce suicide incidents at public locations. We worked together to develop a Staff Support SWAY and Pathway - tailored to support bridge operatives who witness a high frequency of adverse events at work. We also supported prevention and early intervention through signposting to local and national resources and support.

These are some of the comments received:

> *"This looks good - really useful resource."*
>
> *"I think the Pause to Process (pathway) document looks good - the flow is clear, which will be really helpful."*

You can access the Sway here: **https://sway.cloud.microsoft/6fMqwWA55KDfGBAi?ref=Link.**

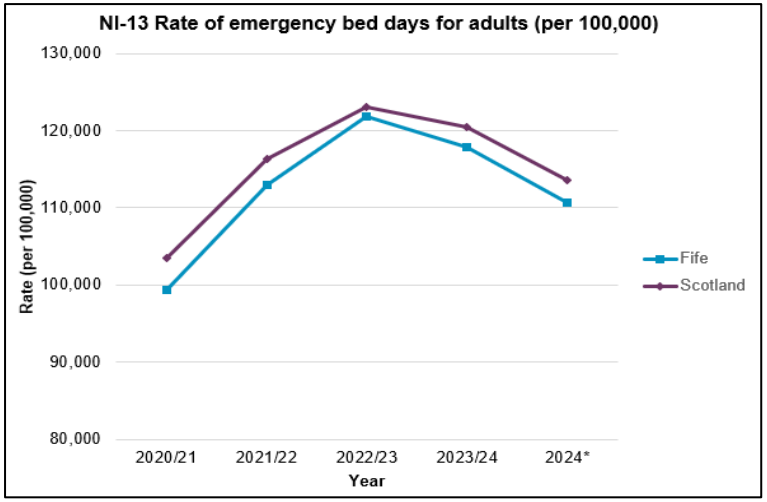
Outcome 5: Health inequalities are reduced

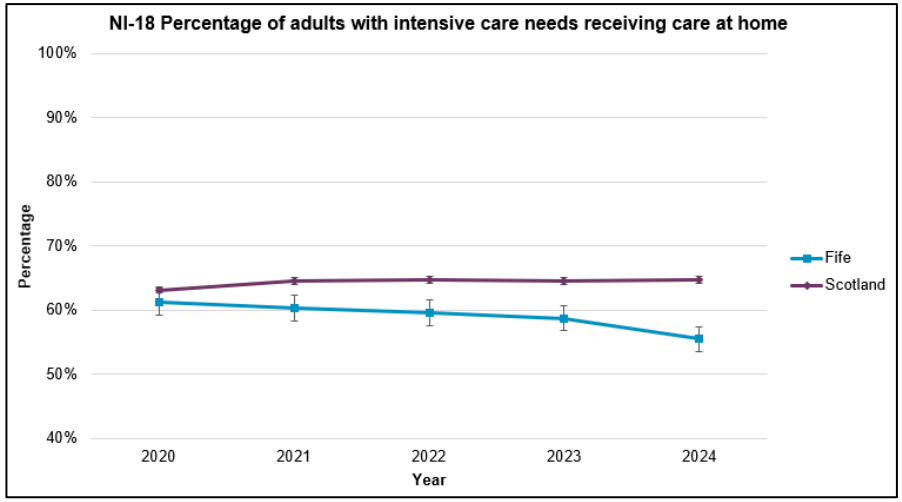
Health and social care services contribute to reducing health inequalities.

Indicator	Title	Latest Data	Fife	Scotland
NI - 13	Emergency bed day rate (per 100,000 population)	2024	110,688	113,627
NI - 18	Percentage of adults with intensive care needs receiving care at home	2024	55.5%	64.7%

NI – 13 Fife has a consistently lower rate than Scotland for emergency bed days. The rate has decreased in Fife in the last two years.

NI – 18 Fife has tended to have a slightly lower rate of adults with intensive needs receiving care at home compared to Scotland, and the gap has been widening in recent years. In 2024, the Fife figure was 55.5% compared to 64.7% in Scotland.





21. Mainstreaming Equalities

In April 2023, Fife Integration Joint Board approved and published its Mainstreaming the Equality Duty and Equality Outcomes Progress Report in accordance with the Equality Act 2010. This report included the new equality outcomes as part of the Strategic Plan 2023 to 2026. To continue to meet the obligations of the Act, Fife Integration Joint Board must comply with a number of specific duties including:

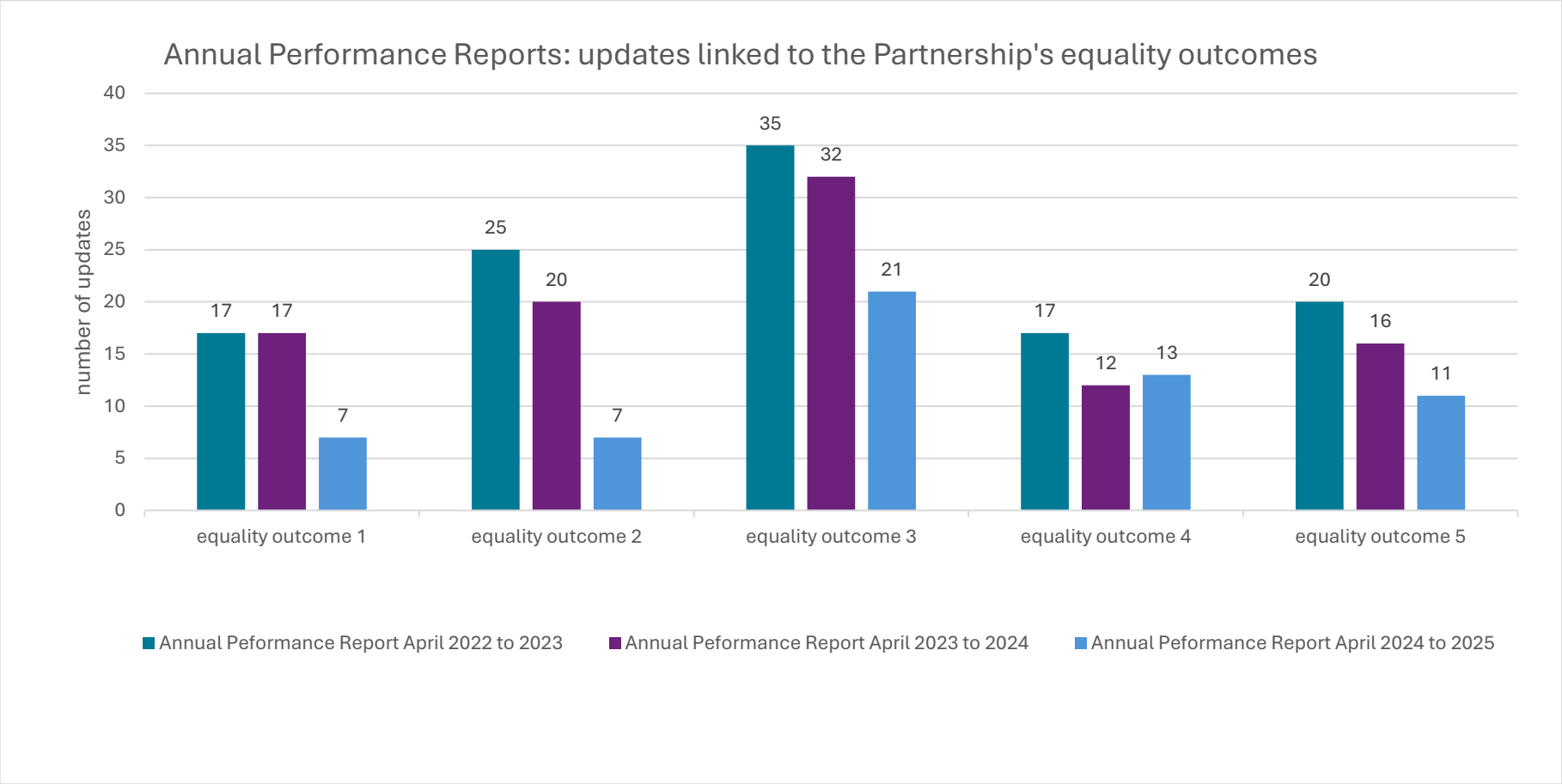
- Publish a report on the mainstreaming the equality duty at least every 2 years.
- Publish a report on the progress made to achieve the equality outcomes at least every 2 years.

The IJB published the Mainstreaming the Equality Duty and Equality Outcomes Progress Report in January 2025, you can find the report here: **https://www.fifehealthandsocialcare.org/about-us/publications/**.

During 2024 a SWAY was developed and circulated to employees via the Director's Briefing to provide support for colleagues who complete Equality Impact Assessments for key policies, strategies and for decision making.

In the last quarter of 2024, a dedicated area for equalities was developed on the Partnership website. This includes lots of information about equalities, all the published Equality Impact Assessments as well as information about equality, diversity and inclusion: https://www.fifehealthandsocialcare.org/abour-us/equalities/.

Many of the updates in the Partnership's Annual Performance Reports are linked to the implementation of the Partnership's equality outcomes. This graph highlights the number of updates for each equality outcome.



Number of updates linked to the Partnership's equality outcomes that have been included in recent Annual Performance Reports

22. Gypsy and Traveller Education Team (GATE) Practical Cooking Development Programme

The Gypsy and Traveller Education Team (GATE) have been working with teenage girls from the travelling community to provide training and support for a Practical Cooking Development programme. This has included Royal Environmental Health Institute of Scotland (REHIS) Food Hygiene training sessions and building capacity within GATE to deliver practical cooking sessions within the traveller community. Key achievements this year include:

- 5 pupils from GATE passed their REHIS Certificate.
- GATE staff advised that pupils had requested further engagement with food hygiene facilitators on related food work and committed to completing practical cooking training.
- GATE staff agreed to complete competency and become REHIS food presenters, this enables staff to run further practical cooking session moving forward.

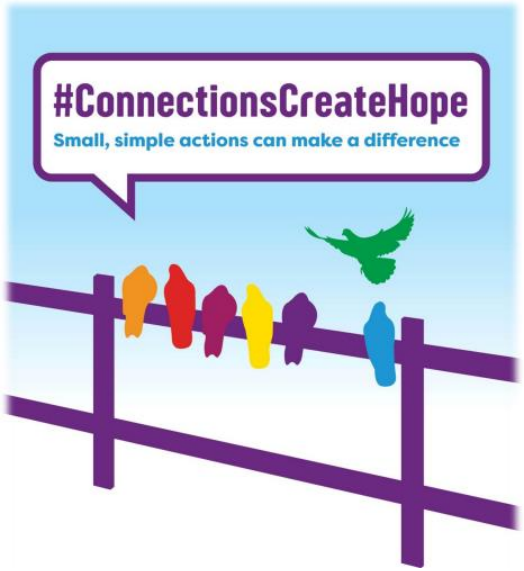






23. #ConnectionsCreateHope

Suicide Prevention Awareness Week took place 9th to 15th September 2024. Fife's Health Promotion Service collaborated with partners including Scottish Recovery Network, Samaritans, NHS Fife, Fife Council, Fife Voluntary Action, Andy's Man Club and Families in Trauma and Recovery to support Suicide Prevention Week.



The 2024 campaign #ConnectionsCreateHope took a different approach, focussing on upstream activity to encourage prevention and early intervention. The campaign encouraged people to get involved and support suicide prevention by carrying out small, simple actions which could make a difference to someone and prevent them from escalating to crisis and distress.

There was also a focus on promoting and raising awareness of peer support. An animated film was produced to explain and support the campaign; you can view the film here: **https://www.youtube.com/watch?v=N5NukA8mgcE&t=8s.**

An evaluation report for the campaign was produced and the following key points were highlighted:

Campaign social media posts:

- 936 post impressions (how many times posts were seen).
- 41 post engagements (how many times posts were interacted with).
- 25 post reactions (how many times posts were liked/reacted to).

The Scottish Recovery Network hosted a peer support event, highlighting the importance of peer support in recovery. Fife Voluntary Action were also influential in making this event a local success with 24 people attending the event which took place in September 2024.

Scottish Recovery Network provided this quote:

"The Creating Hope event in Cupar really showed how much willingness and enthusiasm there is in the community to work with mental health services to provide support for those affected by suicide".

73 participants took part in a comprehensive range of mental health awareness training which was delivered across the week in collaboration with partners, through the Health Promotion Training Programme.

Walk and Talk sessions were hosted by partners as part of the campaign activities with the invitation extended to anyone within Fife's communities with no booking process required. Four walks were facilitated and 27 people attended.

24. Food Champion Partnership success

Parents need to understand the impact eating well has on children's health and wellbeing and have the skills to access and prepare nutritious food with any budget. Community partners who work with parents needs to understand the key healthy eating messages and have the skills and confidence to share them in a way promotes healthy behaviours.

Over the last year we have increased our capacity to deliver Food Champion Training and to strengthen the Food Champion Network. The Health Promotion Service, in partnership with Fife Council Community Learning and Development provide Fife Food Champion Training. This includes three days training and includes Royal Environmental Health Institute of Scotland (REHIS) food hygiene, elementary food and health, and how to cook with groups. We have also delivered training to community partners through the Prevention and Early Intervention Training Programme. This included sessions in Touch and Cowdenbeath, with a session in Glenrothes in January plus three bespoke sessions for key groups Fife Young Carers, Rosyth Eats and Westfield Nurture Centre.

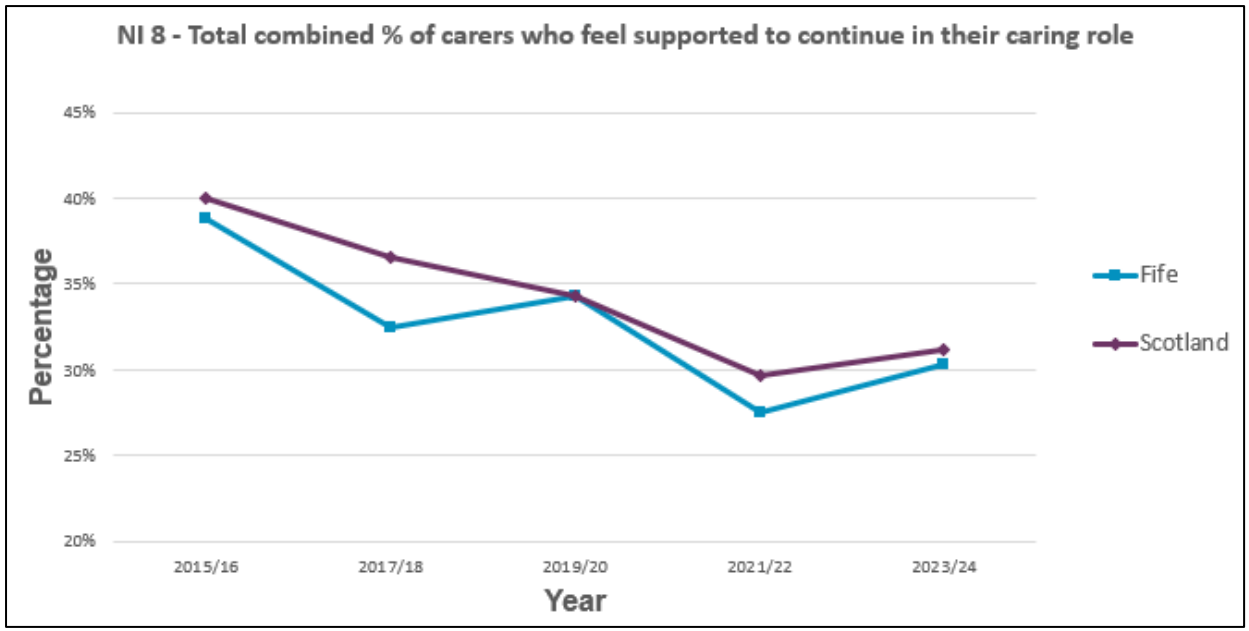


Outcome 6: Carers are supported

People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being.

Indicator	Title	Latest Data	Fife	Scotland
NI - 8	Percentage of carers who feel supported to continue in their caring role.	2023/2024	30.3%	31.2%

NI – 8 Fife shows more variation than Scotland for *Total combined % carers who feel supported to continue in their caring role*, and is usually slightly lower. In 2023/2024, Fife was lower at 30.3%, with Scotland at 31.2%.



25. Carers Community Chest Fund

The Carers Community Chest is a recent example of how we are extending the reach, scale and scope of the support available to unpaid carers to meet our carers strategy's main intent. The Carers Community Chest fund is supporting 54 projects in the year with over £400,000 of funding in total. In doing so each of these projects is able to establish new supports in local areas and open the door to hundreds, if not thousands, of carers, giving them the chance to live a positive life alongside their caring role.

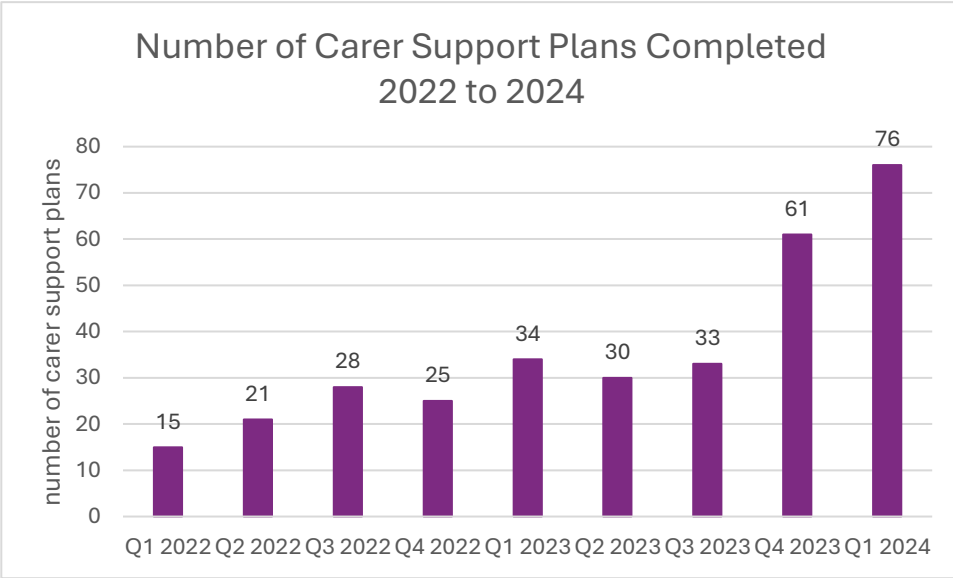
Each project has short term funding available to establish itself. In each instance the project will have to secure longer term resources to be able to ensure it continues to have a positive impact in its local area.

Helping Fifers to help each other

Fife Carers Community Chest

26. Carers Support Plans

Fife Health and Social Care Partnership work in partnership with a wide range of third sector commissioned partners to identify and support carers in line with the Carers (Scotland) Act 2016. It is because of this wide range of accessible points for a carer that the Partnership is unable at present to report on the total number of carers supported or the number of Carers Support Plans completed. We are developing ways to collect this information across the wide range of third sector commissioned partners to better understand the impact and quality of our support to carers. The graph below shows the number of Adult Carer Support Plans completed within the Partnership reflecting an increase in Support Plans completed which we attribute to the introduction of 10 Social Work Assistants whose role it is to identify and reach out to unpaid carers.



Number of Carer Support Plans completed – 2022 - 2024

Outcome 7: People are safe

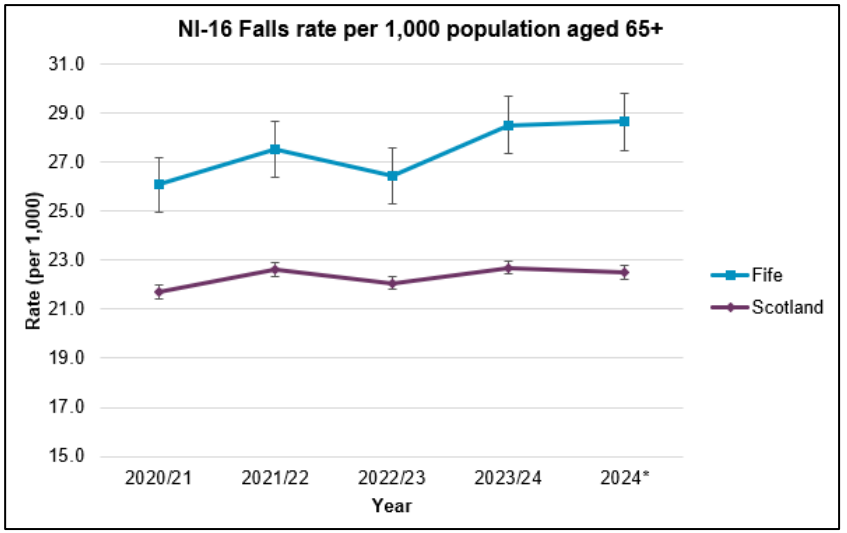
People using health and social care services are safe from harm.

Indicator	Title	Latest Data	Fife	Scotland
NI - 9	Percentage of adults supported at home who agreed they felt safe	2023/2024	69.1%	72.7%
NI – 16	Falls rate per 1,000 population (65+)	2024	28.7	22.5

NI – 16 Fife has a consistently higher falls rate than Scotland as a whole, and follows a very similar trajectory. In the most recent year (2024), the rate per 1,000 in Fife was 28.7, compared to 22.5 in Scotland.

*Please note results for indicator 9 for 2023/2024 are not comparable to previous years due to changes in survey wording.

Also results for 2019/2020 and 2021/2022 for indicator 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology



27. Analogue to Digital Transition

We are delighted to confirm that Home Care Associated Services have been awarded the Gold Level One Digital Telecare Implementation Award in recognition of the progress they have made on their analogue to digital telecare transition project.

To achieve Gold Level One status, a Telecare Service Provider must have implemented a fully operational digital alarm receiving centre solution as well as rolling out a live digital telecare service to at least 20% of service users. This is the third major milestone in the analogue to digital transition and lays the foundation for the future of digital telecare.



Fife Health and Social Care Partnership is an integrated care system, working in partnership with NHS Fife, Fife Council, independent care organisations, and voluntary organisations. Their mission is to improve the health and wellbeing of people living in Fife. The Partnership currently has 7,192 community alarm users and covers 66 sheltered housing complexes throughout the region. They offer their services in-house, from mobile assistants and mobile emergency carers to community alarm operators. As part of their analogue to digital telecare transition project, Fife was the first local authority area to go live with a digital Alarm Receiving Centre (ARC) in Scotland. They aim to transition all of their community alarm service users to digital and offer a fully digital service by December 2025.

28. Adult Support and Protection Biennial Report

The purpose of the Biennial Report is to provide assurance in relation to the Adult Support and Protection Committee's work towards supporting the application of the Adult Support and Protection (Scotland) Act 2007 (the Act) and our shared vision to ensure that all adults at risk feel safe, supported, and protected from harm. The Biennial Report provides a degree of statistical data in respect of the characteristics of adults at risk of harm. The report contains a summary of local activity over 2022 to 2024 and how the functions of the Adult Support and Protection Committee were maintained during the coronavirus pandemic, the challenges faced, our response to these and sets out priorities for the future.

Fife Adult Support and Protection Committee (ASPC) has a shared vision that all adults at risk feel safe, supported and protected from harm. The Committee is a statutory body established under section 42 of the Act. The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. The Committee is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer Public Safety Group. The report highlights our Communication and Engagement Strategy which builds on already impressive work to listen to the voices of those with lived experience and involve those we aim to protect in service design and delivery. The strategy has seen an intensive media campaign aimed at increasing awareness of the types of harm that adults can be at risk from and encouraging reporting. Working in partnership with Kingdom FM the ASPC has initiated quarterly radio campaigns supported by Kingdom FM's social media pages. Whilst the overall impact of such campaigns is hard to assess the hard data of follow up social media hits indicate that the results are on a par with any major local commercial camp. The report contains a range of statistics which the ASPC use as part of their evaluation of trends and to validate our improvement journey. The report looks forward to the current reporting period and the ASPC has recently signed off the committee improvement plan for 2025 to 2027.

Adult Support and Protection Locality Social Work Services lead the coordination and response to all adult support and protection (ASP) activities. During 2024 to 2025, ASP referrals in Fife rose by 26% (from 4,435 to 5,580). These referrals involved 3,173 adults. Multiple factors could contribute to the increase in referrals, including economic challenges, the impact of COVID-19, social care sector issues, awareness campaigns, and improved identification of harm. Partnership working under ASP remains a strength, with awareness raising activity, and shared learning from significant events. Fife took a multi-agency approach to enhancing our ability to consider system learning by commissioning training from Social Care Institute for Excellence (SCiE) for key partners in our ASPC. This work has resulted in improved mutual understanding of role and responsibility, shared decision-making platforms, and reflects the values of all partners in the ASP process.

Case Study

Social Work received a concern report from a partner agency highlighting concern that an adult had provided an inconsistent account of the reason for a physical injury. Due to the adults' physical needs a welfare check was initiated to ensure the adults care needs were being met. The Adults West Locality Team undertook a welfare check and utilised professional curiosity which resulted instantly recognising that the adult was fearful and in need of immediate support to seek refuge from their partner. The Team identified instantly through the adult's behaviour and non-verbal presentation that they were experiencing fear and distress. The Team supported the adult to seek immediate safety by supporting to a place of safety. The Team coordinated an immediate safety plan with multiple partner agencies to ensure the adult was safe and supported. The Team continues to coordinate and collaborate with key agencies a holistic risk assessment and safety plan to support the adult to live free from harm and to ensure their human rights are upheld. The adult described the Team as "life savers," when they arrived to undertake a welfare check at the adult's home.

29. Adult and Older People Social Work Contact Centre

The Adult and Older People Social Work Contact Centre provides a single point of access for new Social Work Service inquiries from both service users and professionals. From 1st April 2024 to 31st March 2025, 2380 referrals were made to the Social Work Contact Centre, the vast majority relating to referrals for assessment of need with significant and increasing contacts relating to Adult Support and Protection (ASP). The Contact Centre plays a key role in promoting early intervention and supporting independence through collaboration with The Well, which offers light-touch support and information to help people connect with local resources. Over the next year the Social Work Contact Centre will be developing a bespoke audit tool and service user engagement approach to assist us in understanding the impact of our interventions at the front door to social work services.

30. Scottish Mental Health First Aid for Fife's Charitable Organisations

Fife Health Promotion Service, Workplace Team offer free and confidential workforce health safety and wellbeing advice and guidance to reduce health inequalities which in Scotland, are widest in the working age population.

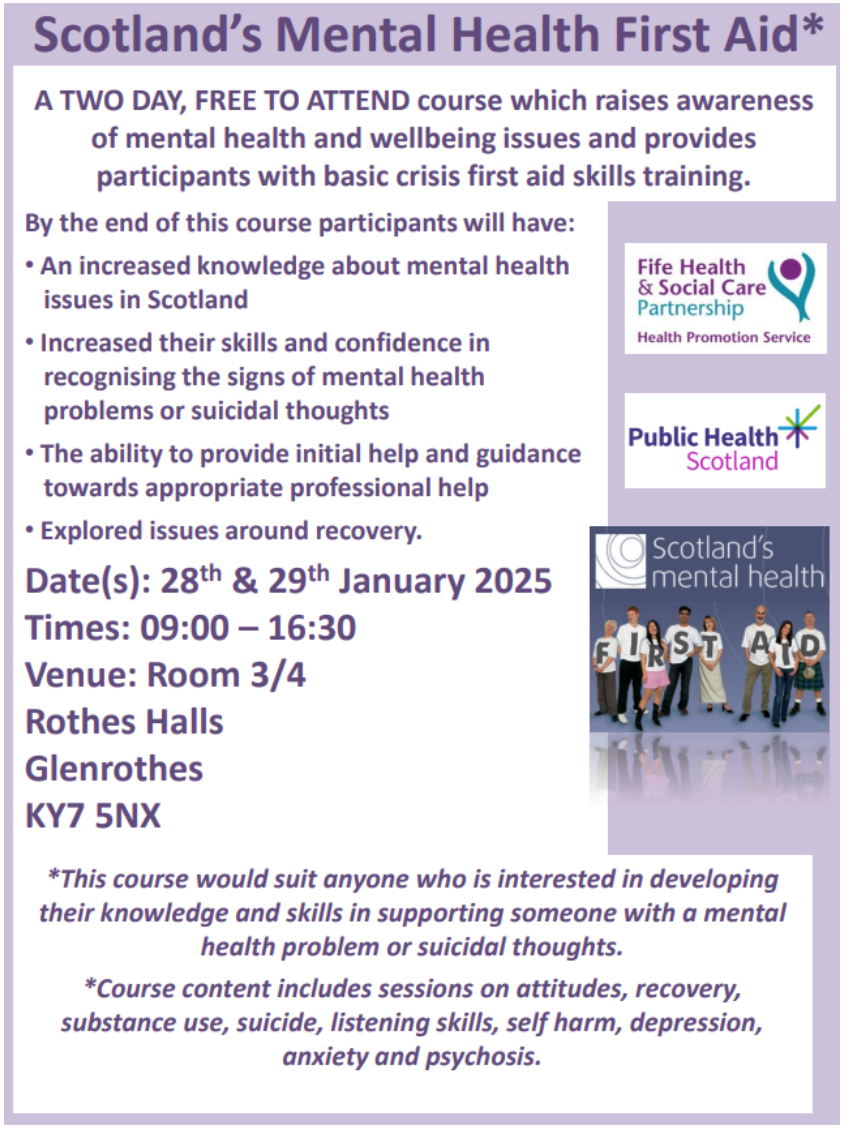
The Workplace Team developed a training course to meet the needs of local charities. Twenty-one colleagues from five organisations attended the session. This is some of the feedback from attendees:

- 100% (21) said the course content, presentations and facilitation were 'very good'.
- 71% (15) delegates said the course was extremely valuable to their job with 24% (5) saying very valuable and 5% (1) saying valuable – no one noted the course as of little value.

" I loved how the facilitators used participants experiences to enrich the course – they did this very well."

" Very thorough, very understanding, very collaborative".

" Safe space to learn and share".



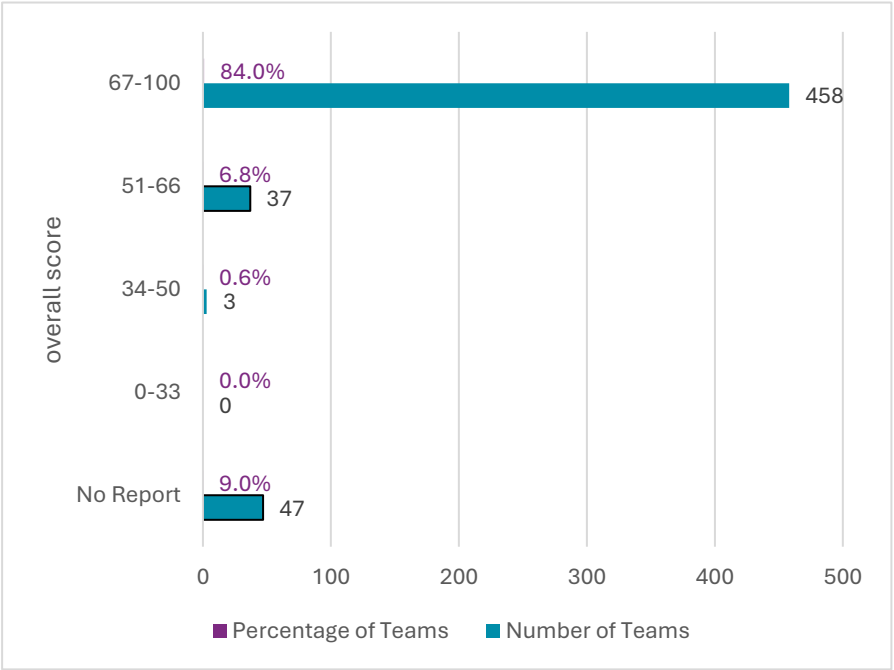
Outcome 8: Employees are supported and engaged in their work

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.

31. iMatter 2024

We have continued to score higher than national averages in our iMatter results, this included achieving our first score of 90 for the statement 'My direct line manager is sufficiently approachable". In addition, 84% of teams overall scores were in the highest category, (scoring between 67-100) which is our best result for the Partnership on record. Our overall Employee Engagement Index score increased to 78, matching our highest pre-COVID-19 score.

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	458	37	3	0	47	545
Percentage of Teams	84.0%	6.8%	0.6%	0.0%	9%	100%



Fife Health and Social Care Partnership – iMatter scores 2024

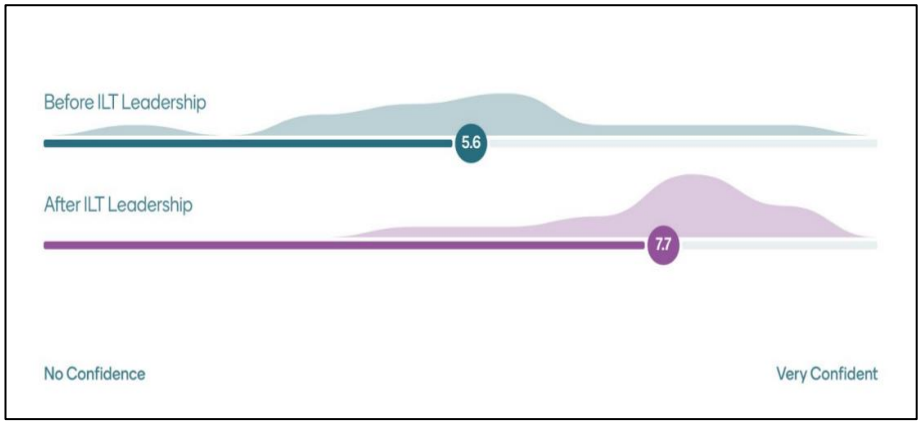
32. Integrated Leadership Team: Leadership Programme

We were pleased to have our 2nd cohort complete this leadership course with monthly sessions from September 2024 to February 2025. We had 15 leaders from across the Partnership complete this course which uses Insights Discovery, a psychometric tool, to support leaders to have a greater awareness of themselves and their team members to improve effective working and adaptability.

As part of the evaluation of the course, we asked participants to sum up their experience of being on this course in one word:



In response to rating their confidence on a scale of 1-10 as a leader within the Partnership, participants confidence increased, on averaged, from 5.6 to 7.7.



Participant confidence scores



ILT Leadership Programme participants

During a debrief with Lynne Garvey, Director of Health and Social Care, and Roy Lawrence, Principal Lead for Organisational Development and Culture, Lynne took the opportunity to present participants with their certificates and congratulate them on completing the course.

33. Insights Discovery Development Sessions

The power of using Insights Discovery Psychometric Tool as part of the ILT Leadership Programme, has generated wider interest across the Partnership. We have supported 129 staff to understand themselves and others better, to improve their leadership skills and to be able to work more effectively in their teams using the knowledge gained from Insights Discovery.

34. Equality, Diversity, Inclusion: Interim Plan and Action Plan

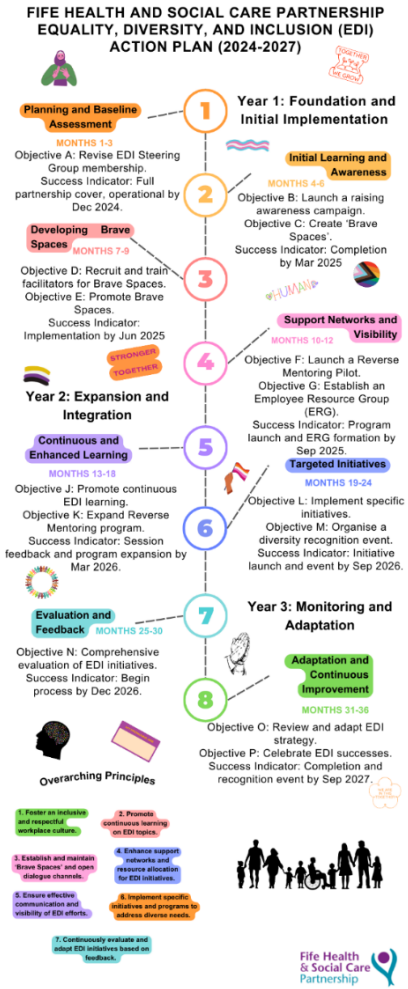
Between April 2024 and March 2025, Fife Health and Social Care Partnership made significant progress in promoting Equality, Diversity, and Inclusion (EDI) to create a more inclusive and supportive working environment. The introduction of the EDI Action Plan 2024 to 2027 provided a clear framework for driving positive change. To support its implementation, an interim work plan was introduced, focusing on strengthening communication, increasing staff involvement, and gathering feedback. In collaboration with the Fife Centre for Equalities, training sessions were delivered, equipping 30 facilitators with the skills to lead interactive EDI activities.

Staff engagement was a key aspect of this initiative. EDI sessions were held at various locations across Fife, with 476 employees taking part. Their insights, collected through surveys and consultations, played a vital role in shaping future actions, ensuring that employee perspectives influenced decision-making. Progress was closely monitored, contributing to the Partnership's achievement of Bronze Level in the Equality Pathfinders Recognition Scheme, with ambitions to reach Silver and Gold.

To further embed EDI principles, the Partnership's Equality Network (PEN) was launched as a staff-led initiative, providing a space for employees, students, and volunteers to share experiences, offer support, and contribute to policy development. This network has been instrumental in fostering inclusivity across health and social care services.

One of the key events supporting workplace neurodiversity was the Neurodiversity Natter, held at Fife Voluntary Action in Kirkcaldy. Organised in partnership with the Fife Centre for Equalities and PEN, the event brought together 56 participants to explore ways of making workplaces more accommodating for neurodiverse employees. Key recommendations included creating sensory-friendly workspaces with quiet zones and adjustable lighting, enhancing communication through clear and patient dialogue, and offering targeted training and mentorship. These insights were shared with the EDI Steering Group to inform future policy development.

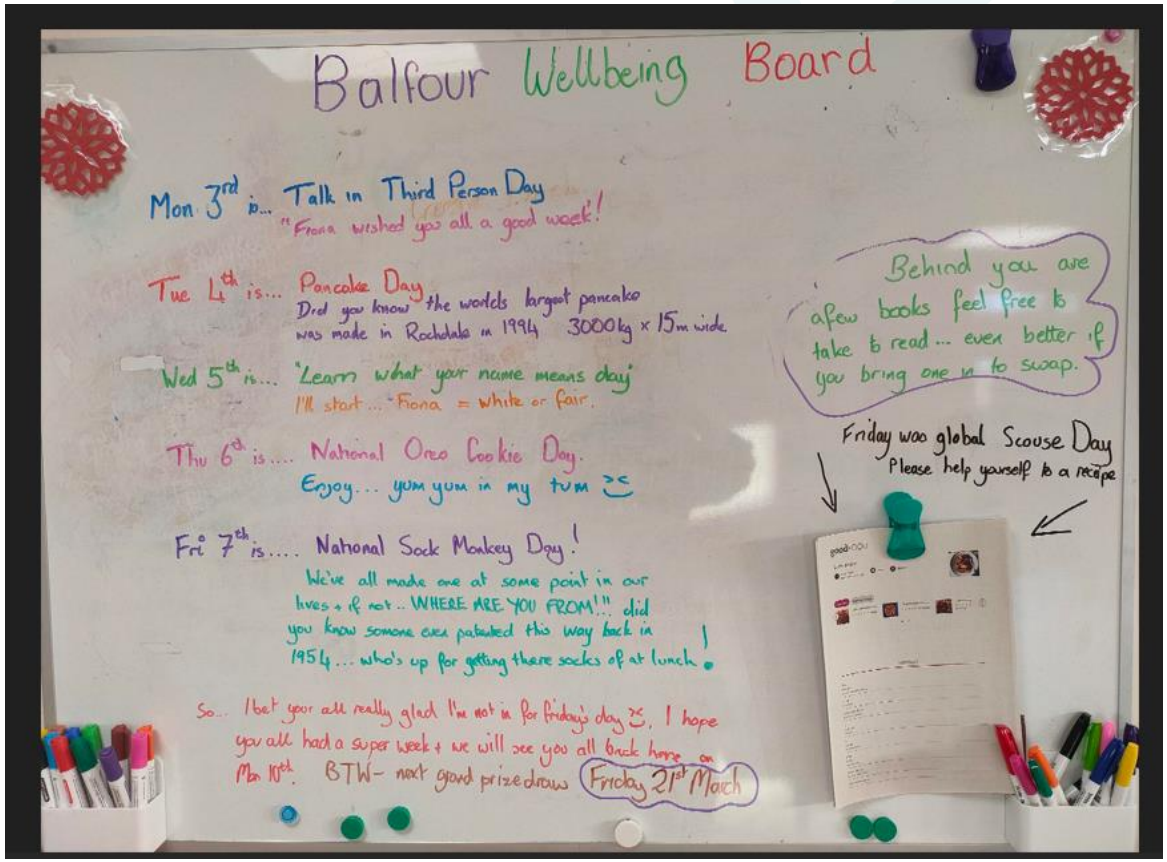
Through these initiatives, Fife HSCP has reinforced its commitment to fostering a workplace where diversity is embraced, employee voices are valued, and inclusive practices continue to evolve to meet workforce needs.



35. Wellbeing Champions within the Integrated Community Teams Portfolio

In October 2024, nine staff from the Integrated Community Teams Portfolio were supported by managers to participate in the NHS Fife Wellbeing Champions Course. This course offers a designed programme of support to help provide participants the evidence from neuroscience, translated into simple, well-tested skills and practical ideas to support their own wellbeing at home and at work, with the specific aim of empowering them to support the wellbeing of their colleagues. The vision for supporting this attendance was then to embed Wellbeing Champions across all sectors of our Intermediate Care Teams Portfolio which includes community hospital in-patient therapy, community setting therapy and Hospital at Home capturing a workforce of over 300 staff. The establishment of biannual meetings with the Champions and Team Managers across the services promotes sharing of ideas and good practice.

This is a sample of the Wellbeing Board that was implemented within the Cameron Hospital Inpatient Therapy Team by their Wellbeing Champion.



36. HENRY

Our workforce requires the skills to engage with parents on the topic of healthy eating, being active, sleep and dental health.

The HENRY approach is a unique and holistic approach of working with families underpinned by the evidence on risk and protective factors for whole-family nutrition, healthy weight and child development. HENRY integrates proven behaviour change models into a supportive and effective approach that increases parental confidence and their ability to provide a healthy start and healthy childhood for their child. The HENRY approach brings together support for parenting efficacy, family emotional wellbeing and behaviour change with information about nutrition, physical activity, oral health and more. Parents and children supported by HENRY become a healthier weight and make statistically significant lifestyle changes which independent clinical trials show are sustained at follow-up. You can find out more about HENRY here: **https://www.henry.org.uk**.

Over the last year we have increased staff confidence and knowledge on engagement techniques and clear messaging around key topics (healthy eating, being active, sleep and dental health) through training on the HENRY approach. The training was managed by the Partnership's Health Promotion Service and delivered through the Health Promotion Prevention and Early Intervention Training Programme. We now have six colleagues who are qualified trainers, and we have provided training sessions to multiple groups across Fife including:

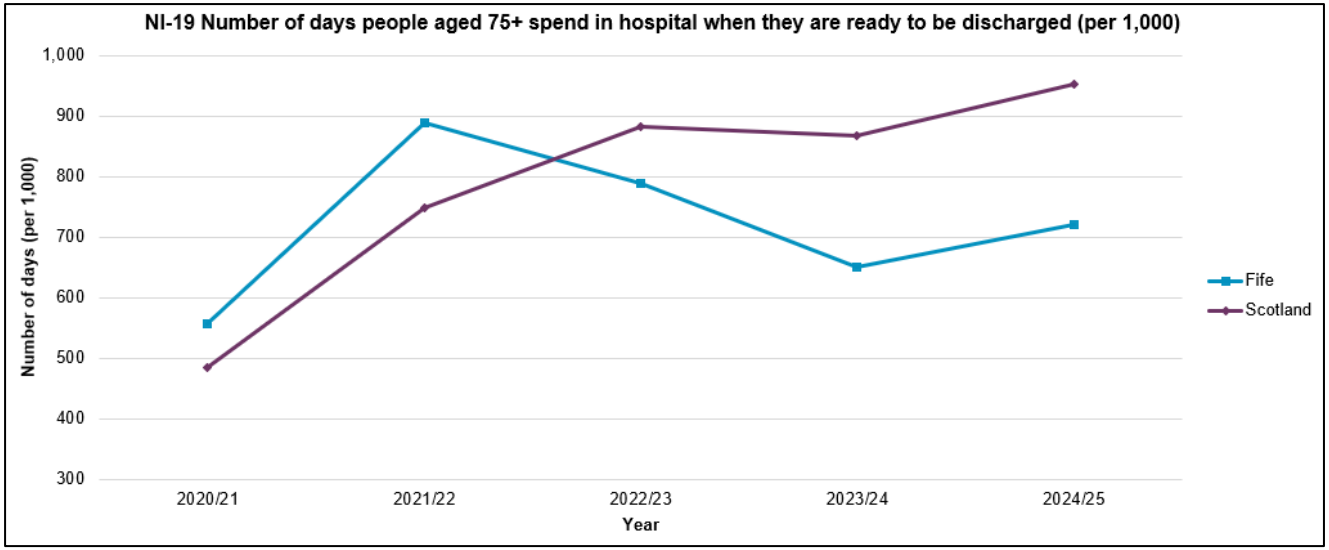
- early years officers
- community partners
- health visitors
- dieticians
- principal teachers
- nurture teachers.

Outcome 9: Resources are used effectively

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

Indicator	Title	Latest Data	Fife	Scotland
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2024/2025	720	952

NI - 19 Fife has a lower rate of days spend in hospital when ready for discharge (age 75+) per 1,000. This was 720 in 2024/2025, compared to 952 in Scotland. However, this is an increase from the previous year in both Fife and Scotland.



37. Climate Change Duties

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 came into force in November 2015, requiring all public bodies classed as “major players” to submit a climate change report to the Scottish Government by 30 November each year. Integration Joint Boards were first included in the annual reporting exercise in 2016/17. Fife Integration Joint Board (IJB) submitted their climate change report in November 2024. This submission is an opportunity to review climate change action within the IJB and promote continuous improvement. In this report the IJB sets out its top priorities for improvement for the year ahead and these priorities in the 2024 submission were:

- In conjunction with community planning partners continue to support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 to 2030 and the Climate Fife 2024 Strategy and Action Plan and continue to work closely with partners on the development of the Anchors Strategic Plan.
- Continue to support and promote awareness raising of climate change issues for staff working in the Fife health and Social Care Partnership, making use of accessible training, and learning opportunities offered by partner bodies and others.
- Continue the integrated work of partner bodies which is strengthened by the Partnership's Climate Change Group that convened this year and identify opportunities to work more efficiently and sustainably.
- Monitor actions and outcomes aligned to the delivery of the Strategic Plan 2023 to 2026, including those within the supporting strategies, which promote co-benefits with climate change strategies.
- Continue to review the information received in reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

A review of the environmental/climate change impacts highlighted within reports submitted to committees during the period September 2023 to August 2024 showed 42 extracts. This is a substantial increase compared to 13 extracts in the previous year and highlights that there is an increased awareness of climate change across the Partnership.

To ensure compliance with our statutory duties and to monitor progress of our priorities Lisa Cooper, Head of Primary and Preventative Care Service now leads on climate change and chairs the Partnership's Climate Change Group which has representation from partner organisations.

Next steps for the Climate Change Group include:

- Develop and monitor a workplan for duties associated with climate change.
- Work to raise staff awareness of responsibilities in relation to climate change through the development of a communication and engagement plan.
- Identify and promote available training. Dates have been arranged for Carbon Literacy training for Partnership employees in October/November 2025.



38. Learning and Development

The Health and Social Care Partnership is committed to continuous learning and development across all services. For example, the Adults and Older People Social Work Teams hold monthly protected learning days for staff. This year, 20 social work staff completed post-qualifying courses such as Adult Support and Protection (ASP), Dementia Postgraduate, Leadership and Management, MHO, Practice Educator, and Advanced Social Work courses. The introduction of a new supervision approach, which prioritises learning and development, has been well received. Additionally, the service provided placements for 13 social work students in 2024 to 2025, three of whom joined the workforce in permanent roles.

39. Risk Management

Since April 2024 the Integration Joint Board Strategic Risk Register, which was reviewed in line with the Strategic Plan 2023 to 2026, remains current. Work will continue to ensure the Risk Register remains as up to date as possible, taking into account external factors, financial planning and progress on the delivery of the Strategic Plan.

The delivery plan supporting the Risk Management Policy and Strategy was originally agreed in March 2023. The plan has a total of ten actions and seven of these are now completed, although further improvement work on two of these is continuing. Of the three outstanding actions we are aiming to complete these in 2025 to 2026.

Relevant key performance indicators are aligned to SMART control actions on all strategic risks to provide assurance that these are effective and improving the management of these risks. A deep dive risk review process has been developed and agreed by the governance committees. This aims to provide members with assurance that risks are being effectively managed within the agreed risk appetite and tolerance levels. Currently ten of the thirteen strategic risks have undergone a deep dive risk review, and a review of the process has highlighted that there has been improved understanding and learning through this process.

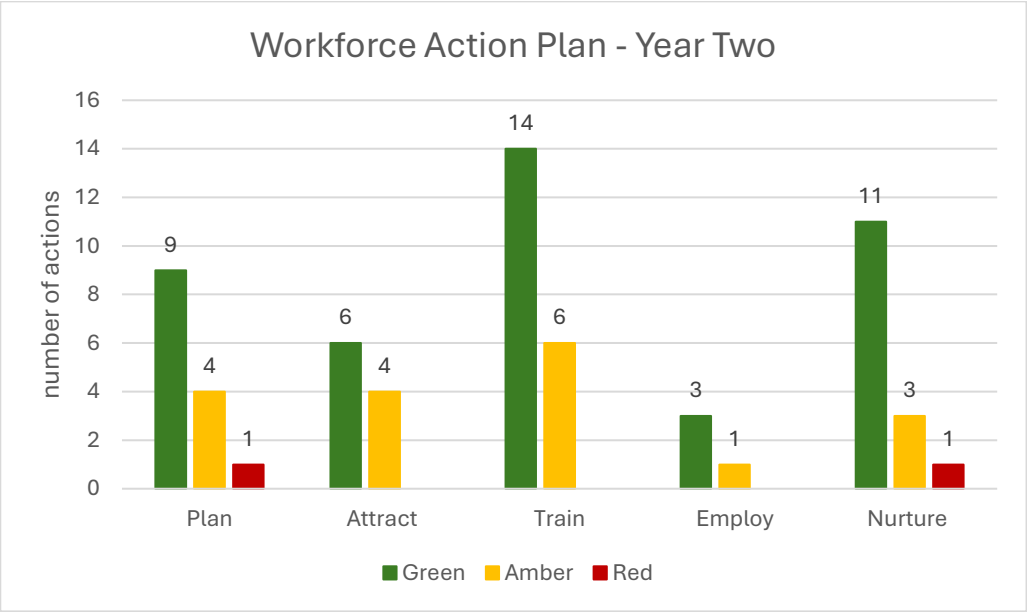
In May 2024, following consultation across the Partnership, including sessions at the portfolio Quality Matters Assurance Groups, members approved the following documents supporting the IJB Risk Management Policy and Strategy:

- IJB Risk Reporting Framework
- Risk Management Process and guidance
- Risk Management Training Resources

The Operational Risk Working Group is currently looking at the development of further training resources linked with a feedback loop for staff to highlight areas where additional support is required. In addition, a Risk Maturity Model has been developed with engagement through the Partnership's Extended Leadership Development Session in February 2024 and a base line assessment will be presented to Committee in 2025 to 2026.

40. Workforce Strategy: Year Two

The Workforce Action Plan for Year Two is structured around the Scottish Government's 'Five Pillars', demonstrating how the work done over 2023 to 2024 aligns with these key areas of workforce improvement. These actions are also set alongside new workforce priorities, our Year Three Workforce Action Plan 2024 to 2025. These were identified by the Partnership's Operational, Professional and Business Enabling services in collaboration with NHS Fife and Fife Council key workforce partners, our third and independent sectors, our Trade Unions and staff-side leaders and Fife College, through our Workforce Strategy Group and a huge range of meetings and individual conversations with key stakeholders over the course of 2024.This summary provides an overview of the priority actions agreed in November 2023 and the progress to date.



Workforce Action Plan - progress on the actions planned for 2024

The actions completed have achieved an overall rating of 67% with the remaining 33% carrying forward to Year Three.

Career events

Events to attract people to explore careers in the Partnership saw many people attend throughout the year.

In December 2024, NHS Fife Medical Education and the Organisational Development and Culture Team, welcomed 65 pupils in S4 to S6 from Fife secondary schools who have an interest in becoming doctors. The events took place in December 2024 at the education hubs in Queen Margaret Hospital and Cameron Hospital. The aim of the day was to increase awareness of medicine as a potential career option for young people from Fife schools where widening access may apply.



'It was fantastic to inspire these young folk to consider a career in medicine and all the sessions worked really well towards that. The pupils came up with some really interesting questions for the Q&A sessions, and all of the staff involved were very enthusiastic and encouraging. The feedback from the pupils confirmed that they left the event significantly more likely to apply for medicine. Hopefully this can become a regular annual event going forward." Consultant Physician.

In March 2025, over 70 pupils in S2 and S3 from Fife high schools enjoyed a half day at the Education Centre, Queen Margaret Hospital, in Dunfermline. where they had first-hand experience of what it is like to work in the NHS and the Health and Social Care Partnership to support them to consider a future career or influence their subject choices for further study or employment. The event aims to attract and inspire young people about a career within health and social care whether that is to understand the career pathways that exist for school leavers or an insight into careers that require further education.

The Fife Care Academy with Fife College is a model tasked to provide a coordinated approach to the benefit for the Partnership to counter supply and demand concerns as well as sourcing a range of funding options only available via the college sector, creating a level playing field across the integrated partners. In November 2024 and March 2025, the Academy hosted care specific career events with both events combined drawing 500 people to meet over 30 different independent and third sector employers. Social work and social care leads in Fife Council and nursing services in NHS Fife attended as well. These events will be an annual feature now.

The Care Academy with Fife College continues to grow in strength with a number of opportunities to access learning in ways that reflect the employer's needs and the workforce ambitions. This year there have been significant investment made available to our workforce including:

- 150 funded places made available on the Professional Development Award in Technology Enabled Care (TEC).
- The HNC Social Services course, delivered online and recognised as a registered qualification by the SSSC for practitioners.
- Over 60 public funded places on the SVQ 2 advanced certificate programme to support our regulated workforce and apprentices gain a qualification recognised by the SSSC.

The Assistant Principal, Fife College commented, "The collaboration between Fife Health and Social Care Partnership and Fife College has led to the creation of the Fife Care Academy. As a collaborative, we feed in info from industry and work together to shape the courses we offer that best suit sector need. Since inception, the Care Academy has introduced newly funded models of learning that suit the ever-changing demographic of learners and reflects the changing needs in the sector including evening, blended and online learning".



Kings Trust

In November 2024, seven young people from across Fife celebrated completing a four-week health and social care programme with The King's Trust and the Fife Health and Social Care Partnership. The Get into Health and Social Care Programme aims to supports young people, aged 16 to 30, get into jobs, education, and training, with a focus on the health and social care sector. The programme helps young people to build their confidence, teamwork and other key employability skills, as well as more sector specific skills including team building, a skills and values workshop, a wellbeing and resilience workshop, interview support and mock interviews, a Child and Adolescent mental Health Services (CAMHS) mental health workshop, and a variety of industry work placements for each young person.

This is the fourth iteration of the programme running in Fife, which began in 2022, with 30 young people being supported in that time. Of those young people, roughly 80% have gone onto get a job or go into further education off the back of the programme.

The Youth Development Lead at The King's Trust, said: "I'm incredibly proud of the hard work this group of young people have put into completing this programme and how far they have come over the four weeks. It has been a great pleasure to work with our incredible delivery partner, the Fife Health and Social Care Partnership, who have been excellent from the very first programme. These programmes are so beneficial for young people in Fife, and we wouldn't be able to do it with them."

Lynne Garvey, Director of Fife Health and Social Care Partnership said: "I would like to congratulate everyone involved in this fantastic initiative. This programme offers young people a valuable opportunity to build confidence and develop essential skills, and for some, it provides a pathway to a career in health and social care. The partnership between Fife Health and Social Care Partnership and Kings Trust is truly significant, and I'm thrilled to see it continue to thrive."



Get into Health and Social Care Programme participants

Career Ready

In March, we celebrated the three Fife pupils who completed their internship with the Adult Support and Accommodation Service. For some pupils this opportunity helped them to progress into caring roles in the Partnership. Opportunity The young people at the event spoke about how the internship in the Partnership had given them confidence and experiences in the world of work.



Career Ready Graduation

Health Care Staffing Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 (HSCA) was passed by the Scottish Parliament in 2019. Enacted on 1 April 2024, the Act is applicable to all health and care staff in Scotland. There are several Year Two high priority actions that have achieved completion as planned and on time.

In Part 3 of the Act 'Care Services' self-assessment exercise' was conducted by Care Services in line with Part 3 of the Act to ascertain readiness for the implementation, and Business Continuity Plans were completed. In Part 2 of the Act, the NHS Fife's Health Care Staffing Act Implementation Group successfully delivered the Chapter Testing.

Information about the Act was developed and made available to the workforce across all staff digital platforms including access to specific training via the Turas learning platform.

> *The Care Inspectorate Safe Staffing Programme Lead commented, "We appreciate the complexities of service planning and procurement for all Health and Social Care Partnerships. However, we hope the testing process has informed you and the team in preparation for enactment on 1 April 2024. The work you all dedicated to this testing process has been integral to our work here at the Safe Staffing Programme".*

41. Armed Forces Covenant

Across Fife the Armed Forces Community includes approximately:

- 1,000 serving personnel
- 450 reservists
- 21,000 veterans, and
- the partners and family members of serving personnel, reservists and veterans.

For most of these people, serving in the armed forces is or was a positive experience. However, some individuals experience adverse physical and mental health challenges, which can be compounded by other factors such as welfare and/or financial issues. Members of the Armed Forces Community may also experience problems accessing appropriate services in comparison to the civilian population. This can be further complicated by a lack of understanding of the armed forces culture within civilian services.

We have a strong support network in place across Fife including **Veterans First Point** a specialist service dedicated to the mental health and wellbeing of former armed services personnel in Fife. V1P offers:

- Peer support from fellow veterans
- Help with transitioning to civilian life
- Psychological therapy
- Opportunities to form social connections with other veterans.

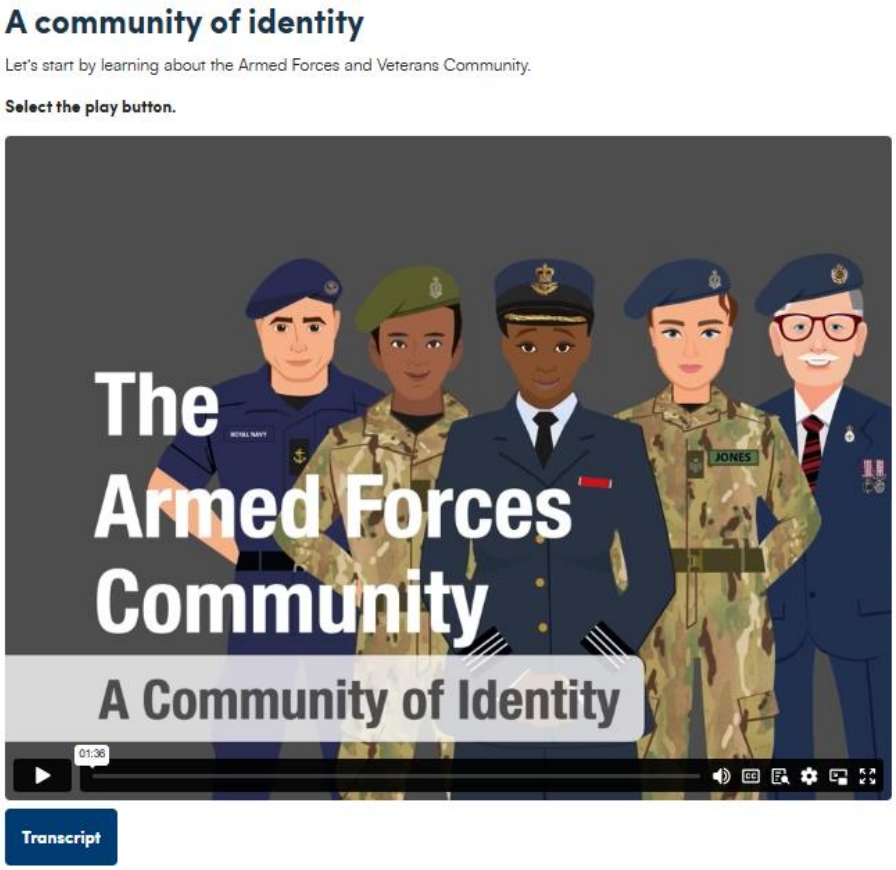
V1P are closely connected with other organisations who can provide help with housing, employment, finances and other practical issues. If you are a veteran who lives in Fife, you are eligible to register with V1P for support. Our service is available to all veterans: anyone who has served more than one day in the Royal Navy, Army, or Royal Air Force (regular or reserve) or the Merchant Navy in support of combat operations.

Want to find out more?

Contact 01383 565 128, e-mail **fife.veteransfirstpoint@nhs.scot** or visit our website: **www.veteransfirstpoint.org.uk/drop-center/fife**.

To support the Armed Forces Community and ensure compliance with the requirements of the Armed Forces Covenant, Fife partner agencies set up a multi-agency Working Group in February 2023. Over the last year the Working Group has:

- Added details of 78 services and support options across Fife to the Forces Connect App (including third and independent sectors, as well as Fife Council, NHS Fife and the Health and Social Care Partnership).
- Created a new area on the Fife Health and Social Care Partnership website for the Armed Forces Community: **www.fifehealthandsocialcare.org/your-community/armed-forces-community/**.
- Developed e-learning modules for employees in Fife Council, NHS Fife and the third and independent sectors.



Screenshot from the Fife e-learning modules.

The e-learning modules are part of a suite of modules developed by Warwickshire County Council with funding from the Armed Forces Covenant Fund Trust to support training and awareness of the Covenant and Covenant Duty.

The modules have been adapted by NHS Highland and Fife Health and Social Care Partnership for partner agencies and organisations across Fife.

Thanks go to colleagues across the UK who have contributed to the e-learning modules.

You can find out more about the requirements of the Armed Forces Covenant Duty here:

https://www.armedforcescovenant.gov.uk/

Inspection of Services

All registered social care services undergo inspection from the Care Inspectorate following their quality framework.

Prior to the coronavirus pandemic, the Care Inspectorate inspected against a mixture of quality frameworks and quality themes depending on the service type. All service types now have a new Quality Framework in place and from December 2022 the Care Inspectorate will report only under the relevant key questions of each Quality Framework. Where a service has not yet been inspected under a new Quality Framework the corresponding grade from the previous quality theme methodology will be used instead. A service's entire grading history, including grades under the previous quality theme methodology, can be viewed on the Care Inspectorate website. Different service types are assessed under different key questions as set out in their Quality Frameworks.

During the period 1st April 2024 to 31st March 2025, the Care Inspectorate inspected:

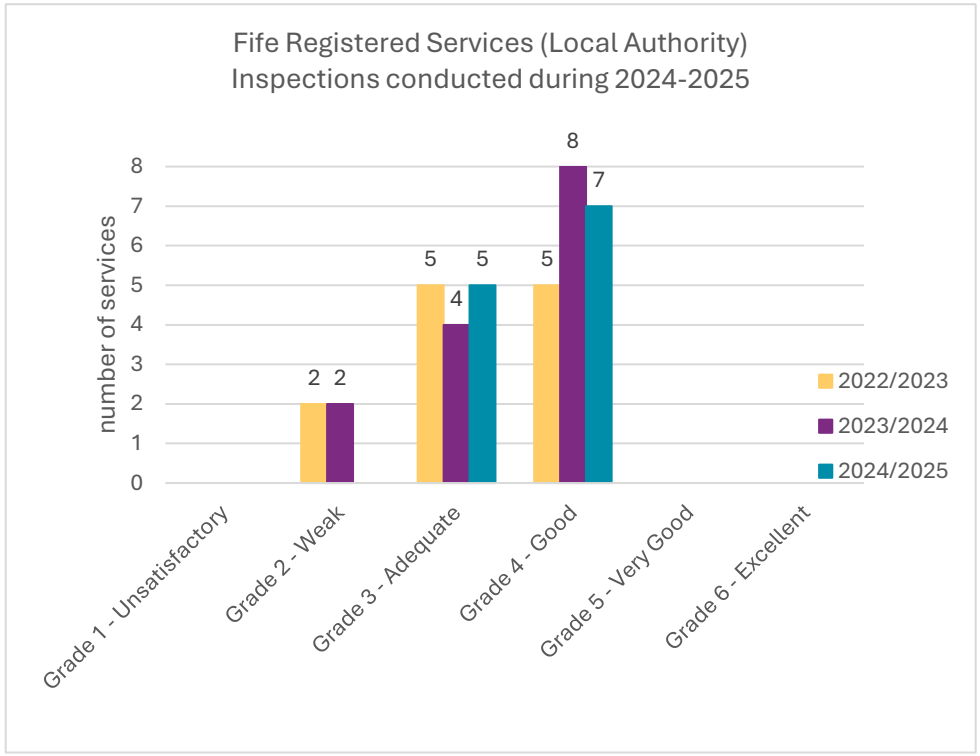
51 Care Home Services:

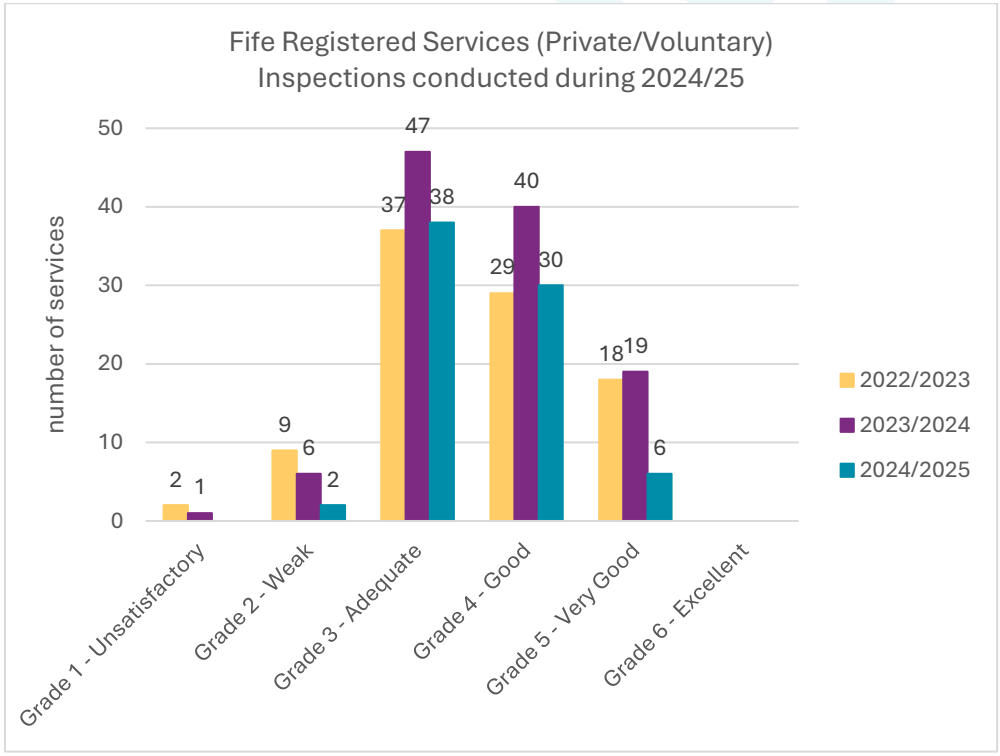
- 6 Local Authority
- 42 Private
- 3 Voluntary or Not for Profit.

35 Housing Support/Care at Home Services:

- 6 Local Authority
- 16 Private
- 13 Voluntary or Not for Profit

In previous years, a small number of local authority inspections have been assessed as weak (see graph below), this year performance has improved and all of the local authority inspections were graded as either good or adequate (no services were graded as unsatisfactory or weak). There has been a similar improvement in the inspection of private/voluntary services with no services graded as unsatisfactory and a significant reduction (from nine to two) of the services inspected that were graded as weak. Work is ongoing to improve the quality of these services each year.


Fife Registered Services (Local Authority)
Inspections conducted during 2024-2025
number of services
0
1
2
3
4
5
6
7
8
2 2
5 4 5
5 8 7
Grade 1 - Unsatisfactory
Grade 2 - Weak
Grade 3 - Adequate
Grade 4 - Good
Grade 5 - Very Good
Grade 6 - Excellent
2022/2023
2023/2024
2024/2025


Fife Registered Services (Private/Voluntary)
Inspections conducted during 2024/25
number of services
0
10
20
30
40
50
2 1
9 6 2
37 47 38
29 40 30
18 19 6
Grade 1 - Unsatisfactory
Grade 2 - Weak
Grade 3 - Adequate
Grade 4 - Good
Grade 5 - Very Good
Grade 6 - Excellent
2022/2023
2023/2024
2024/2025

Care Opinion

Care Opinion is a not-for-profit organisation who host a public website where service users, carers or family members can share their experiences of any health or care services they have received within the last three years. They make it safe and simple for anyone to share their story and all stories are anonymised. Stories can be shared in a variety of ways. The service user, carer, family member or whoever wants to share a story can complete a freepost leaflet, go online to Care Opinion website or use the freephone telephone number and tell their story to Care Opinion. Care Opinion moderate all stories before they are published. Stories can be about a journey someone has had, and one story can be about several different services. A story can have more than one response so all Services can respond. If a Service makes a change due to a story that has been told this can be shown on the story and everyone knows that a change has been made.

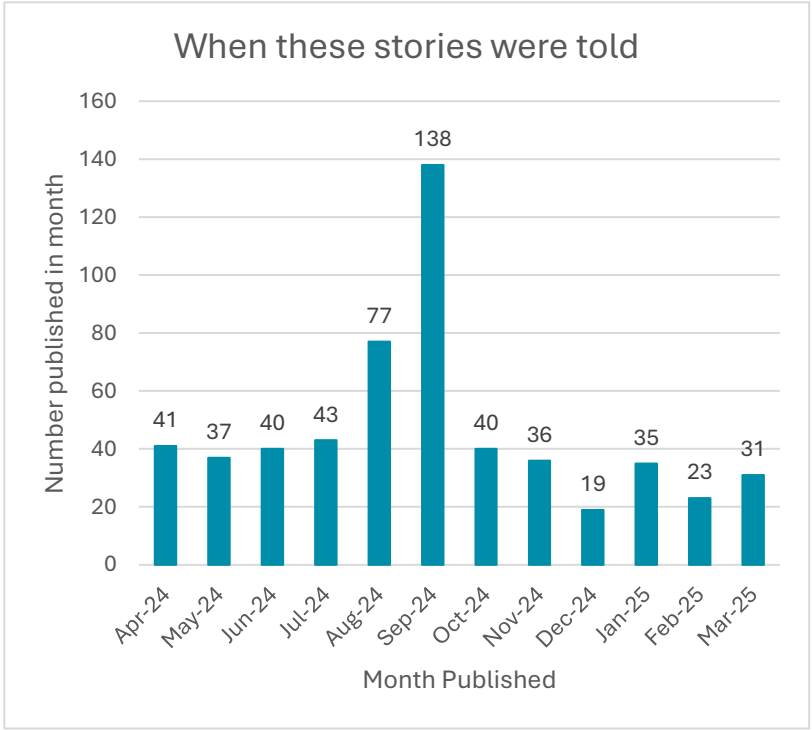
During 2024 to 2025:

- Care Opinion received 560 stories from members of the public about Fife Health and Social Care Partnership
- 89% of these stories were completely positive with the remaining 11% having some level of criticality.
- Staff responded to these stories 695 times.
- These stories have been read 50,698 times.

"Occupational therapy visited me in March. Since my wife's illness (stroke) and subsequent loss of mobility and speech my experience of Fife's Health and Social Care Services, consistently demonstrated quietly and efficiently and sensitively

by its care workers, has been exemplary. When I think of how many upsets and crises they face daily; I find it all remarkable. The delivery and installing of the shower chair and trolley may be routine, but they were well done."

You can read more stories on Care Opinion here: **www.careopinion.org.uk**



Care Opinion – number of stories published each month.

There was an increase in the number of stories received in September 2024. This was due to a promotional campaign to highlight the work of the Breastfeeding Service.

Stories about Social Work and Social Care Services – this is how people told us they felt:



"Caring, friendly, professional, are words I would use to describe the staff at the Rapid Cancer Diagnostic Services (RCDS) Kirkcaldy. They dealt with my case in a compassionate and understanding way, knowing that speed was of the essence to remove any worry I had of having cancer. They kept me up to date and answered all my questions promptly.

The RCDS is an amazing service and thanks to the Team for making an anxious time less so."

Stories about the Partnership's Health Services – this is how people told us they felt:



"A wonderful service from occupational therapy assistant who was patient and caring towards my husband. She used patience and kindness to encourage him to use equipment to help himself. The aids are so helpful."

Fife Alcohol and Drug Partnership

Fife Alcohol and Drug Partnership works with health and social care services, and other groups and organisations across Fife, to support people affected by alcohol and drugs. Our vision is to '*enable all the people in Fife affected by drugs and alcohol use to have healthy, safe, satisfying lives free from stigma*'.

Over the last year we have:

- established the multi-agency 'Children and Young People Affected by Their Own Substance Use Rapid Action Group' in response to increasing drug related deaths in the 15 to 24 age range.
- led on a workshop with multiple partners to raise awareness of the key issues in Fife and identify system and service-based improvements over the short, medium and long term. This has generated an action plan including a Quality Improvement Charter to increase testing in those who access opiate replacement therapy treatment.
- supported the ongoing distribution of Take Home Naloxone across Fife, this is one of the essential interventions required to prevent drug related deaths.
- collaborated with Active Communities to arrange outdoor activity sessions for individuals in recovery.
- developed a strong working relationship with the Scottish Recovery Consortium to support those with lived and living experience to collaborate with the Charter of Rights development.
- commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel.
- led a multi-agency group to deliver the Health Improvement Scotland Action Plan for Residential Rehabilitation in Fife, and mapped all residential rehabilitation providers included in the national Residential Rehabilitation Framework.
- maintained the local delivery plan target for Alcohol Brief Interventions for three consecutive years.



- worked with young people in Fife to develop a new campaign that asks young people to Think Again! about casual or occasional drug use. You can find more information about the campaign here: **www.fifehealthandsocialcare.org/thinkagain**

Financial Performance and Best Value

The financial position for public services continues to be challenging and the Integration Joint Board must operate within significant budget constraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan.

The budget for services delegated to and managed by the Health and Social Care Partnership for 2024-25 was £770.799m. The core financial position was an overspend of £34.017m, primarily driven by:

- Prescribing Costs
- Hospital and Long-Term Care
- Adult and Older Adult's Social Care, including Care at Home, Care Homes, and Adult Placements.

This was funded by the planned use of reserves of £3.019m with the remaining overspend being funded by partners in NHS Fife and Fife Council in accordance with the Integration Scheme.

Key financial pressures in 2024–25 included:

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

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

Looking ahead, the Partnership anticipates further financial pressures, including:

- Availability of funding from partners.
- Rising inflation and increased costs for energy, supplies, and pay.
- Demographic pressures, particularly from an ageing population.

Fife Health and Social Care Partnership remains committed to:

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



Conclusion

This Annual Performance Report provides an overview of some of the key activities progressed by Fife Health and Social Care Partnership over the last year (April 2024 to March 2025). We have continued to work with individuals, carers, local communities and service providers to deliver the best out-comes that we can for the people of Fife. By listening to local views, engaging with employees and other experts, and by working together as Team Fife, we have continued to ensure that people can access the services that they need - the right care, at the right time, provided in a place that is right for them.

The Partnership is currently facing significant challenges and pressures. The demand for health and social care services continues to increase, Fife has an ageing population with increasingly complex and/or multiple health conditions. The longer-term impact of COVID-19 and the cost-of-living crisis, also places additional pressures on our services. One approach we are taking to address these challenges is to redesign our systems and processes and do things differently. For example, increased use of digital solutions such as our website **Living Safely and Independently at Home in Fife** which offers the people of Fife an improved online resource to help them stay well, active and independent as they age (the website is available here: **https://fife.lifecurve.uk/**).

We are also implementing new delivery models which enable individuals to stay healthy and well at home for longer, for example moving to a single-handed care model in Fife which facilitates timely discharges from hospital and enables people to return home as soon as possible. Transforming our Community Rehabilitation and Care Services will ensure that enhanced rehabilitation and care services can be delivered in people's homes, or homely settings, to support their recovery and independence. In addition, our community mental health wards are being modernised and improved, this will enable us to provide high-quality, accessible mental health care that meets the needs of our communities now and in the future.

Moving forward, we will continue to encourage and support prevention and self-management. We will also work together, with individuals, families and carers, partner agencies, care providers and local communities, to improve the quality of care that is available for the people of Fife.



Further information about the strategic planning process in Fife, including opportunities to get involved in consultations or other engagement events, is available on our website: **www.fifehealthandsocialcare.org.**

Appendix 1 – Governance

Fife Integration Joint Board

Fife is one of the largest Health and Social Care Partnerships in Scotland, next to Edinburgh and Glasgow, with over 6,000 staff, who are employed by NHS Fife or Fife Council, and an annual budget of around £600 million.

The Integration Joint Board (IJB) is the decision-making body for the Partnership. The Board includes representatives from NHS Fife, Fife Council, partners agencies, including the third and independent sectors, and members of the public.

The Chair of the IJB is David Ross, and the Vice Chair is Colin Grieve.

Voting Members

- David Ross (Chair)
- Colin Grieve (Vice Chair)
- Alastair Grant
- Chris McKenna
- David Alexander
- Dave Dempsey
- Janette Keenan
- John Kemp
- Lynn Mowatt
- Lynne Parsons
- Margaret Kennedy
- Mary Lockhart
- Rosemary Liewald
- Sam Steele
- Sinead Braiden

Professional Advisors (Non-Voting)

- Lynne Garvey (Chief Officer of IJB, Director of Fife Health and Social Care Partnership)
- Audrey Valente (Chief Finance Officer)
- Helen Hellewell (Deputy Medical Director/GP Representative)
- James Ross (Chief Social Work Officer)
- Jackie Drummond (Medical Representative)
- Lynn Barker (Director of Nursing/Nurse Representative)

Other Stakeholders (Non-Voting)

- Amanda Wong (Associate Director, Allied Health Professionals)
- Debbie Fyfe (Joint TU Secretary)
- Ian Dall (Public Rep)
- Kenny McCallum (Staff, Fife Council Representative)
- Kenny Murphy (Third Sector Representative)
- Morna Fleming (Carers Representative)
- Paul Dundas (Independent Sector Representative)
- Vicki Bennet (Staff, NHS Fife Representative)

In responding to the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Council and NHS Fife agreed to integrate services and functions as required within the Act, delegating these to Fife Integration Joint Board. The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in the Integration Scheme.

The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of Fife Integration Joint Board and is essentially the employees from both organisations working in partnership to deliver health and social care services.

More information on the health and social care services and functions delegated to the IJB are set out within Fife's Integration Scheme which is available on our website: **www.fifehealthandsocialcare.org**.

Senior Leadership Team

The Senior Leadership Team provides operational management for Fife Health and Social Care Partnership under the leadership of Lynne Garvey, the Director of Health and Social Care.



Lynne Garvey
Chief Officer and Director of Health & Social Care

Operational Service Delivery

SLT leads for orperational management delivery and business outcoes for a portfolio of services



Lisa Cooper
Head of Integrated Primary & Preventive Care Services



Chris Conroy
Head of Integrated Community Care Services



Karen Marwick
Interim Head of Complex & Critical Services

Business Enabling

SLT leads for Corporate Services and functions inc. financial governance, strategic planning, performance, transformational change and organisational development



Audrey Valente
Chief Finance Officer and Head of Transformation & Corporate Services

Vacant
Head of Strategic Planning & Performance



Roy Lawrence
Principal Lead Organisational Development & Culture

Professional & Quality Services

SLT leads for quality, safety, experience, clinical and care governancee, professional regulation and standards



Lynn Barker
Director of Nursing



Helen Hellewell
Deputy Medical Director



Caroline Cherry
Principal Social Work Officer

Strategic Planning Group

Fife Health and Social Care Partnership delivers a wide range of health and social care services to individuals and communities across Fife. Working with partner agencies, organisations in the independent and third sectors, local groups and national bodies, the Partnership supports and cares for people of all ages, and with very different circumstances, needs, and aspirations.

The Strategic Planning Group is responsible for the development and oversight of the Strategic Plan for the Partnership. This includes:

- supporting Fife Integration Joint Board to review the Strategic Plan at least every three years,
- contributing to the development of supporting strategies, delivery plans and annual reports,
- monitoring progress and assessing performance in relation to the implementation of the Strategic Plan, and,
- ensuring compliance with relevant legislative and statutory requirements.

The Chair of the Strategic Planning Group is Colin Grieve.

During 2024 to 2025 the Strategic Planning Group (SPG) met five times; these are some of the activities completed.

The SPG contributed to the development of these strategies and plans

- Alcohol and Drug Partnership Strategy
- Digital Strategy
- Prevention and Early Intervention Strategy
- Mental Health and Wellbeing Strategy (in development)
- Delivery Plan (in development, aligns to the national Dementia Strategy)

we reviewed the progress of our supporting strategies through:

3 Annual Reports and

16 Flash Reports



we produced **3** Easy Read Translations of our key strategies

Extended Leadership Team

Bringing our Extended Leadership Team together has been instrumental in fostering collaborative learning, strengthening relationships across the Partnership, and driving forward service transformation. Throughout 2024 to 2025, we organised six sessions to bring together managers, key stakeholders, and leads from Fife's independent and voluntary sectors. These sessions have been very well received. Our primary focusses this year has been on assessing our financial position and ensuring the sustainability of our services, additionally, we covered the following topics:

1. Realistic Medicine: guest speakers Linda McGourty and Emma O'Keefe (Clinical Co-Leads), along with Kingsley Oturu (Senior Project Manager), led discussions on value-based health and care. They led discussions on delivering better outcomes and experiences for the people we care for through equitable, sustainable, appropriate, and transparent use of available resources.
2. Workforce Plan: our three-year Workforce Plan focuses on supporting service sustainability and transformation, highlighting our workforce ambitions through:
    - Domestic recruitment
    - International recruitment
    - Service redesign
    - Role diversification
    - Staff training and development
3. Climate Change: Pam Ewen (Head of Planning, Fife Council) outlined our current position and plans to improve our working methods to support climate change reduction.
4. Mental Health and Wellbeing Participation and Engagement: Laura Harris (Social Work Resource Service) shared insights from participation and engagement sessions, discussing how we can act on their findings and apply similar co-production methodologies where relevant.
5. Partnership's Recovery Plan: we presented the Recovery Plan, asking the Extended Leadership Team to consider what is within our control to deliver on the savings proposal and where we might influence or shape the plan further.
6. Health Literacy: Ruth Bennett (Health Promotion Manager) presented how to be health literate, explaining its impact and leading discussions on how it is already being implemented in practice and where this could be implemented further.

In December, we reviewed and consulted on the Extended Leadership Team sessions format to evaluate their effectiveness and identify areas for improvement. Based on feedback, we agreed to reduce the number of sessions over the year and focus more on individual topics. Our first session in February 2025 centred on Risk Management and our Risk Maturity Model, led by Avril Sweeney (Manager, Risk Compliance).

Appendix 2 – National Outcomes and Priorities

National Health and Wellbeing Outcomes for Health and Social Care		Fife Strategic Themes
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Local, Sustainable, Wellbeing, Outcomes
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Local
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Local, Wellbeing
5	Health and social care services contribute to reducing health inequalities.	Outcomes
6	People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being.	Sustainable
7	People using health and social care services are safe from harm.	Outcomes
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.	Integration
9	Resources are used effectively and efficiently in the provision of health and social care services.	Sustainable, Integration

Further information is available here: www.gov.scot/publications/national-health-wellbeing-outcomes-framework

Health and Social Care Standards		Fife Strategic Themes
1	I experience high quality care and support that is right for me	Local, Wellbeing, Outcomes
2	I am fully involved in all decisions about my care and support	Local, Wellbeing, Outcomes
3	I have confidence in the people who support and care for me	Local, Wellbeing, Outcomes
4	I have confidence in the organisation providing my care and support	Sustainable, Integration
5	I experience a high-quality environment if the organisation provides the premises	Outcomes, Sustainable, Integration

Further information is available here: www.gov.scot/publications/health-social-care-standards-support-life

Public Health Priorities for Scotland		Fife Strategic Themes
1	A Scotland where we live in vibrant, healthy and safe places and communities.	Local, Wellbeing
2	A Scotland where we flourish in our early years.	Local, Wellbeing
3	A Scotland where we have good mental wellbeing.	Wellbeing, Outcomes
4	A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.	Outcomes
5	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	Outcomes, Sustainable, Integration
6	A Scotland where we eat well, have a healthy weight and are physically active.	Outcomes

Further information is available here: www.gov.scot/publications/scotlands-public-health-priorities

Appendix 3 – National Indicators

The National Integration Indicators are reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The Survey is run every two years and is sent out by post to a random sample of people who are registered with a GP in Scotland. It asks people about their experiences of accessing and using health and social care services. The information collected enables comparisons with different Health and Social Care Partnerships across Scotland, and across different years.

Fife's performance for 2024 – 2025 compared to Scotland rate.

Key

Green	Performance is as expected. Fife's performance is not statistically significant to previous performance, and is similar or better than national performance (Scotland rate).
Amber	Risk is evident that Fife's performance is starting to decline compared to previous performance, and/or a decline compared to national performance (Scotland rate).
Red	Fife's performance is below expected levels and there is a statistically significant decline compared to previous performance and/or a decline compared to national performance (Scotland rate).

Use of 2024 calendar year data instead of 2024/2025 financial year data for indicators 12, 13, 14, 15 and 16.

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with the recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available with complete and robust data is calendar year 2024. Reporting on 2024 calendar year rather than 2024/25 financial year may not fully reflect local activity, however, this is still recommended due to data completeness levels at the time of reporting.

Indicator 20

PHS has not provided information for indicator 20 beyond 2019/20 because detailed Patient Level Information Costing System (PLICS) cost information is not available. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

** Data is not currently available.

Further details for all indicators, including long term trends from 2013/2014, are available on the Public Health Scotland website:

https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-2-july-2024/

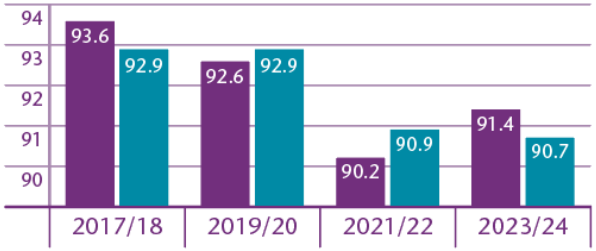
Core suite of integration indicators 2 July 2024 - Core suite of integration indicators - Publications - Public Health Scotland

Outcome Indicators		Fife Partnership Rate	Scotland Rate
NI - 1	Percentage of adults able to look after their health very well or quite well	91.4%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	70.0%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	51.0%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	53.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	63.0%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	65.1%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67.0%	69.8%
NI - 8	Total combined % carers who feel supported to continue in their caring role	30.3%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	69.1%	72.7%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work.	NA	NA

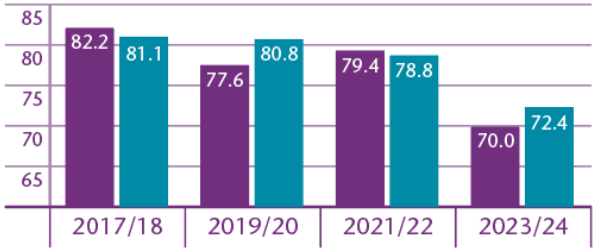
NI - 11	Premature Mortality Rate per 100,000 population	**436**	442
NI - 12	Rate of emergency admissions per 100,000 population for adults	**14,360**	11,559
NI - 13	Rate of emergency bed day per 100,000 population for adults	**110,688**	113,627
NI - 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges	**122**	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	**90.5%**	89.2%
NI - 16	Falls rate per 1,000 population (65+)	**28.7**	22.5
NI - 17	Proportion of care and care services rated good or better in Care Inspectorate inspections	**73.5%**	81.9%
NI - 18	Percentage of adults with intensive care needs receiving care at home	**55.5%**	64.7%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	**720**	952
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	**25.3%**	24%
NI - 21	Percentage of people admitted to hospital from home during the year who are discharged to a care home	NA**	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA**	
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA**	

Graphs for indicators 1 to 9 are included below, this includes data up to 2023/2024.
Graphs for indicators 11 to 19 are included with each of the national outcomes in the performance section of the report.

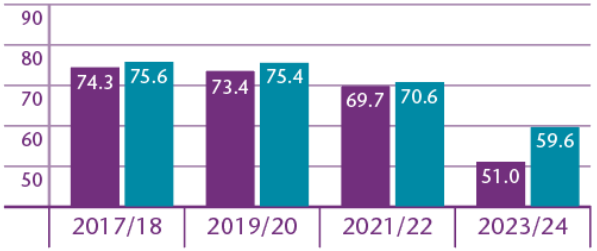
NI-1 Percentage of adults able to look after their health very well or quite well



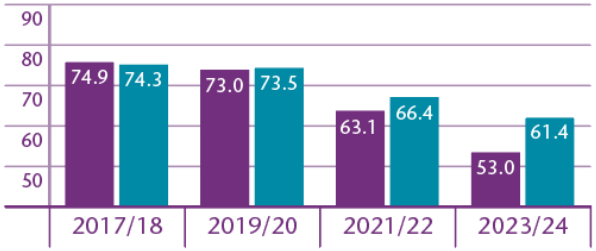
NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possiblel



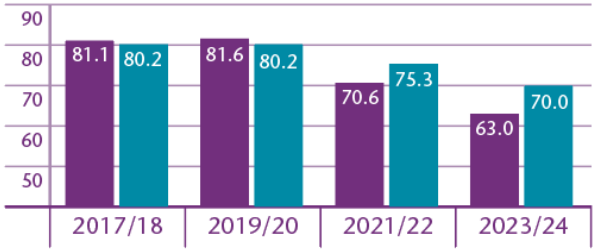
NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



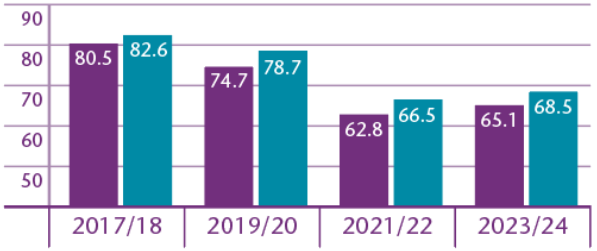
NI-4 Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated



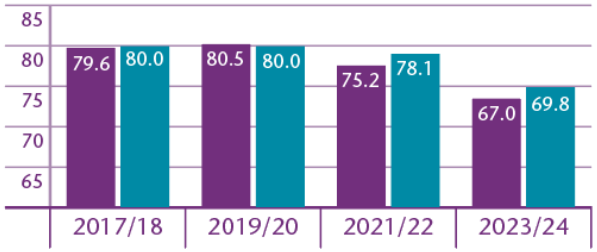
NI-5 Percentage of adults receiving any care or support who rate it as excellent or good



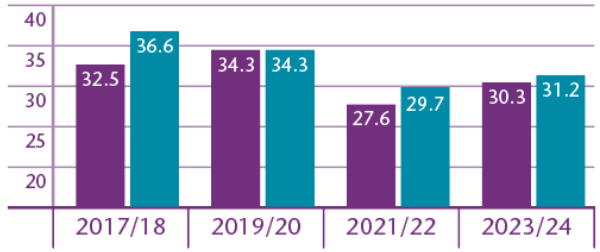
NI-6 Percentage of people with positive experience of care at their GP practice



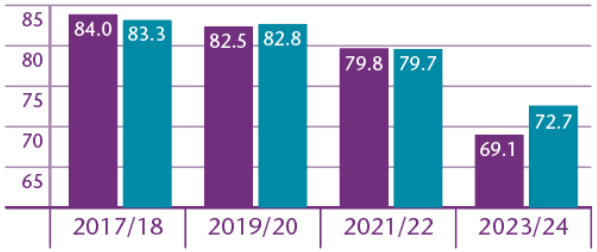
NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



NI-8 Percentage of carers who feel supported to continue in their caring role



NI-9 Percentage of adults supported at home who agree they felt safe



National MSG Indicators

(Ministerial Strategic Group for Health and Community Care)

ID	Indicator	Previous period	Latest period	Previous period figure - Fife	Latest period figure – Fife	Comparison to previous period - Fife
MSG 1a	Emergency Admissions*	**2023/2024**	**2024**	**41,021**	**41,910**	**↓ 889**
MSG 2a	Number of unscheduled hospital bed days*	**2023/2024**	**2024**	**263,124**	**258,558**	**↑ 4566**
MSG 3a	A&E Attendances	**2023/2024**	**2024/2025**	**73,021**	**75,179**	**↓ 2,158**
MSG 4	Delayed Discharge bed days	**2023/2024**	**2024/2025**	**37,839**	**42,130**	**↓ 4,291**
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting*	**2022/2023**	**2023/2024**	**89.7%**	**90.2%**	**↑ 0.5%**

* Data completeness for emergency admissions and bed days for Fife is 97% as at December 2024.

When reading the graph please note that the arrows relate to performance and the direction indicates whether our performance is increasing or decreasing (improved performance can sometimes mean that a figure will increase or decrease). For example, *MSG 5a Percentage of last six months of life by settings* shows an increase since last year, for this indicator the upward arrow indicates improved performance.

Appendix 4 – Financial Information 2020 to 2024

Delegated Services (as at 31 March)	2020			2021			2022			2023			2024		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Community Services	107.695	102.295	-5.4	123.319	120.719	-2.600	117.475	109.699	-7.776	131.850	116.532	-15.319	159.531	156.909	-2.622
Hospitals and Long-Term Care	54.839	57.197	2.358	56.000	56.666	0.666	59.103	64.717	5.614	66.468	77.071	10.603	62.840	75.319	12.479
GP Prescribing	73.807	73.799	-0.008	70.979	70.955	-0.024	75.581	76.337	0.756	79.202	85.643	6.441	81.314	86.936	5.622
Family Health Services	99.765	99.749	-0.016	103.878	104.367	0.489	115.186	115.554	0.368	122.801	124.329	1.528	130.860	131.216	0.356
Children's Services	17.544	17.077	-0.467	18.202	16.913	-1.289	16.198	15.789	-0.409	17.893	17.737	-0.156	18.401	18.732	0.331
Social Care	204.635	214.814	10.179	243.682	239.459	-4.223	262.759	256.113	-6.646	279.741	282.222	2.481	285.440	303.291	17.851
Housing	1.665	1.656	-0.009	1.324	1.324	0.000	1.699	1.329	-0.37	1.737	1.737	0.000	1.633	1.634	0.000
Total Health & Social Care	**559.95**	**566.589**	**6.639**	**617.384**	**610.403**	**-6.981**	**648.001**	**639.538**	**-8.463**	**699.692**	**705.27**	**5.578**	**740.020**	**774.036**	**34.017**

References

- National Health and Social Care Health and Wellbeing Outcomes
  https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

- Public Health Priorities for Scotland
  https://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/

- Health and Social Care Standards
  www.gov.scot/publications/health-social-care-standards-support-life

- Public Bodies (Joint Working) (Scotland) Act 2014
  https://www.legislation.gov.uk/asp/2014/9/contents/enacted

- Fife Health and Social Care Partnership
  www.fifehealthandsocialcare.org

- Care Inspectorate
  www.careinspectorate.com

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Annual Performance Report

2024 – 2025

Easy Read Version

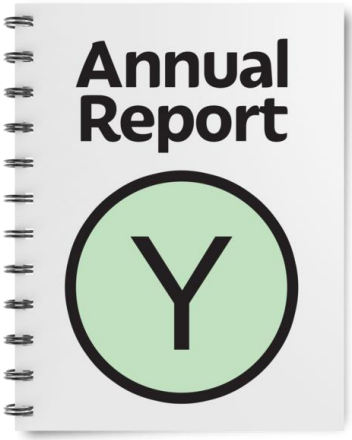
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There may be some words you don't know in the document. When you see them for the first time they will be in **bold**.

There is a word list with the meanings of these new words at the end of the document.



This Easy Read document is about **Fife Health and Social Care Partnership's Annual Performance Report.**



An **annual performance report** tells us about the good things that an organisation has done over the last year.



This annual performance report is for 2024 to 2025.



This annual performance report is linked to our **strategic plan.**



A **strategic plan** is a document which sets out what the Partnership wants to do over a few years.



The purpose of our strategic plan is to help the people of Fife to be able to live independent and healthier lives.

Usually our plans go well and we do improve our health and social care services.



Sometimes changes might take longer because our staff are working on other things.

For example the **COVID-19 pandemic** and the **cost-of-living crisis** have both changed the way that we do things.



More than 374,000 people live in Fife.

Over time the number of older people living in Fife will increase.



Fife is divided into 7 areas. These are called localities.



The 7 localities are:

1. Cowdenbeath/Lochgelly
2. Dunfermline
3. Glenrothes
4. Kirkcaldy
5. Levenmouth
6. North East Fife
7. South West Fife



Each locality decides which services are most important to them. Everyone has a chance to get involved.

Locality teams work hard to support the people who live there.



The **Integration Joint Board** makes decisions for the Health and Social Care Partnership.

The person who leads Fife Integration Joint Board is David Ross.



Fife Integration Joint Board also includes people from:

- Fife Council
- NHS Fife
- other local care providers
- members of the public



Lynne Garvey is the Chief Officer of Fife Integration Joint Board. Lynne is also the Director of Health and Social Care.

Lynne leads the **Senior Leadership Team** to deliver services across Fife.



The Senior Leadership Team oversee the daily working of the Partnership.

They are all experts in different areas and lead teams with specialist skills.



We want to improve health and social care services for the people of Fife.

Over the last year we have worked with lots of different people to do this.



Fife Health and Social Care Partnership includes employees from:

- Fife Council
- NHS Fife
- voluntary sector
- other local care providers



They work together to deliver services.

This is known as health and social care **integration**.



The next pages include some of the good things that we have done in the last year.



Local

We want Fife to be a place where people and communities thrive.

These are some of the **Local** things we have done over the last year.



The system we use for children's mental health services has been updated. The new system helps children to get their appointments sooner.

This means that children who need help can get better quicker.



Lots of people have used our Link Life Fife service. This supports people who feel stressed or anxious.

We listen to people and help them to find the care that they need.



We have set up a new service that will stop people falling. This means less people will be hurt or injured.

This service is for all areas of Fife



Sustainable

We want our services to work well and be inclusive.

These are some of the **Sustainable** things we have done over the last year.



Our **Integrated Care Teams** help people who are leaving hospital. They make it easier for people to go home sooner.

This can help people get better faster.



The Child Healthy Weight Service helps families to eat well and be active.

This year more people are using the service to feel better.



We organised a special event for foot care. Lots of people came along to the event. They were able to get the right help and advice for their feet.

We will organise more events so that we can help more people.



Wellbeing

We want services in Fife to act quickly to support people.

These are some of the things we have done to improve **Wellbeing** in the last year.



We have been working with teenage girls from the travelling community. The travelling community means groups of people who move around a lot.

We have helped the teenage girls learn cooking skills.



Our community alarm system has been updated. The new system is digital, it uses mobile phones and computers.

This makes it easier for people to use the alarm and call for help when they need it.



We organised Wellbeing Champion training for some of our employees.

The new Wellbeing Champions provide support to their Teams. The Champions listen to people and tell them about useful services and support. For example, healthy eating, lunchtime walks, or starting hobbies.



Outcomes

We want Fife to be somewhere that promotes dignity, equality and independence.

These are some of the **Outcomes** from this year.



The **equality** section on our website has been updated. Equality means that all people should be treated fairly.

We have added information about people's rights and details of other useful websites.



Some of our staff have had extra training. They can now help parents and children with:

- Parenting skills
- Managing emotions
- Being more active
- Looking after their teeth
- Being healthier



To help unpaid carers we have employed 10 more Social Work Assistants. The new employees can help carers find support and services that will help them.

Integration



We want Fife to be somewhere people and services work together.

We want people to have access to quality services.

These are some of the examples of **Integration** from over the last year.



Fife Care Academy provides training and education for health and social care students.

This year we organized several events for students. The events helped the students learn more about working in health and social care.

i Matter

Every year our staff complete a survey about their jobs and working together. This year more staff filled in the survey.

More staff also said they liked working for Fife Health and Social Care Partnership.



We have set up new KY Clubs in Levenmouth, Kirkcaldy and Cowdenbeath.

The KY Clubs provide support to people who are affected by drugs and alcohol.



An **inspection** is when people come to look at what is good and what is not good about a service.

Last year there were 86 inspections of services for adults in Fife.



The inspectors said that 43 of these services were graded as good or very good.

The inspectors said 2 of the care services could be improved.

We will work to improve these services over the next year.

Care Opinion is a website where people can share stories about their experiences.

Over the last year we received 560 stories about Fife Health and Social Care Partnership.

These stories have been read 50,698 times.



Most of the stories about Fife Health and Social Care Partnership were positive. People told us that they were happy with the care and support they received.



Health and social care services are responsible for making the best use of the money they have. These are called **budgets**.



Our budget shows the amount of money we have and the things that we need to buy.

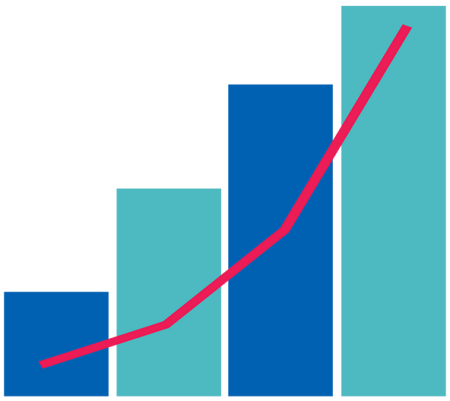
It also shows where we need to make savings on spending.



Over the last year we have watched our budget very closely. This has helped us to keep delivering good health and social care services.



We will keep measuring our budgets closely over the next few years. This will help us to manage our services well in the future.



The Scottish Government has a set of **national performance indicators**.

These can be used to measure Fife's performance.



Areas where Fife is performing well include:

- the number of adults who can look after their own health
- the number of carers who feel supported in their caring role
- the number of days that people have to stay in hospital after an emergency
- the number of adults who say they feel safe at home



Areas where we still have work to do include:

- giving people choices about how their care is provided
- increasing the number of people with complex needs who can receive care at home
- working together to make sure that services are well organised

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You can find out more on our website: www.fifehealthandsocialcare.org

What the words mean.

Annual Performance Report	An update on the things that an organisation has done over the last year.
Budget	The money you have to spend on the things you need.
Care Opinion	Care Opinion is an organisation that has a public website. On the website, people can share their experiences of health or care services. Care Opinion makes it safe and easy for anyone to share their story. All stories are anonymised. This means the names are removed so no one knows who wrote the story.
Cost-of-living crisis	When the amount you have to pay for the things you need keeps going up.
COVID-19 pandemic	COVID-19 is also called coronavirus. COVID-19 is a disease that can make people ill. Sometimes people have a fever and cough. The disease can spread quickly from person to person. This is called a pandemic. A pandemic means a disease is spreading in many countries around the world at the same time.

What the words mean.

Equality	Equality means that all people should be treated fairly. People should not be treated differently because of their: • Age • Disability • Gender • Marital status • Pregnancy and maternity - meaning being pregnant and having a baby. • Race • Religion or belief • Sex • Sexual orientation – meaning someone's attraction to a particular gender. This could be attraction to the opposite gender, same gender, or both genders. Equality laws protect people from unfair treatment.
Health and Social Care Partnership	When the local council and local NHS work together to deliver services.
Inspection	An inspection is when people come to look at what is good and what is not good about a service.

What the words mean.

Integrated Care Teams	An Integrated Care Team is a group of health care workers who work together to take care of a patient. The team has different types of workers like doctors, nurses, and therapists. They work together and share information to give the best care to the patient. This lets each person use their skills in the best way. It helps the patient get coordinated care instead of each worker doing their own thing.
Integration	Working together to deliver health and social care services.
Integration Joint Board	The Integration Joint Board makes decisions for the Health and Social Care Partnership.
Local	Local means in your area or community.
National performance indicators	How we measure the things that are important for people's care.
Outcomes	Something that you want to happen at the end of an activity.
Senior Leadership Team	The people who make sure that the Partnership does a good job.
Strategic Plan	The things that an organisation wants to do over a few years.
Sustainable	Sustainable means able to continue for a long time.
Wellbeing	Wellbeing means health and happiness.

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**9.1**
Report Title:	**Membership of Integration Joint Board**
Responsible Officer:	**Audrey Valente, Chief Finance Officer**
Report Author:	**Vanessa Salmond, Head of Corporate Governance**

1 Purpose

This Report is presented to the Board for:

- Noting

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Report Summary

2.1 Situation

This report is provided to advise Members of changes in the Voting Membership of the Integration Joint Board and changes to Committee Chairs.

2.2 Background

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the legislation for Membership of Integration Joint Boards and that there should be an equitable number of Voting Members for each of the constituent authorities around the Integration Joint Board.

As per agreed good practice any changes in IJB membership are conveyed to members via a formal report to the Integration Joint Board.

2.3 Assessment

IJB Membership

Alistair Grant has formally notified his resignation from his role as a Non-Executive Member of the NHS Fife Integration Joint Board, effective from September.

Committee Membership (Chairs)

Colin Grieve will take Chair of the Strategic Planning Group with effect from July 2025.

David Alexander will take temporary Chair of Finance, Performance and Scrutiny Committee until a new Committee member is appointed, thereafter a permanent Chair will be confirmed.

Sinead Braiden has also stepped down as Chair of the Quality and Communities Committee. A temporary replacement is being identified, with a permanent appointment to follow in due course.

2.3.1 Quality / Customer Care

There are no quality/customer care implications to this report.

2.3.2 Workforce

There are no workforce implications to this report.

2.3.3 Financial

There are no financial impacts associated with this report.

3.3.4 Risk / Legal / Management

There are no Legal implications for this report.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Environmental / Climate Change

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

2.3.7 Other Impact

No other impacts anticipated from this report.

2.3.8 Communication, Involvement, Engagement and Consultation

There are no additional communications associated with this report.

3 Recommendation

Based on the information provided within this report, IJB members are asked to:

- Decision: Members are asked for formally agree members transitions as detailed at paragraph 2.3 above.
- Note: IJB Members would like to formally record their sincere thanks to Alistair for his valued contribution over the last 3 years on the IJB.

4 List of Appendices

There are no appendices to this report.

5 Implications for Fife Council

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

6 Implications for NHS Fife

No implications for NHS Fife.

7 Implications for Third Sector

No implications for the Third Sector.

8 Implications for Independent Sector

No implications for the Independent Sector.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

Author Name: **Vanessa Salmond**

Author Job Title: **Head of Corporate Governance and IJB Secretary**

E-Mail Address: **Vanessa.Salmond@fife.gov.uk**

Integration Joint Board Meeting Dates 2025-26	Frequency	Purpose	Owner	28-May-25	30-Jul-25	29-Sep-25	26-Nov-25	28-Jan-26	25-Mar-26	Partner Reporting
STRATEGIC PLANNING AND DELIVERY										
Dementia Strategy	On Request	Decision	Jillian Torrens							Yes
Mental Health and Wellbeing Strategy	On Request	Decision	Jillian Torrens		Delayed	Scheduled				Yes
Strategic Plan 2026-2029 Approach	On Request	Decision	Audrey Valente				Scheduled			No
Reconfiguration of Adamson & St Andrews MIU	On Request	Decision	Lisa Cooper	Presented						Yes
Review of Short Stay Bed Base in Local Authority Residential Care Homes for Older People	On Request	Decision	Chris Conroy		Presented					
Home First Strategy Update - Community Hospitals Transformation	On Request	Decision	Chris Conroy		Presented					
Strategy Annual Reports										
Strategic Plan - Annual Report	Annual	Assurance	Audrey Valente						Scheduled	No
Advocacy Strategy	Annual	Assurance	Caroline Cherry				Scheduled			No
Alcohol and Drug Strategy	Annual	Assurance	Jillian Torrens	Delayed	Presented					No
Carers Strategy	Annual	Assurance	Roy Lawrence		Delayed	Scheduled				No
Commissioning Strategy	Annual	Assurance	Audrey Valente	Delayed	Presented					No
Digital Strategy	Annual	Assurance	Audrey Valente				Scheduled			No
Local Housing Strategy	Annual	Assurance	Paul Short						Scheduled	No
Medium Term Financial Strategy	Annual	Assurance	Audrey Valente						Scheduled	No
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper			Scheduled				No
Primary Care Strategy	Annual	Assurance	Lisa Cooper			Scheduled				No
Workforce Stategy (Inc. EDI Update) Annual Report	Annual	Assurance	Roy Lawrence				Scheduled			No
LIVED EXPERIENCE & WELLBEING										
Single Handed Care	Standing Item	Assurance	Lynn Barker		Presented					
What Matters to You	Standing Item	Assurance	Lynn Barker	Presented						No
INTEGRATED PERFORMANCE & QUALITY										
Finance Update	Standing Item	Decision	Audrey Valente	Presented	Presented	Scheduled	Scheduled	Scheduled	Scheduled	No
Revised Budget Direction	On Request	Decision	Audrey Valente		Presented					
Performance Report - Executive Summary	Quarterly	Assurance	Audrey Valente	Presented		Scheduled		Scheduled		No
Annual Performance Report 2024-25	Annual	Assurance	Audrey Valente		Presented					No
Fife IJB Draft Audited Accounts	Annual	Decision	Audrey Valente			Scheduled				No
Annual Review of Best Value	Annual	Assurance	Audrey Valente				Scheduled			No
RTP Shaping Our Future Together Transformation Framework	On Request	Assurance	Lynne Garvey			Scheduled				
Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)	Annual	Decision	Audrey Valente						Scheduled	No
GOVERNANCE & OUTCOMES										
Chairs Assurance Statements	Standing Item	Assurance	Vanessa Salmond	Presented	Presented	Scheduled	Scheduled	Scheduled	Scheduled	No
Clinical & Care Governance Framework	On Request	Decision	Helen Hellewell							Yes
Governance Committee Assurance Statements	On Request	Decision	Vanessa Salmond	Presented						No
Membership Update	On Request	Noting	Vanessa Salmond		Presented					No
IJB Workplan	Standing Item	Assurance	Vanessa Salmond	Presented	Presented	Scheduled	Scheduled	Scheduled	Scheduled	No
Monitoring Progress of Directions	Quarterly	Decision	Vanessa Salmond	Presented		Scheduled		Scheduled		No
LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS										
Annual Risk Management Report	Annual	Assurance	Audrey Valente	Presented						No
Risk Management Progress Report - 6-month update	Annual	Assurance	Audrey Valente				Scheduled			No
IJB Strategic Risk Register	Annual	Assurance	Audrey Valente	Presented						No
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence	Presented						No
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy			Scheduled				No
Records Management Annual Report	Annual	Assurance	Audrey Valente			Scheduled				No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Presented					No
Armed Forces Covenant Duty	Annual	Assurance	Audrey Valente				Scheduled			No
Public Sector Climate Duties Annual Report	Annual	Assurance	Audrey Valente				Scheduled			No
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Due Jan 2027)	Biennial	Assurance	Audrey Valente							No
Community Led Support Annual Report 2024	Annual	Assurance	Roy Lawrence		Delayed	Scheduled			Scheduled	Yes
Winter Plan 2025-26	Annual	Assurance	Chris Conroy			Scheduled				Yes
Care Inspectorate Grading Report	Annual	Assurance	Audrey Valente				Scheduled			Yes
Child Protection Annual Report (Child Protection Committee)	Annual	Assurance	James Ross					Scheduled		Yes
Pharmaceutical Care Services Report 23-24	Annual	Assurance	Lisa Cooper				Scheduled			Yes
Adult Protection Report (Social Work / Social Care)	Annual	Assurance	Jillian Torrens	Presented						Yes
Chief Social Worker Officer Report	Annual	Assurance	James Ross			Scheduled				Yes
Spring Booster Campaign	Annual	Assurance	Lisa Cooper	Presented						Yes
Winter COVID-19 and Flu Vaccine Delivery Campaign	Annual	Assurance	Lisa Cooper						Scheduled	Yes
Health Care (Staffing) (Scotland) Act Annual Report	Annual	Assurance	Jennifer Rezendes	Presented						
Director of Public Health Report - Joy Tomlinson	Annual	Assurance	Lynne Garvey			Scheduled				
Fife Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled		Yes

Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**30th July 2025**
Agenda Item No:	**10.1**
Report Title:	**Fife HSCP Whistleblowing Report 2024-25**
Responsible Officer:	**Roy Lawrence, Principal Lead for OD & Culture**
Report Author:	**Roy Lawrence, Principal Lead for OD & Culture** **Pamela Redpath, Service Manager - Audit & Risk Management Services, Fife Council** **Hazel Hastie, Auditor, Fife Council** **Debbie McGirr, Speak Up / Whistleblowing Co-ordinator, NHS Fife**

1 Purpose

This Report is presented to the Integration Joint Board for:

- **Oversight** of Whistleblowing activity across the NHS and Fife Council.
- **Assurance** that the two employers are individually and collaboratively working together to ensure that they support the IJB to meet the requirements of Part 8 of the Whistleblowing Standards and that the HSCP is working with partners to address the challenges of the integrated system.

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

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

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

- Wellbeing
- Integration

2 Route to the Meeting

This paper and the attached report are a result of a number of meetings of the Partnership's Whistleblowing Group, which includes:

- Fife Council Service Manager – Audit & Risk Management Services
- Fife Council Auditor
- Fife Council HR Business Partner HSCP

- NHS Speak Up / Whistleblowing Co-Ordinator
- NHS Non-Executive Whistleblowing Champion
- NHS HR Lead Officer
- UNISON Joint Trade Union Secretary
- NHS Employee Director
- HSCP Service Manager (Quality Assurance)
- Principal Lead for OD & Culture

The paper was also endorsed at the Senior Leadership Team meeting on the 16th June 2025 and at the Finance Performance & Scrutiny Committee on the 16th July 2025.

For members who have read the scrutinised the Report (appendix 1) in other Committees or Groups, there have been no changes requested or made to the Report.

3 Report Summary

3.1 Situation

Within the National Whistleblowing Standards there is specific 'Information for Health and Social Care Partnerships' (Part 8) which provides guidance that describes expectations for Integration Joint Boards in relation to how they deal with whistleblowing concerns within a Health & Social Care Partnership.

Since 2022 the HSCP has convened a Whistleblowing Group with key partners to establish a collaborative working approach to Whistleblowing within our integrated services.

The Whistleblowing Group has continued to meet regularly and work together to understand the differences between the approaches adopted by Fife Council and NHS Fife and discuss how all organisations can work together as positively as possible within the HSCP's integrated system, alongside co-producing the Annual Report for the IJB.

This is the HSCP's 2nd Annual Whistleblowing Report, co-authored by Whistleblowing Leads for NHS Fife, Fife Council and the HSCP.

3.2 Background

As part of the National Whistleblowing Standards which were introduced in April 2021, **Part 8 - 'Information for health and social care partnerships',** was included.

Part 8 introduced specific guidance that sets out expectations for Integration Joint Boards related to how they deal with Whistleblowing concerns within a Health & Social Care Partnership. The underlying, high-level expectation is that the Partnership must ensure the two-employer status does not inhibit the IJB's ability to listen and respond to concerns raised by our staff:

Since 2022 the Partnership's Whistleblowing Group have worked together to:

- Understand and support the IJB to meet the expectations of the Part 8 Standards and the implications for Fife Council, NHS Fife and Trade Unions.
- Learn about the different approaches across employers to build an understanding of partners' Whistleblowing policies and procedures.
- Work together to address the complexities of multi-disciplinary teams and other areas where the delineation of accountability might not be straightforward when responding to a Whistleblowing complaint.
- Deliver a co-authored Whistleblowing Annual Report for the IJB and Local Partnership Forum

In July 2023 the Group presented an initial paper to the Senior Leadership Team, Local Partnership Forum, Audit & Assurance Committee, Finance, Performance & Scrutiny Committee and the Integration Joint Board setting out actions which were endorsed by all. Since then, the Group have presented an Interim Report to Audit & Assurance Committee in March 2024, which was well received by members, including our external Auditors, and a subsequent first full Annual Report was presented to the Finance, Performance & Scrutiny Committee and IJB in November 2024.

Both Fife Council and NHS Fife understand the inherent challenges around Whistleblowing and are working to continually improve this area of practice, supported in the HSCP by the work of the Partnership Group. More detail around this work is in Appendix 1 Annual Whistleblowing Report 2024-25.

3.3 Assessment

The Annual Whistleblowing Report 2024-25 demonstrates a collaborative approach designed to provide the IJB with assurance that employer partners are both confident in their individual policies, procedures and practice related to whistleblowing and are working closely together to consider ways in which we can further integrate practice in this area to support our collective workforce.

A face-to-face session in December in 2024 created a positive developmental space for the Group to hear from, and question approaches from, colleagues in partner organisations. An excellent session took place that has helped to build a shared understanding of whistleblowing practice across the whole system, as well as continuing to support the aim of developing strong relationships. A key focus of the session and within regular meetings is to understand the integrated system and understand what that might mean for employers who need to work together to support staff in integrated workplace settings.

This also highlights the commitment of partners who are addressing the risk highlighted by the Independent National Whistleblowing Officer (INWO) because of the potential disparity of approach by employers. Both partners are responsible for Whistleblowing policies, procedures and practice in their individual organisations and report regularly to the NHS Board and Fife Council Cabinet as well as supporting the reporting within the HSCP Governance structures.

Membership of the Group has changed during 2025, as NHS Fife underwent a change of reporting lines and service hosting the whistleblowing work, including employing a Speak Up / Whistleblowing Co-ordinator, who is now a key member of the group and co-author of this report. The Report describes the changes that NHS Fife have undertaken to improve their whistleblowing work.

The Group's improvement focus for 2025-26 includes actions related to HSCP commissioned partners, identified by the Service Manager (Quality Assurance) who is also now a key member of the Group. These actions are included in the Report and will be addressed over the coming year working with partners in the commissioned services.

iMatter:

In 2023 for the first time we asked the following question in our iMatter survey related to confidence in raising concerns in the workplace.

Between 2023 and 2024 our results have slightly improved. It is not possible to directly correlate the work done by our Whistleblowing Group and actions set out in Annual Reports, but it seems that the HSCP workforce believes that we are improving performance in this area.

iMatter Results	2023	2024
I am confident I can safely raise concerns about issues in my workplace	**75%** strongly agree 15% slightly agree	**76%** strongly agree 14% slightly agree

I am confident that my concerns will be followed up and responded to	**63%** strongly agree 21% slightly agree	**64%** strongly agree 21% slightly agree

3.3.1 Quality / Customer Care

Ensuring that our workforce have a safe way of raising concerns and are protected throughout the process is a key tenet of providing a safe service to the people of Fife. Our workforce need to feel confident that they can highlight poor practice or other areas of concern to contribute to the Partnership's ability to deliver a safe service. Having these robust policies and assurance for the IJB as required by Part 8 of the Whistleblowing Standards for our workforce contributes to this aim.

3.3.2 Workforce

Our workforce need to know and feel that it is safe to raise a concern if they have one. Ensuring our Trade Union and Staff-Side leaders help to shape the HSCP approach to whistleblowing is key to creating confidence within our workforce that they can safely raise concerns. The monitoring of whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance and a culture which supports the appropriate raising and handling of concerns.

3.3.3 Financial

There is no financial impact from this work.

3.3.4 Risk / Legal / Management

Local Authority:

The Public Interest Disclosure Act 1998 (PIDA) is often called the 'whistleblowing law'. It is there to protect all 'workers' (as defined in the Employment Rights Act 1996 – this classification is broader than, but includes all employees), who have made a 'protected disclosure' from being treated unfairly as a result of raising a concern.

In respect of the implementation of the standards, there is a risk that if information about whistleblowing is not widely promoted across the Partnership, then staff will be unaware of how to raise a concern and consequently we may lose the opportunity for improvement and learning. In order to mitigate this risk, there is ongoing communications and training. Work continues through activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

NHS:

In April 2021, the Scottish Government introduced National Once for Scotland Whistleblowing Standards and associated training for all NHS Scotland employees. The Standards' operational remit is monitored by the Independent National Whistleblowing Officer (INWO) who is also the Scottish Public Services Ombudsman (SPSO). The INWO aims to ensure any member of staff delivering services on behalf of the NHS in Scotland can speak up to raise workplace concerns in a confidential and protected manner and expects all NHS Boards to provide quarterly and annual reports on all Whistleblowing activity and associated learning. A new INWO has recently been appointed and will take up an 8-year term of office in October 2025.

Future Developments:

The UK Government launched a review of the national whistleblowing framework in March 2023, which was due to conclude in the Autumn of 2023. However, progress on this review has stalled, and no substantial whistleblowing reforms appeared in the Employment Rights Bill introduced in October 2024.

Recent parliamentary debates have revived the conversation on enhancing whistleblower protections. During a House of Lords debate on 28 October 2024, Baroness Jones of Whitchurch confirmed that the UK Government is actively considering creating an Office of the Whistleblower. This new body could serve as an independent channel for handling whistleblower complaints, ensuring confidentiality and protection from retaliation. While specifics are still being discussed, the Government is exploring the remit, costs, and functions of this potential new body. When this review is concluded, the HSCP and partner organisations will consider the findings in relation to their existing policies and integrated approach.

3.3.5 Equality and Diversity, including Health Inequalities.

Although an Equality Impact Assessment (EqIA) has not been completed specifically for the HSCP's whistleblowing framework, EqIAs have been carried out by the Council for its individual whistleblowing policies, and the NHS follows the nationally developed 'Once for Scotland' approach provided by the Independent National Whistleblowing Officer (INWO). However, given the integrated nature of services and the potential for differential impacts across diverse staff groups, the HSCP will consider the need for a Partnership-specific EqIA. This consideration aligns with our ongoing commitment to Equality, Diversity, and Inclusion, as outlined in the EDI Action Plan 2024–2027.

3.3.6 Other Impact

N/A

3.3.7 Communication, Involvement, Engagement and Consultation

The Whistleblowing working group has met multiple times, alongside individual meetings to develop this work. The work has been guided by presentation of the initial Whistleblowing Report at SLT, LPF, Audit & Assurance Committee, Finance, Performance & Scrutiny Committee and the IJB and the feedback received at these meetings.

3.4 Recommendation

The Integration Joint Board are asked to:

- **Discuss** the Annual Whistleblowing Report 2024-25 and note the Whistleblowing activity in the Partnership over the reporting period and share any thoughts about the findings.
- **Note** the improved performance within iMatter results and increased training uptake across partners
- Take **Assurance** that the HSCP, NHS Fife, Fife Council and our Trade Union and Staff Side are working together to continually improve our Whistleblowing work in support of the Partnership.
- **Approve** the Whistleblowing Annual Report 2024-25

4 List of Appendices

Appendix 1 – Fife HSCP Whistleblowing Annual Report April 2024 – March 2025

5 Implications for Fife Council

Fife Council employees can be confident that the refreshed Whistleblowing policies and procedures are robust and provide the required support set out under the general Whistleblowing Standards.

6 Implications for NHS Fife

NHS Fife employees can be confident that existing Whistleblowing policies and procedures are robust and provide the required support set out under the general Whistleblowing Standards.

7 Implications for Third Sector

The focus of Part 8 of the Whistleblowing Standards focusses solely on the statutory partners within health and social care. However, work has begun within the Whistleblowing Group to look at how we work with external partners to understand the approach to whistleblowing across organisations who are funded by the HSCP.

8 Implications for Independent Sector

The focus of Part 8 of the Whistleblowing Standards focusses solely on the statutory partners within health and social care. However, work has begun within the Whistleblowing Group to look at how we work with external partners to understand the approach to whistleblowing across organisations who are funded by the HSCP.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT Member:

Lead	**Roy Lawrence**
Critical	**Pamela Redpath, Fife Council, Service Manager - Audit & Risk Management Services** **Hazel Hastie, Fife Council Auditor** **Lee-Anne French, HR Business Partner** **Debbie McGirr, Speak Up / Whistleblowing Co-ordinator, NHS Fife** **Debbie Fyfe, Joint TU Secretary** **Lynne Parsons, NHS Employee Director** **Alan Adamson, Service Manager (Quality Assurance), Fife Council** **Vacant, NHS Non-Executive Whistleblowing Champion** **All SLT**
Signed Up	**Local Partnership Forum** **All ELT**
Informed	**HSCP Workforce**

Report Contact: Roy Lawrence

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Fife Health & Social Care Partnership

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Annual Whistleblowing Report: April 2024 to March 2025

NHS Fife

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Fife Council

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1. Executive Summary

This Report is the second in the agreed annual reporting cycle to the Integration Joint Board and Local Partnership Forum of the Partnership. The reporting structure aligns with the Part 8 Standards of the National Whistleblowing Standards, which sets out the responsibilities for Health & Social Care Partnerships regarding the delegated workforce under the auspices of the Integration Joint Board. The Standards instruct that, "IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure."

This Report is a genuinely collaborative piece of work between NHS Fife, Fife Council and the Health & Social Care Partnership and is underpinned by policies, procedures implemented by the employer organisations. The design of the Report and the collaborative work that is shaping our integrated approach to Whistleblowing is driven by the Partnership Whistleblowing Group, which has representation from key stakeholders in the organisations alongside our Trade Union and staff side colleagues. More recently, the work of the group has expanded to include the Service Manager for externally commissioned contracts to begin to look at how we include our Independent and Third Sector organisations in this ambition. Actions to take forward this work during 2025-26 are included in this report.

This Report provides updates from partners on the 5 key themes within the Part 8 Standards, alongside a level of detail on any whistleblowing concerns that the organisations have received agreed with our Trade Union and Staff Side colleagues. Fife Council and NHS Partners have worked closely together to create as much convergence in reporting approaches as possible. The Group have continued to meet regularly over the last year to build a shared understanding of each other's organisations and their approach to Whistleblowing, including a full face-to-face session where representatives shared learning around policies, procedures and impact of Whistleblowing work to help the Group develop a whole system knowledge of Whistleblowing work in Fife.

This report details Whistleblowing Concerns raised across the organisation by staff and those who provide services on behalf of the Partnership, whilst ensuring complete confidentiality for staff who come forward, in a manner that has been endorsed by our Trade Union and staff side colleagues. This report demonstrates our performance in the national key indicators, as required by the Independent National Whistleblowing Officer (INWO), and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

The Report highlights the HSCP's innovative work under the umbrella of our Equality, Diversity and Inclusion Action Plan 2024-27, which will support our employees to have their voice heard in new and different ways to increase our inclusivity and opportunity for staff to speak up about any concerns they may have. Both employer partners have revised their approach to Whistleblowing over the past two years, and this report highlights how these changes have become embedded as business as usual in their response to Whistleblowing concerns that have been raised. This Report covers the full financial year from April 2024 to March 2025.

The HSCP would like to thank our partners for their knowledge, wisdom and willingness to adopt the collaborative approach demonstrated here to deliver this report, which would not have been possible without them.

The HSCP would also like to take this opportunity to pay tribute our workforce for their continued dedication to the people of Fife and their willingness to speak up if they believe that the HSCP needs to take action to improve our services.

2. Part 8 Standards: Expectations for IJB's and employer partners

i) Promoting the ability to raise concerns:

Fife Council	NHS Fife	HSCP
The Council's approved Whistleblowing Policy and supporting procedures as well as a link to the NHS Scotland Whistleblowing Policy was communicated to all managers / leaders in the November 2023 Managing People Bulletin. The Policy and supporting procedures, including specific guidance re how to report whistleblowing concerns internally / externally and protection and support information are readily available for all staff via a dedicated area on the Council's Intranet. A link to the NHS Scotland Whistleblowing Policy is also published on the Council Intranet pages along with information for Fife Council employees working within the Health and Social Care Partnership. In addition to the above, relevant information is available via the Council's Internet site: Whistleblowing | Fife Council There will continue to be an ongoing need to raise awareness of the policy and how to raise concerns. The Council is also building links to other processes and training to ensure that staff understand that where a concern they have relates to the wider public interest it is appropriate to refer under the whistleblowing policy. Examples of links to this include within the Corporate Fraud mandatory	NHS Fife supports and encourages an environment where staff can feel confident to raise concerns about workplace practices which do not meet expected standards. In September 2024 a new part-time Speak Up / Whistleblowing Coordinator post was established, relocating whistleblowing activity from the HR Workforce Directorate to the Corporate Governance function. A review of whistleblowing information and processes has been undertaken, relocating all relevant documents into one central location on the staff intranet for ease of access. A central communications plan has also been created to raise the profile of whistleblowing across the organisation on a bi-monthly basis. External website pages have been created during 2024-25 to ensure all staff have access to information about the Whistleblowing Standards, including volunteers and external contractors who might not otherwise have access to internal channels of communication: Whistleblowing | NHS Fife Our Confidential Contacts provide a crucial role in helping	**Equality, Diversity & Inclusion:** The Health & Social Care Partnership's first Equality, Diversity, and Inclusion Plan was endorsed by our Integration Joint Board and Local Partnership Forum in November 2024 and was shaped by our staff who had an opportunity to express their needs and concerns regarding equality, diversity, and inclusion through three different engagement initiatives. In response to the feedback from these sessions, FHSCP are implementing our first **'Reverse Mentoring'** programme in 2025. This innovative approach will support shared learning, help to bridge knowledge gaps and foster inclusive leadership by matching members of staff with lived experience of protected characteristics to senior leaders, who will have the opportunity to learn from their Mentors. **External Commissioning:** The HSCP's Service Manager for Commissioning joined the Whistleblowing Group in

learning, Child and Adult Protection training and resources and the Grievance Procedure. The Corporate Fraud Team will be delivering high level presentations on the Council's fraud governance arrangements, including whistleblowing, to each of the Directorate Leadership / Management Teams in June 2025. These sessions will provide an opportunity to discuss whether more tailored training is required for specific staff groups, in addition to the existing mandatory learning. Any additional training identified will be delivered later in the year.	guide staff to the most appropriate channel through which to raise concerns. A list of direct contact details is held on the Staff intranet and updated every 3 months, and their role continues to be highlighted through regular intranet news feed items. Where staff do not have access to computers, information is shared via managers as hard-copy guidance. To ensure that staff have the confidence to speak up within the organisation without fear, in the knowledge that their voices will be heard we encourage a business-as-usual approach to handling concerns through early resolution. Staff have access to a confidential 'Speak Up' email and voicemail service where they can seek guidance and signposting to the best resolution for their specific concerns. We also provide staff with regular opportunities to raise concerns openly during regular senior management/Executive Director walkarounds. In October 2024, during the dedicated Speak Up Week, senior leaders communicated, through videos and pledges, their commitment to support and listen to staff who have concerns in the workplace.	2025, as we sought to increase the collaborative practice undertaken by the Group to date and begin to understand how we work with our Independent and Third Sector partners to promote the ability to raise concerns confidentially, safely and with the aim of improving the service we provide to the people of Fife. **Initial areas for action identified are:** Reviewing the existing Whistleblowing policies across independent & third sector contracted care providers. Supporting training & development opportunities to raise awareness of whistleblowing across independent & third sector contracted care providers. Incorporating Whistleblowing within Contract Review and Monitoring processes to ensure ongoing engagement and review with contracted care providers. These areas will form part of the focus of the Whistleblowing Group's work over 2025/26.

ii) Ensuring equity for staff:

Fife Council	NHS Fife
The policy has been equality impact assessed. The process is available to workers as well as employees and therefore, as explained above, the information has been published online (on fife.gov.uk) as well as on the Council intranet. The guidance provides a distinction between whistleblowing and other routes to raise concerns, such as via the grievance or corporate complaints procedures, as well as those concerns that should be raised with management as day-to-day business as usual.	The National Whistleblowing Standards apply to all employees and former employees who provide services on behalf of the NHS, including bank/agency/sessional workers, independent and private contractors, students and volunteers ensure an inclusive approach for all staff, specific information about the Standards is available on the staff intranet and NHS Fife external website pages: https://www.nhsfife.org/about-us/whistleblowing/

iii) Ensuring staff understand how to raise concerns:

Fife Council	NHS Fife
As explained above, detailed guidance is available on the Council's Intranet and Internet pages. A dedicated email address with very restricted access arrangements has been established: Whistleblowing@fife.gov.uk The following signposts are also provided to ensure individuals know where to access further support should they need it: • HR Online through First Contact • ACAS website • The independent charity 'Protect' at www.pcaw.co.uk • Time for Talking (the employee counselling service can provide support in what can often be a difficult situation)	Regular communication has been established through an introductory video on the importance of raising concerns and the supporting role of the Speak Up / Whistleblowing Coordinator. In addition, staff are regularly signposted to the Whistleblowing information held on the staff intranet. Departmental meetings have recently included presentations from the Speak Up / Whistleblowing Coordinator on their role and the importance of supporting staff to raise concerns early using existing processes. Staff have access to a dedicated, confidential email address through which to seek guidance and support in relation to their concerns, including signposting to HR workforce policies and being introduced to a range of organisational staff support services. They also have access to trained Confidential Contacts who provide specific support for whistleblowing concerns and at Board level, the Non-Executive Whistleblowing Champion promotes a culture where staff can raise issues without detriment and provides assurance to the Board on the processes for doing so.

iv) Recording of concerns:

Fife Council	NHS Fife
Fife Council have central reporting and recording arrangements in place for whistleblowing allegations, managed within Audit & Risk Management Services, which provides a degree of assurance in terms of the confidentiality of the individual raising the concern. Information / data relating to whistleblowing allegations is stored within a secure environment to which only a very limited number of authorised individuals can access.	NHS Fife confidentially manages and records all whistleblowing concerns, including anonymous concerns, centrally through the Corporate Governance function. All information is stored securely with access being limited to a restricted number of authorised staff. Whistleblowing concerns are recorded on a central concern tracker in a systematic way to enable data to be analysed to identify themes, trends, and patterns. NHS Fife appointed a Speak Up / Whistleblowing Co-ordinator in September 2024 who records, monitors and reports on Whistleblowing concerns raised, coordinating all activities in a timely manner in adherence with the Whistleblowing Standards.

v) Monitoring, reporting, and learning from concerns:

Fife Council	NHS Fife
The central reporting and recording process allows for Corporate and Directorate level understanding of whistleblowing issues and reporting of statistics, outcomes and learnings relating to whistleblowing concerns. Appropriate management and public reporting mechanisms are in place including annual reporting of whistleblowing statistics, outcomes, and learnings to the Standards Audit and Risk Committee. This supports the IJB Annual Reporting requirement. To respond to whistleblowing concerns, they are shared with the Heads of HR, Legal and Democratic Services and Service Manager – Audit and Risk Management. Given the range of concerns that could potentially be received, this tripartite approach helps ensure concerns are considered thoroughly.	NHS Fife monitors all whistleblowing concerns received to identify themes and trends, specifically noting any recurring issues which may require wider organisational responses. In line with the National Whistleblowing Standards, all concerns are confidentially received and considered by a small group of senior managers, including the Executive Lead for Whistleblowing. Each concern is carefully mapped against the themes of the National Standards to determine whether it is in the public interest to investigate. Concerns are analysed to identify emerging themes and trends which are reported to the quarterly Whistleblowing Oversight Group which provides strategic direction and assurance of consistent application of the Standards within NHS Fife Board.

This approach also helps to ensure the systematic sharing and pooling of knowledge / intelligence which will accumulate over time and support the Council to be in the best possible position to respond to allegations and improve any identified control weaknesses. Depending on the nature of the concerns received there may also be a need to involve other disciplines across the Council. A formal network of key contacts that can be called upon as / when necessary has been developed. Quarterly monitoring meetings, attended by HR, Legal and Democratic Service and Audit and Risk Management, are scheduled in advance to ensure ongoing oversight of cases.	Quarterly reporting to NHS Fife Board through the Executive Leadership Team, Staff Governance Committee and Area Partnership Forum shares the number of concerns received, the service area involved, the nature of the concern and any identified learning / action plans. Concerns are also monitored to ensure compliance with the Independent National Whistleblowing Officer (INWO) KPI's and timescales. Recent collaboration with Primary Care colleagues has seen establishment of quarterly meetings and presentations about the use of Whistleblowing Standards at service meetings to aid concern reporting. There are plans to establish more formal lines of communication and collaboration with the Organisational Learning team to explore best methods of confidentially triangulating learning and feedback from whistleblowing concerns.

3. Whistleblowing Concerns Received (Named and Anonymous)

April 2024 – March 2025: Actions Taken, Outcomes and Lessons Learned

Fife Council			
	Quarter 1: 1 April to 30 June 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	0		
Total:	0		
	Quarter 2: 1 July to 30 September 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	<5	Working practices	Ongoing
Total:	<5		
	Quarter 3: 1 October to 31 December 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	<5		
Anonymous:	0		
Total:	0		
	Quarter 4: 1 January to 31 March 2025	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	<5		
Anonymous:	0		
Total:	0		

Any further relevant detail:

NHS Fife			
	Quarter 1: 1 April to 30 June 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	<5	Poor Patient Care and Hostile Culture	Safe Staffing, Supervision, Care Planning and Philosophy of care.
Anonymous:	<5	Unprofessional staff behaviour	Insufficient information to progress. Business as usual approaches employed
Total:	<5		
	Quarter 2: 1 July to 30 September 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	Nil		
Anonymous:	<5	Fraud, Patient Safety / Quality of Care / Workplace Culture	Referral to Fraud Liaison Officer for Counter Fraud Services consideration with no further action being deemed necessary; independent investigation into quality-of-care concern resulted in relevant actions to ensure patient safety and improve workplace communications
Total:	<5		
	Quarter 3: 1 October to 31 December 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	<5	Conduct; workplace culture	Philosophy of care, team management and communications
Anonymous:	<Nil		
Total:	<5		
	Quarter 4: 1 January to 31 March 2025	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	<5	Unsuitable working conditions	Ongoing
Anonymous:	1	Patient safety and HR workforce issues	Serious adverse event review and referral to workforce directorate
Total:	<5		
Any further relevant detail:			

4. Anonymous / Unnamed Concerns Received Procedure

Fife Council Procedure:	NHS Fife Procedure:
Fife Council encourage those raising concerns to provide contact details to allow thorough investigation of the concerns raised. Workers who raise concerns anonymously, understandably, cannot be protected under the Public Interest Disclosure Act. However, it is important to hear about wrongdoing, even if this is raised anonymously. The Council will investigate proportionately, as far as is reasonably practicable, any concerns received anonymously.	Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, in line with good practice and generating management data NHS Fife will follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information.” Alternatively, someone may raise a concern with the organisation but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (someone is aware of their identity, so it is not completely anonymous).

5. Whistleblowing Concerns Received - Reasons for Extensions to Investigation

Fife Council Procedure:	NHS Fife Procedure:
The type of whistleblowing concern will determine the nature, extent, pace, and reasonable duration of any investigation required as well as those who will be involved in carrying it out. As mentioned above at (v), the Service Manager - Audit & Risk Management Services, the Head of Human Resources and the Head of Legal & Democratic Services review the progress of each concern on a quarterly basis. Investigation progress is formally monitored on a quarterly basis as described above – general progress, changes in approach and / or other developments are communicated on an ongoing basis between the three services.	Under the terms of the Standards for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The individual raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days. All extensions are considered and approved by the individual case Commissioning Manager.
Extension reporting this period:	**Extension reporting this period:**
Nil	1

6. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards. The partners have introduced approaches to gathering feedback from those who raise whistleblowing concerns where possible. To date no formal feedback has been received from staff.

Fife Council:	**NHS Fife:**
Formal feedback on the process itself as well as the experience of those named individuals who have raised a whistleblowing concern will be obtained in due course. Positive informal feedback was, however, received in relation to one case whereby the Team verified, via an alternative communication route, that the whistleblower's email account could not be accessed by colleagues during periods when their out of office replies were active. This check was carried out prior to the email communication being issued.	We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is now available to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the outcome of a Stage 2 investigation.
The following feedback has been received from staff in relation to Whistleblowing Concerns received:	
Nil	As this is a new process there is emerging feedback which indicates staff who have used the service feel 'listened to' and are reassured by the central coordination process, the availability and response time of the dedicated confidential Speak Up email service and the support from Confidential Contacts

7. Whistleblowing Training Data

The whistleblowing training data undertaken during the timeline of this report is summarised below:

NHS TURAS

General Awareness:
Following the launch of the Whistleblowing eLearning training on 1 April 2021, **82%** of employees have completed the Whistleblowing: An Overview, eLearning training.
Whistleblowing for Senior Managers:
There are separate e-learning modules available for managers and senior managers. NHS Fife currently has 79 posts which require completion of this training; however, it is not compulsory and therefore is not part of core compliance data evaluation. These modules can be undertaken by any member of staff as part of continuing professional development to broaden their understanding of whistleblowing role responsibilities and associated processes. During 2024-2025 there were 141 staff who completed these modules. Discussions are taking place with Workforce and Human Resource colleagues to explore ways of reporting data for these groups of staff.

Fife Council Oracle

Corporate Fraud (inc. Whistleblowing) – Mandatory for all Council staff:
The Council launched a mandatory Corporate Fraud eLearning module, including Whistleblowing arrangements, in December 2023. Between the period of 1 April 2024 and 31 March 2025, , **38%** of all Council employees working in the HSCP had completed the module (**920** out of **2,453** Council employees working in the H&SCP). This means that the total number of Council employees working in the H&SCP who completed the mandatory Corporate Fraud eLearning **rose from 1777 last year to 1833 this year (a rise of approximately 3%)**. That equates to a total of 75% of employees within the HSCP who need to complete the training have now done so.

9. Status of Actions from Previous Whistleblowing Annual Reports

As of March 31st, 2025, there are no previous or outstanding actions. However, for future reporting this will be addressed and set out as below.

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
2024/2025 Actions				
Nil				

Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE
FRIDAY 25TH APRIL 2025, 1000hrs - MS TEAMS

Present:	Sinead Braiden, NHS Board Member (SB) (Chair) Councillor Rosemary Liewald Councillor Sam Steele Councillor Margaret Kennedy Alistair Grant, Non-Executive Board Member (AG) Jo Bennett, Non-Executive Board Member (JB) Paul Dundas, Independent Sector Lead (PD) Morna Fleming, Carer's Representative (MF) Colin Grieve, Non-Executive Board Member (CG) Amanda Wong, Director of Allied Health Professionals (AW) Kenny Murphy, Third Sector Representative (KM)
Attending:	Dr Helen Hellewell, Deputy Medical Director (HH) Lynn Barker, Director of Nursing (LB) Avril Sweeney, Risk Compliance Manager (AS) Audrey Valente, Chief Finance Officer (AV) Jillian Torrens, Head of Complex and Critical Care (JT) Vanessa Salmond, Head of Corporate Services (VS) Karen Nolan, Clinical Service Manager (KN) Dougie Dunlop, Independent Chair of Adult Support and Protection Committee (DD) Ronan Burke, Adult Protection Coordinator, Fife Council (RB) Roy Lawrence, Principal Lead for Organisational Development & Culture (RL) Fiona Forrest, Acting Director of Pharmacy (FF) James Ross, Chief Social Work Officer (JR) Olivia Robertson, Head of Service (OR)
In Attendance:	Carol Notman, PA (Minutes)
Apologies for Absence:	Lynne Garvey, Head of Community Care Services (LG) Councillor Lynn Mowatt Ian Dall, Service User Rep, Chair of the PEN (ID) Lisa Cooper, Head of Primary Care and Preventative Care Services (LC) Chris Conroy, Clinical Services Manager (CC)

NO	AGENDA ITEM	ACTION

1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Sinead Braiden opened the HSCP Quality & Communities Committee meeting held on 25 April 2025 by welcoming everyone. A special welcome was extended to Jo Bennett, attending her first meeting as a newly appointed Non-Executive Board Member.	
2.	**DECLARATION OF MEMBERS' INTEREST.** No declarations of interest were received.	
3.	**APOLOGIES FOR ABSENCE** Apologies noted as above.	
4.	**ACTIVE & EMERGING ISSUES** No emerging issues were Reported.	
5.	**MINUTES OF PREVIOUS MEETINGS HELD ON 06 MARCH 2025** The previous minutes from the Q&CC meeting on 06 March 2025 were reviewed and no alterations or corrections were requested. The minutes were taken as an accurate record of the meeting.	
6.	**ACTION LOG FROM 06 MARCH 2025** The Action Log from the meeting held on 06 March 2025 was approved as accurate and no updates were provided.	
7.	**GOVERNANCE & OUTCOMES**	
7.1	**QMAG Update** This report is brought to Committee by Lynn Barker. It comes for Assurance. Lynn Barker introduced the report and advised that the most recent QMAG meeting took place on 21st March 2025. Morna Fleming queried the possible omission of a word within Pg 23 paragraph 4 and whether the sentence should read "End of Life Communication Plan be created". Lynn Barker confirmed that this was a typographical error. Helen Hellewell advised that since the QMAG Meeting a robust End of Life Communication Plan has been implemented. Jillian Torrens confirmed that there is an issue with some Curtain Rails which were intended to be collapsable, but an incident revealed a fault, and	

	this has led to a review of all fixtures and fittings with a replacement programme now underway with regular checks to ensure that the equipment is safe and fit for purpose. There was discussion around activity coordinators, Lynn Barker confirmed that some areas do have them while others do not. Lynn confirmed that the service does utilise volunteers and Jillian Torrens clarified that although this does not apply to care homes, alternative roles are being explored. Benchmarking with other Boards is ongoing to ensure appropriate posts are established. JT also noted a substantial register of Peer Support Workers in Fife, and the service is exploring how they can be integrated to provide meaningful engagement and support. Lynn Barker confirmed that a Frailty Oversight Group is being put in place to ensure that the Partnership is aligned with national standards. Jillian Torrens advised that a Policy of the Month Programme is soon to be rolled out aiming at improving compliance with mandatory training requirements. Concerns were raised regarding inconsistencies in Mental Health Reports across Queen Margaret Hospital and their impact on care. Jillian Torrens explained that the variation reflects the different functions and patient groups of each ward. Specifically, Ward 2 was noted by the Mental Welfare Commission as being particularly busy, with high levels of acute illness and the presence of surge beds. The service aims to remove these surge beds to foster a calmer, more therapeutic environment. A staff training programme and monitored action plan are in place, with updates reported to QMAG. A query was raised regarding the timeline for the Social Work Team Quality Framework. JT advised that the new Principal Social Work Officer commences her role in June, and it is expected that the Framework will be prioritised and brought forward thereafter. Cllr Steele queried whether the decrease in restraints from May 2024 had resulted in the increase in physical violence and rapid tranquilisations that was reported in page 19 of the papers. LB advised that she did not have that level of details at hand but would investigate and clarify the data. Cllr Liewald queried with regards the speech and language report but commented that this was not part of the QMAG Update but was particularly interested in paediatric issues such as cleft lip and palette and children who are about to enter primary education. LB advised that she would get the service lead to link with Cllr Liewald out with the meeting to discuss the issues which have been raised by constituents. Sinead Braiden thanked everyone for the discussion noting that the paper was presented for assurance and discussion. Sinead noted that having attended the last QMAG Meeting she was aware of the issues and will make contact with Jillian Torrens and Lee Cowie out with the meeting to discuss in more detail the activity support workers. **Action:** Correction of typographical error on page 23, paragraph 4 to be amended prior to onward progression to IJB LB to organise for Speech & Language Service Lead to make contact with Cllr Liewald regarding concerns raise by constituents	

7.2	**IJB Risk Register Review** This report is brought to Committee by Audrey Valente and was presented by Avril Sweeney. It comes for Assurance and Discussion. Avril Sweeney 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. Avril noted that the Risk Register was last tabled at Committee in November 2024, 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. Avril noted that the risks held on the risk register continue to be managed by the risk owner and confirmed that they were reviewed within the last 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. Avril 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. 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. Paul Dundas observed that the register references risk of markets and their stability, noting that Fife has a strong dependency on international supply lines and is involved with the international employment network therefore there was some work that is beyond development and is in operation in place. Avril thanked Paul for the update and wished to provide assurance that the action outlined is very much an overarching action and there is a more detailed action plan that is sitting behind this risk. SB confirmed that the committee were content to take assurance.	
8.	**STRATEGIC PLANNING & DELIVERY**	
8.1	**NE Fife MIU Reconfiguration** This report is brought to Committee by Helen Hellewell. It comes for both Assurance and Discussion. Helen Hellewell delivered a presentation on the reconfiguration of Minor Injuries services in North East Fife, noting that her focus would be on the quality aspects of the reconfiguration. She explained that the financial elements would be addressed separately at the Finance, Performance & Scrutiny Committee, where the report was also being presented.	

Cllr Liewald expressed empathy for the local population affected by the proposed changes but noted by the end of the presentation she felt more assured but noted that the measures outlined must be put in place. She queried with regards the X-ray facilities that were deemed no longer fit for purpose and noted that there had been suggestion for local funding to be provided in order to maintain the service and wondered why this had not been considered. Cllr Liewald queried with regards demographic data, noting that while the percentage of over-65s using the facilities was referenced, there was no data provided for children and families. Helen Hellewell advised that the decision with regards the X-ray facilities was an NHS Fife decision therefore was not in a position to provide comment on this question. Martyn Berrie, Service Manager advised that the demographic presentation for 2024 are as follows:

Age	Adamson MIU	St Andrews Hospital
<17	24%	19%
18-64	48%	57%

Martyn advised that the data has not been analysed to break down by age, what type of condition, has attended the units. He noted other important data is that 9-10% of attendances to both units were deemed inappropriate attendance as they would be classed as either an emergency that requires an ambulance to take patient to local Emergency Department or other range of illnesses such as chest pain or cough/cold. Data has shown if patient called 111 then they would have been triaged appropriately and would not have attend either of the units.

Cllr Liewald agreed that there is a lot of work to do to highlight the “right place, right time” ensuring that patients attend the correct setting and noted she was keen to see what work can be done to signposting at locality level to ensure that the community is aware of where they should being going. Olivia Robertson wished to provide assurance that the service going forward will be focusing on the public messaging and signposting to the right health care setting.

Morna Fleming noted that she met with Lisa Cooper and Roy Lawrence to discuss what was in the report, she noted that she had a number of points. Morna advised that she supported Option 3 as the preferred way forward but emphasized that communication with the public is critical and strongly recommended that the communication is wider than social media/website suggesting the use of leaflets and posters to promote NHS 111 service and guide the public to the correct care setting.

Morna raised concern about transport, particularly the limited public transport options in Northeast Fife during weekends. She asked whether a contract with local taxi firms could be considered. Martyn Berrie clarified that, unlike the Out of Hours Service, the Minor Injuries Unit does not have a budget for patient transport.

Jo Bennett requested assurance with regards the Participation and Engagement process and whether the service was comfortable that the correct procedures had been undertaken. She also inquired about the robustness of the Stage 2 Equality Impact Assessment (EQIA) and the confidence in the mitigating plans, including the timelines. Helen Hellewell

assured the Committee that the communication plan is being developed at pace as the report progresses through the governance structure towards the Integration Joint Board (IJB) where further assurance will be provided. Martyn Berrie confirmed that Healthcare Improvement Scotland had been contacted and a section could be added to the report before it reaches the IJB. He also confirmed that there had been a 6-week public engagement which involved a survey and attendance at community council meetings and an On-line event.

Regarding the EQIA, Martyn advised that the Stage 2 assessment is currently in draft form but will be finalized before submission to the IJB. He noted that it builds upon insights gained from the public engagement and the initial EQIA.

Cllr Steele inquired whether there was a breakdown of patients attendance at the Minor Injuries Units and how many could have received care more appropriately elsewhere. In addition, Cllr Steele wished to reiterate the importance of communication. Helen Hellewell advised that data around the patient usage of the Injuries Unit is available, and agreed to investigate from a Caldicott point of view whether data could be shared due to the small numbers involved. Martyn Berrie reported that over 110 inappropriate types of conditions presented to both North East MIUs in 2024, ranging from dental pain to urine infections. 556 (9%) of 6,235 patients could have been re-directed to the right care professional had NHS 24 (111) been contacted in first instance to clinically triage and sign post patients to the correct care. Martyn Berrie noted the % breakdown between the Minor Injuries Units for types of attendance by patients were as follows:

> **Adamson** = 90% injury, 9% illness, and 1% emergency requiring to be sent immediately to hospital
> **St Andrews Community Hospital** = 92% injury, 7% illnesses, and 1% emergency requiring to be sent immediately to hospital.

Cllr Kennedy expressed disappointment that she was on holiday at the time of the Community Council presentation, she noted that she is the local councilor and has varying understanding and experience associated with the subject matter. She agreed with the issues around public transport and communication and noted concern that although there is public transport the Partnership has no control over what happens with the bus routes and these can change without consultation.

Cllr Kennedy advised that she had 3 points with regards the paper, noting the first statement on page 51, that it was her impression that it is incorrect, it was her impression that the Joint Board had only agreed to explore the proposal, not approve it. She questioned why the replacement X-ray machine had not been included in the capital programme especially given the original design of St Andrews and Adamson hospitals, where Adamson was intended to serve as a diagnostic centre. Cllr Kenney also expressed concern that the reconfiguration did not adequately consider the future population growth associated with the Cupar North development, calling the removal of the removal of the Adamson MIU short-sighted.

	Helen Hellewell recommending removing the statement on page 51 from the report before it progressed on to further governance committees and the IJB. Martyn Berrie apologized acknowledging that this statement should have been removed from the papers prior to submission. Helen confirmed that the modelling has been undertaken but specific details were limited due to the planning stage but wished to provide assurance that that the development has been factored into future planning and decision making. Helen advised that the decision around the X-ray machine is an NHS decision and out with the responsibility of the Integration Joint Board so was not in a position to respond to that element but could ask colleagues if they would be able to expand on their reasonings behind their decision. Cllr Kennedy requested when data is being shared out with the meeting that all members are included within the communication Cllr Kennedy noted that within North East Fife there is a gravitation towards Tayside or Perth and asked if there is a cost to NHS Fife and the Partnership in respect to people attending alternative health board and has this been factored into the impact going forward. Dr Hellewell noted that it was her understanding that any attendance at Tayside is covered by the agreements in place but will check with NHS acute colleagues to ensure that her understanding was correct. Martyn Berrie noted that the ideal model would be patients contacting 111 when they have a minor injury, their call would be transferred to the local Flow and Navigation Centre and the Emergency Nurse Practitioner at the Centre would have a consultation via telephone or video call to decide next steps whether this is self help or an appointment at an MIU which would then be scheduled. This also results in shorter visits to MIU as the case history has already been taken. Martyn Berrie noted that work with the Scottish Ambulance Service is ongoing as crews can have consultation with the Flow and Navigation Centre and where appropriate take patients to an MIU rather than the Emergency Departments in Kirkcaldy or Ninewells. Jo Bennet asked whether the proposed options been shared with local GP Groups and whether they supported the recommendations. Helen Hellewell advised that this would not be tabled at the GP Group as it is not a contractual issue but confirmed that there has been consultation with the GPs directly involved and wished to provide assurance that they are understanding of the need for the reconfiguration, concerns were noted but these have been addressed and discussed with the GPs. Sinead Braiden queried the governance process and whether the committee was being asked to make a decision. Vanessa Salmond clarified that the report is at the beginning of its governance journey and will pass through several committees before a final decision is made by the IJB. She confirmed that this committee is not a decision-making body. Sinead thanked Vanessa for the clarification.	

8.2	**Spring Booster Campaign** This report is brought to Committee by Karen Nolan, Clinical Service Manager in Lisa Cooper's absence. It comes for Assurance and Discussion. Karen Nolan advised that the paper outlines the implementation and planning of the Spring Booster Campaign which has already commenced and includes the delivery plan. Karen Nolan advised that the recommendation from the Joint Committee Vaccination and Immunisation (JCVI) that some co-horts including the older population and those with severely weakened immunisation systems will benefit from these extra vaccinations. These include over 75 cohort and those who reside in a care home and those aged 6 months to 75 years with compromised immunisation system. The cohort for this programme includes approximately 53,000 people and this will be delivered over a 10-week period, the programme schedule commenced on 31st March concentrating initially in care homes with clinics commencing for over 75's on the 14th April followed by other eligible cohorts. Karen highlighted that support will be available throughout the programme for those who are housebound. Rosemary Liewald queried the figures noted on 88-89 with the younger aged co-horts noting that there are none recorded as 'housebound' and noted that she is aware across her ward of a few families who would fall within this co-hort and queried their ability to get to clinics. Karen Nolan advised that the data in terms of housebound patients is provided from general practitioners and confirmed that the immunisation team are not responsible for determining if someone is housebound or not but wished to provide assurance if families make contact with the service then bespoke appointments can be arranged. Margaret Kennedy queried with regards the charts on page 93-95, noting that from a national point of view Fife is not an outlier but also is not in the optimum position and asked if the planned communications campaign will help with the compliance rates for the vaccination uptake now that the initial scare of covid is over. Karen advised that there has been a lot of local positive messages and also from a public health perspective, posters reminding people of the importance of having their vaccination has been issued widely to health centres and libraries to ensure there is visibility as there are no national TV or radio adverts for the spring campaign. Morna Fleming asked whether her understanding was correct that individuals under the age of 75 were not included in the programme. Karen Nolan confirmed this was accurate and consistent with previous years, except in cases where individuals have a compromised immune system.	

	Paul Dundas wanted to take the opportunity to acknowledge the work undertaken by the Immunisation Team and their year on year approach for lessons learned which helps to continually improve the service going forward.	
9.	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**	
9.1	**QCC Annual Statement of Assurance** This report is brought to Committee by Audrey Valente and was presented by Vanessa Salmond and comes for Assurance. Vanessa Salmond noted that the report, signed by the Chair, provides a synopsis of business conducted throughout the year as per governance requirement by end of financial year. Vanessa advised that this report is a departure from the previous layout, which had more narrative, a test of change for the layout was initially undertaken with the Audit and Assurance Committee following the implementation of committee assurance principles. Vanessa explained the mapping and confirmed that there had been no escalation throughout the year and confirmed that the committee were happy to endorse the report being presented at the Audit and Assurance Committee as they have oversight of the annual assurance statements.	
9.2	**Adult Support and Protection Annual Report** This report is brought to Committee by James Ross and was presented by Dougie Dunlop and Ronan Burke. It is tabled for Assurance. Dougie Dunlop advised of this paper is to present the Fife Adult Support and Protection Committee (ASPC) Biennial Report for 2022-24 noting the report follows a format established by the Scottish Government. Ronan Burke talked to the report highlighting the report provides a degree of statistical data in respect to the characteristics of adults at risk of harm and provides a summary of local activity during 2022-2024. Rosemary Liewald queried with regards the graphics outlining percentages on page 139 whether there was a breakdown by age for the women who are targeted for financial harm. Ronan advised that he did not have this information to hand, but the information was available to the local team. Rosemary Liewald agreed to contact Ronan with her specific concerns within her locality out with the meeting.	

	Paul Dundas thanked Dougie Dunlop and Ronan Burke for the paper noting that its significance was self-evident. He reflected on the hypothesis regarding the rising rate of referrals and highlighted the importance of professional engagement and partnership working - core elements of social work and social care. He also referenced the new requirement for registrants to undertake continuous professional development and suggested there may be a correlation between the increase in referrals and the quality of training. He asked whether there were specific areas of concern or trends emerging from professional referral sources. Ronan advised that the referral patterns have remained consistent over the years, with the majority coming from Policy Scotland and NHS Acute Services. He welcomed that both organisations are represented on the Fife Adult and Protection Committee, ensuring strong multi-agency collaboration. Jo Bennet queried how Fife compared nationally in terms of referral rates, how the quality of investigations is assured, and how the impact of improvement plans is being assessed. Dougie Dunlop explained that national comparisons are challenging due to variations in local approaches. He noted that the Scottish Government has acknowledged this limitation and established IRISS (Institute for Research and Innovation in Social Services) to improve transparency and data consistency. Based on referrals per 100,000 population, Fife sits in the mid-range and is not considered an outlier. Regarding quality assurance, Dougie confirmed that robust audit processes are in place to review specific cases and assess the effectiveness of interventions. As Independent Chair, he expressed confidence in the quality of support provided through the ASP process. He also acknowledged ongoing discussions about individuals who fall outside the ASP criteria and the importance of ensuring they still receive appropriate support. He noted that the Care Inspectorate, during their last attendance, commended the team's approach to quality assurance. Morna Fleming queried page 152 which talks of the engagement, involvement and communication which references that the ASPC Engagement and Participation Officer will be sharing a quarterly SWAY document and asked if this has been circulated as she has not seen this as a member of the public. Ronan advised that this is in place and has been for a period of time and noted acknowledged that further work is needed to improve its public distribution. Morna also referred to the ASP National Minimum Dataset 2023/24 on page 186, expressing concern over the large number of referrals categorised as "other." She asked for examples of what might fall into this category. Ronan explained that this was a recording issue and committed to raising it with those responsible for the national dataset. **Action:** **Rosemary Liewald to contact Ronan Burke to discuss specific concerns regarding financial harm within her locality out with the meeting.**	**RL**

9.3	**UNCRC - United Nations Convention for Children's Rights - Annual Report** Olivia Robertson introduced the report, noting that it was originally drafted by Dr. Watson, who has since left the organisation. Dr. Neilson assumed the role in February 2025. Olivia highlighted that the report has been presented to several committees prior to this submission and acknowledged that some of the work described has since progressed. She advised that the report will require updating before it proceeds further to reflect the most current developments. She explained that the report was last presented to the Integration Joint Board (IJB) in May 2024 and outlines the progress made on the action plan in preparation for, and following, the implementation of the Act in July 2024. Olivia also noted the recent establishment of a Children's Rights Implementation Group, with Terms of Reference currently being drafted. The group is scheduled to hold its first meeting in June 2025. In relation to finance, Olivia referred to section 3.3.3, stating that discussions are ongoing with NHS Fife Finance and Procurement colleagues regarding the potential financial implications of the Act. She highlighted section 4.2.2 of the non-statutory guidance, which includes a significant focus on children's rights budgeting. Additionally, she confirmed that both operational and strategic risks associated with the UNCRC are being monitored through the Children's Rights Implementation Group. With no questions raised, Sinead Braiden confirmed that the Committee had taken assurance from the report and thanked Olivia for her comprehensive presentation.	
10.	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
10.1 10.2 10.3	Quality Matters Assurance Group - Unconfirmed Minute 21.03.25 Clinical Governance Committee - Unconfirmed Minute 07.03.25 Fife Alcohol, Drugs and Therapeutics Committee - Unconfirmed Minutes 13.03.25 Helen Hellewell wished to clarify that there was a small typing error in the title of the 10.3 meeting, and it would read Fife Area, Drugs and Therapeutics Committee	
11.	**ITEMS FOR ESCALATION**	
	No items were raised for escalation	
12.	**AOCB**	
	No items were raised under AOCB	
13.	**DATE OF NEXT MEETING** Friday 4th July 2025, 1000hrs, MS Teams	

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together

CONFIRMED MINUTE OF THE STRATEGIC PLANNING GROUP

FRIDAY 9 MAY 2025, 14.00 – 16.00 (via Teams)

Present: Roy Lawrence (RLaw – Chair), Colin Grieve (CG), Audrey Valente (AV), Vanessa Salmond (VS), Chris Conroy (CC), Paul Dundas (PD), Lisa Cooper (LC), Dave Dempsey (DD), William Penrice (WP), Rosemary Liewald (RL), Morna Fleming (MF), Lesley Gauld (LG), Dafydd McIntosh (DM)

In Attendance: Paul Short (PS) – Item 4.2, Tom McCarthy-Wilson (TM), Alan Adamson (AA) – Item 5.1

NO	AGENDA NUMBER	ACTION
1	**CHECK IN, WELCOME AND APOLOGIES** Roy Lawrence welcomed all to the meeting and noted that the meeting would be recorded for minute taking purposes due to the admin staffing shortages. Apologies were noted from Lynne Garvey, Rachel Heagney & Claire Dobson.	
2	**MINUTES & ACTION NOTE OF LAST MEETING - 5 MARCH 2025** The minutes action log of the previous meeting on 5 March 2025 were approved as an accurate record.	
3	**STRATEGIC PLANNING GROUP – FUTURE VISION** Roy Lawrence & Colin Grieve Following on from the work initiated by Arlene Wood in her capacity as Chair of the SPG, Roy Lawrence and incoming Chair Colin Grieve reiterated the need to revisit the vision for the future of this group, ensuring agreement on a common purpose, expectations, membership and group terms of reference. Colin Grieve advised that he welcomed collaboration with members on a one-to-one basis.	

4	**ANNUAL REPORTS** **4.1 Commissioning Strategy** Alan Adamson introduced the report advising members that this was the first annual report demonstrating progress on the delivery plan associated with this enabling strategy. This report was co-produced by a working group comprising of representatives from across sectors and included an engagement consultation. Results from the consultation have helped form an action plan for 2025-26 highlighting 8 areas for further development. Alan welcomed questions and comments from members. Paul Dundas commended the report, giving thanks to all for an engaging report. Other areas highlighted for discussion included progress with digital accessibility within care homes. This has been included in the 2025-26 action plan. Audrey Valente advised members that this is an enabling strategy supporting service delivery therefore is written with a differing lens from the more public-facing strategies. **4.2 Local Housing Strategy** Paul Short presented the 2024 annual update which provided a useful insight into the progress of the Fife-wide housing strategy, incorporating updates on delivery of independent living hub and adapted housing, including technology enabled care. Members were assured of the progress made, noting the rebranding of the "Smart Life in Fife" online assessment tool.	
5	**STRATEGY FLASH REPORTS** **5.1 Advocacy Strategy** Alan Adamson provided an update on progress with the Advocacy Strategy. No items were highlighted for escalation and an annual report is scheduled to be presented in September 2025. Members were assured by this update. 5.2 Workforce Strategy Roy Lawrence provided an update on progression of the Workforce Plan. It was noted that work continues to monitor the current strategic risk score, however external influences prevent proactive measures to reduce this score. Members were assured by this update.	

6	**PMO OVERSIGHT GROUP – MINUTE OF LAST MEETING** Item for noting only. The minute of the last meeting of the PMO Oversight Group was unavailable due to staff absence and will follow in due course.	
7	**AOCB** No notification of other business received and therefore the meeting was closed by advising members of the date of the next meeting.	
8	**DATE OF NEXT SPG MEETING** **Friday 18 July 2025, 10:00 – 12:00**	

Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE TUESDAY 13TH MAY 2025 AT 10.00 AM VIA MICROSOFT TEAMS

Present:
Alastair Grant, NHS Non-Executive Board Member (Chair)
Cllr Dave Dempsey
Cllr David Alexander

Attending:
Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lisa Cooper, Head of Primary & Preventative Care
Vanessa Salmond, Head of Corporate Services

In attendance:

Tracy Hogg, Finance Manager HSCP
Avril Sweeney, Manager Risk Compliance
Alan Adamson, Service Manager, Quality Assurance
William Penrice, Service Manager, Performance Management & Quality Assurance
Roy Lawrence, Principal Lead for Organisational Development & Culture
Dafydd McIntosh, Organisational Development & Culture Specialist
Martyn Berrie, Interim Clinical Service Manager
Clare Gibb, External Communications Adviser (Digital)
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence:
John Kemp, NHS Non-Executive Board Member
Jillian Torrens, Head of Complex & Critical Care
Chris Conroy, Head of Community Care
Lynn Barker, Director of Nursing
Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	**WELCOME AND APOLOGIES** Alastair Grant welcomed everyone to the meeting. Apologies were noted as above, and all were reminded of meeting protocols. Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible. Members were advised that a recording pen would be in use during the meeting to assist with minute taking.	

2.	**DECLARATIONS OF INTEREST** No declarations of interest were noted.	
3.	**MINUTE OF PREVIOUS MEETING – 12TH MARCH JANUARY 2025** The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed. All actions noted have been actioned and are either complete or in progress.	
5.	**FINANCE**	
5.1	**Finance Update** The Committee considered a report presented by Tracy Hogg, Finance Manager detailing provisional year end outturn as of 31st March 2025 of £34m, noting a favourable movement of £2.973m from the January projected outturn position of £36.9m. Committee noted the main reason for movement was an increase in prescribing of £1.3m offset by additional financial assessment income for care home contributions of £2m and FECV funding and vaccination funding at the end of the year which Scottish Government have allowed to be taken to the bottom line. Tracy Hogg provided Committee with further detail on the main areas of overspend noting these to be GP Prescribing, Mental Health & Psychology, Adult Social Care, Homecare Services and Older People Nursing and Residential. Committee noted in relation to the savings position the Partnership was now reporting at March 2025 to deliver 52% of savings, a value of £20.355m against the £39m approved in March 2024. Committee also noted a reserves balance of £1.72m but no uncommitted balances are available. Tracy Hogg advised that efforts had been made to reduce the overspend position throughout the year, however there was a requirement to implement the risk share agreement which per the Integration Scheme mandates that year end overspends be funded by partners based on the current year allocations to the IJB which is 61% NHS and 39% Fife Council and drew Committee's attention to appendix 2 of the report which provides the detail of the direction. The discussion was opened to Committee members and considerable discussion was had around the financial position and the areas contributing to the overspend. Members provided their thoughts and comments. Questions raised included the RAG status for project lifetime; use of underspends – how can underspends fail to be used; now six weeks into new financial how are things looking?	

	Decision The Committee 1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31st March 2025 as outlined in appendices 1-4 of the report. 2. Noted the onward submission to the IJB of the financial monitoring position as at March 2025.	
5.2	**Finance Performance & Scrutiny Risk Register** The Committee considered a report from Avril Sweeney, Compliance Manager provided for discussion and assurance detailing the IJB's strategic risks that may pose a threat to the Partnership in achieving its strategic objectives in relation to financial and performance management. Committee noted that the risk register was last presented to Committee in November 2024 and is scheduled to come twice per year with a deep dive risk review being undertaken in the individual risks four times per year. Committee also noted the risks held on the risk register continue to be managed by the risk owners and were most recently reviewed in April 2025. The risks are presented in order of residual risk score (the score taking into account the management actions that are currently in place as well as timescales and progress with SMART actions). Avril Sweeney drew Committee's attention to six risks with a high residual score and provided Committee with an update on these noting that all six high scoring risks have been subject to a deep dive risk review by the Finance, Performance & Scrutiny Committee and continue to be monitored closely. Committee were reminded that in addition to the risk register there are a number of risks at an operational level within the partner bodies risk systems and these are regularly monitored at the Finance Governance Board and as part of the budget process and actively manged by the relevant service managers and any risks or concerns are being escalated to SLT and to a strategic level if necessary. The discussion was opened to Committee members who provided their comments and feedback on the report. Questions raised included with changes to visas potentially coming into effect for care workers, would this be encapsulated within the workforce section if this did result in any kind of risk/issue? Decision The Committee 1. Noted the contents of the risk register. 2. Discussed the risk register and considered whether any further information was required.	

6.	**PERFORMANCE**	
6.1	**Performance Report** The Committee considered a report presented by William Penrice, Service Manager, Performance Management & Quality Assurance for assurance and discussion providing an update and overview of progress and performance in relation to the: • National Health and Social Care Outcomes • Health and Social Care – Local Management Information • Health and Social Care – Management Information. Committee noted that work has been ongoing to improve performance reporting, and this would be the last report presented in this format with the intent to present the new formatted report in the first period of the new financial year. Lynne Garvey updated Committee on SLT's plans to have a four weekly SLT Performance meeting with partners allowing for greater discussion around performance and to recognise any areas which may not be performing as well etc. Lynne Garvey thanked William Penrice and his team for the work undertaken in gathering data and brining into one accessible platform. The discussion was opened to Committee members who thanked officers for their comprehensive report and looked forward to seeing the new look report when presented. Questions raised included the summary of performance on p44 detailing a decrease in externally commissioned care at home services and an increase in internal –was this as a result on making better use of the internal resource and was this still happening; smoking cessation - whether we as a Partnership can be judged on its performance on that; childhood immunisations - how can the Partnership encourage greater uptake and staff absence levels remain high how can the Partnership get to the bottom of this to see where problems are? Officers provided assurance to Committee that work being undertaken with partners to look at staff absence and in particular noted the investment within Fife Council of an Absence Support Team who are currently supporting Care at Home providing expert advice and guidance on how to manage absence. <u>Decision</u> The Committee 1. Reviewed and discussed the report. 2. Took assurance from the work being undertaken. 3. Noted the progression of the report to the Integration Joint Board.	

6.2	**Monitoring of Directions** The Committee considered a report presented by Vanessa Salmond, Head of Corporate Governance providing an update on the directions that are currently open within the Partnership as of today's date. Committee noted two directions were issued last year regarding the medium-term financial strategy and financial plan for 24/25 and remain open until the audit process concludes. Committee also noted the other two directions listed were only issued in March 2025 following agreement by the IJB regarding 25/26 budget. Discussion was open to Committee and questions raised included when does 24/25 direction cease to be a direction; each direction refers to the provisional financial outturn of the partnership as a whole, as we give each partner a sum of money to spend or they spend a sum of money do partners have an individual outturn position? <u>Decision</u> The Committee 1. Noted the current status of the open Directions as per appendix 1. 2. Took assurance that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.	
6.3	**Committee Membership** The Committee considered a report presented by Vanessa Salmond, Head of Corporate Governance to advise Members of changes to the Membership of the Finance, Performance & Scrutiny Committee. Committee noted that following a reshuffle of membership within NHS Board, Colin Grieve will stand down from membership of the Committee with effect from 1 April 2025. David Alexander has agreed to the position of Vice-Chair of the Committee. The discussion was opened to Committee with no further questions being raised. <u>Decision</u> The Committee 1. Noted the member transitions as detailed. 2. Gave their sincere thanks to Colin Grieve for his valued contribution.	

6.4	**Mid-year Workforce Update** The Committee considered a report presented by Roy Lawrence, Principal Lead for Organisational Development & Culture providing a mid-year update on the Partnerships Year 3 Action Plan 2024-25 setting out progress on all actions to provide assurance that the Partnership's performance is having a positive impact across a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture its existing and future workforce. Committee noted the plan sets out how the Partnership will achieve the initial short and medium-term priorities defined in the Partnership's Workforce Strategy & Plan 2022–25 alongside the in-year priorities for 2024-25 agreed by all Heads of Service, Professional Leads, and senior managers in the Partnership in compiling the report. Committee also noted the Workforce Strategy aligns with NHS Fife's Workforce Plan, Fife Council's Our People Matter Strategy, the Fife Population Health & Wellbeing Strategy, and the Scottish Government's National Workforce Strategy. Representatives from all partners have played a key-role in creating this report and are represented on the Workforce Strategy Group, which oversees the creation and delivery of the Strategy and Annual Workforce Plans. Roy Lawrence drew Committee's attention to appendix 2 'Annex A' which has been submitted to Scottish Government following a request to all NHS Boards and Health & Social Care Partnerships. This was developed in collaboration with SLT and Service Managers to ensure compliance with the instructions and template contained in the Government's Directors letter. The discussion was opened to Committee who thanked Officers for a thoroughly comprehensive report. Members provided their comments and feedback. Questions raised included is there a project plan, a mechanism to chart progress etc; how is this monitored on an ongoing basis given the amount of detail that is there? <u>Decision</u> The Committee: 1. Were assured that the work underway to deliver the Year 3 Action Plan provides a wide range of actions to support the Partnerships workforce in these challenging times, co-designed with partnership staff wherever possible, with particular regard to Equality, Diversity & Inclusion and Wellbeing.	
7.	**TRANSFORMATION**	
7.1	**Reconfiguration of Adamson & St Andrews MIU** The Committee considered a report presented by Lisa Cooper provided for assurance and discussion of the progression of recommendations to the IJB to progress with the North East Fife MIU reconfiguration based upon findings from robust evaluations including	

	participation and engagement work and a clinically led options appraisal. Committee noted that the proposal supports key strategic priorities of the Integrated Joint Board, including the Home First and Primary Care strategies, aligns with the national Transforming Urgent Care Programme directed by the Centre for Sustainable Delivery, and contributes to NHS Fife's Population Health and Wellbeing Strategy - Priority 2: Quality of Care and promotes alternative models of care in line with the IJB's Strategic Plan (2023–2026) and the Medium-Term Financial Strategy (2024–2027). Lisa Cooper provided background to the proposal and drew Committee's attention to the details of the robust options appraisal undertaken found in appendices 1 and 2. Committee noted that there are financial savings that can be realised through this new reconfiguration though nominal in comparison to the size of budgets being managed. Lisa Cooper also drew Committee's attention to 3.3.2 Workforce which articulates the risk and models of care and also to appendix 4 an analytical survey which shows how activity is currently managed but also provides assurance around the recommendations and the activity that is being manged can be safely absorbed in the St Andrews model of Care. The discussion was opened to Committee members with considerable discussion being had. Questions raised included what are Committee being asked to approve; would like to hear arguments from wider IJB members particularly those within the Cupar Ward; public transport – how will the public traveling by bus get from the bus station out to St Andrews Hospital; there is a need for greater public education as to how to start process of contacting NHS for help i.e promotion of 111. <u>Decision</u> The Committee: 1. Noted the content of the report. 2. Discussed at length. 3. Recommended the report progresses to the IJB for final decision.	
8.	**STRATEGIES**	
8.1	**Commissioning Strategy Annual Report – May 2025** The Committee considered a report from Alan Adamson, Service Manager, Quality Assurance providing assurance that the Commissioning Strategy 2023-26 is being effectively delivered in line with the Commissioning Strategy Vision and Principles and provides an overview of progress within the delivery actions within the strategy and as first year annual report submitted covers year 1 and year 2.	

	Committee noted that the Commissioning Strategy is identified as one of Fife's Health & Social Care Partnerships enabling strategies within the Strategic Plan 2023-2026 and details its approach to the commissioning of social care services in Fife. Committee also noted the Commissioning Strategy is supported by a working group made up of a number of key representatives across the partnership including Fife Voluntary Action and Scottish Care and meets quarterly to look at the delivery plan on the strategy and take forward any necessary actions. That working group has supported the development of this annual report. The discussion was opened to Committee members who thanked Officers for a comprehensive and informative report providing members assurance of the work being delivered. No further questions or comments were raised. <u>Decision</u> The Committee: 1. Were assured that the Commissioning Strategy 2023 – 2026 is being effectively delivered in line with the Commissioning Strategy Vision and Principles.	
9	**ITEMS FOR NOTING**	
9.1	**Annual Governance Statement / Workplan** The Committee considered a report presented by Vanessa Salmond, Head of Corporate Governance, setting out an overview of the work of the Fife IJB Finance, Performance & Scrutiny Committee and providing assurance to the IJB that adequate governance arrangements relating to the Finance, Performance & Scrutiny Committee are in place allowing the IJB to discharge its duties in line with the Good Governance Framework. Committee noted the Annual Governance Statement was in addition to the IJB receiving a Chairs Assurance Report and minute of each meeting, both ensuring effective scrutiny. The discussion was opened to Committee members who provided their comments and feedback on the report. No further questions were raised. <u>Decision</u> The Committee: 1. Were assured that adequate and effective governance arrangements were in place in the areas under the remit of the Finance, Performance & Scrutiny Committee during 2024-25 to satisfy the IJB.	

10.	**ITEMS FOR HIGHLIGHTING** Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board. on 30th May 2025.	
11.	**AOCB** No issues were raised under AOCB.	
12.	**DATE OF NEXT MEETING** • Wednesday 16th July 2025 at 2.00 pm via MS Teams	

Fife Health & Social Care Partnership
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UNCONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) WEDNESDAY 14 MAY 2024 AT 14.00 PM VIA TEAMS

PRESENT:
Vicki Bennett, British Dietetic Association Representative **(Chair)**
Kenny McCallum, UNISON **(Co-Chair)**
Lynne Garvey, Director of Health & Social Care **(Co-Chair)**
Audrey Valente, Chief Finance Officer, H&SC
Ben Morrison, TU Rep, Royal College of Podiatry
Chris Conroy, Head of Community Care Services
Christen Galloway, H&S Adviser, Fife Council
Colleen Allen, UNISON Representative
Dafydd McIntosh, Organisational Development & Culture Specialist
Debbie Fyfe, Joint Trade Union Secretary
Elizabeth Crighton, Organisational Development & Culture Specialist
Gemma Reid, H&SC Coordinator **(Minutes)**
Hazel Williamson, Communications Adviser, H&SC
Lisa Cooper, Head of Primary & Preventative Care Services
Lynne Parsons, Employee Director, NHS Fife
Martyn Berrie, Urgent Care Manager
Roy Lawrence, Principal Lead Organisation Development & Culture
Tanya Lonergan, Associate Director of Nursing, H&SC
Vanessa Salmond, Head of Corporate Governance & IJB Secretary

APOLOGIES
Helen Hellewell, Deputy Medical Director, H&SC
Jillian Torrens, Head of Complex & Critical Care Services
Lee-Anne French, HR Business Partner, Fife Council
Lynn Barker, Director of Nursing, H&SC
Melanie Jorgensen, HR Team Leader, NHS Fife
Morag Stenhouse, H&S Adviser
William Nixon, H&S, NHS Fife
Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	**APOLOGIES**	
	Chair welcomed everyone to the meeting, confirming that a recording device would be in use throughout to assist with the minute. Apologies were noted as above and member introductions were made.	
2	**PREVIOUS MINUTES / ACTION LOG FROM 11 MARCH 2025** Chris Conroy provided an update on action 3 of the action log, noting ongoing work with HR teams in Partner organisations and highlighting the work of the	

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	Attendance Support Unit in supporting the Care at Home team with high absence levels. Lynne Parsons welcomed the initiative and clarified the purpose of triggers, emphasising that they are intended to prompt managers to begin supportive conversations with staff and not to serve as targets. Lynne Garvey referenced a discussion at SLT, noting that whilst a cultural shift towards a more supportive approach is necessary, effective absence management remains a key priority. **Following these updates, the minute and action log of the meeting held on 11th March 2025 were approved as an accurate record.**	
3	**JOINT CHAIRS UPDATE**	
	Lynne Garvey highlighted an abundance of work around Equality, Diversity and Inclusion, noting that after achieving the bronze level Equality Pathfinder Award in 2024, work is now progressing to achieve silver level. Lynne highlighted the established EDI steering group and Partnership Equality Network which have both Trade Union and Staffside representation. Lynne referenced the newsletter which was been produced with a focus on protected characteristics and supporting staff with neurodiversity. Lynne advised that a reverse mentoring pilot programme will be running throughout 2025, with some senior staff taking on the mentoring role to create a strong culture and support network. 15 mentors and 13 mentees have already been identified with plans to meet over the next 6 weeks. Lynne noted lots of ongoing work across the Health and Social Care Partnership around workforce, highlighting that Fife College are running a "Connect to the College" event in June, supporting students into roles within the Partnership. Lynne advised that we are updating the website to work better for us and promoting the benefits of working within the Partnership and referenced both ELT and ILT Leadership Programmes which will be starting in September. Lynne concluded her update by highlighting lots of individual successes of staff going above and beyond. Vicki Bennett highlighted walk arounds with Tanya Lonergan prior to the Easter break to check in with staff. Vicki noted high engagement and staff appreciated being listened to. Vicki noted the resilience of staff despite workforce shortages, with staff suggestions received to improve patient care and positive feedback from NQPs at Queen Margaret. Vicki advised there are more walkarounds scheduled for Summer, and she will share with Debbie Fyfe who is keen to be involved. Kenny McCallum advised that he continues to meet with Service Managers to iron out small issues and highlighted a UNISON Social Care Assistants Conference in June with a number of care assistants across all services in Fife being released to attend.	**VB**

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	Lynne advised LPF that Caroline Cherry, the new Principal Social Work Officer will be taking up post on 2nd June 2025. Lynne also advised that an update on the structure of SLT will be brought to the next LPF in July.	**LG**
4	**HEALTH AND WELLBEING**	
	4.1 Attendance Update Fife Council Update Due to competing demands any queries or comments on the Fife Council Attendance Report should be directed to Lee-Anne French via email. NHS Update Due to leave, any queries or comments on the NHS Attendance Report should be directed to Melanie Jorgensen via email. Chair opened to questions from members. Debbie Fyfe noted her disappointment that HR could not be present at the meeting. Debbie highlighted that delays with treatment time for routine procedures are putting pressure on remaining staff due to high absence levels and queried if there is any way priority can be given to staff awaiting treatment. Vicki confirmed this had been discussed at APF however no formal agreement had been made. Debbie addressed issues around terminal diagnosis and HR processing delays, noting the importance of following the process to ensure that staff are not experiencing unnecessary delays in the late stages of illness for access to pensions etc. **LPF were assured by the current position.** **4.2 Employee Relations Update** Fife Council Update Due to competing demands any queries or comments on the Fife Council Employee Relations Report should be directed to Lee-Anne French via email. NHS Update Due to leave, any queries or comments on the NHS Employee Relations Report should be directed to Melanie Jorgensen via email. Lynne Garvey noted that capacity within HR is limited at present and acknowledged the importance of HR attendance at LPF meetings. **Action**: Lynne Parsons to pick up an informal conversation with HR around the importance of attendance at LPF meetings. **LPF were assured by the current position.** **4.3 Staff Health & Wellbeing**	**LP**

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NHS report provided within the meeting pack. No additional discussion at meeting on this item.

4.4 Employee Stress Indicator Survey

Elizabeth Crighton highlighted the Partnership Wellbeing Plan which includes an action to use the stress indicator survey to measure stress within the workforce, noting this had been used previously in 2022 in conjunction with the University of Hull.

Elizabeth highlighted that as a Partnership we have been benchmarked against 110 organisations which revealed that in many of the areas our result was around the national average however, improvements can be made. Areas which require a deeper dive include bullying, harassment and managing change.

The survey took place between October – December 2024 with 1544 responses. Since then, a working group has been established which feeds into the Health, Safety and Wellbeing Assurance Forum, chaired by Jillian Torrens. Elizabeth advised that a sub-group is also to be established to develop an action plan as increased consultation is required.

Elizabeth offered to attend portfolio meetings with Heads of Service to discuss the results in each area and see what can be done to support locally. A focus session with ILT Is scheduled for June with a focus on stress management and coach approach sessions have been set up with HR in managing stress.

Chair opened to questions from members.

Ben Morrison asked if the survey results could be broken down into individual Allied Health Professional services. Elizabeth advised that we are unable to drill down to this level, however she is happy to support a further survey within individual areas. Ben questioned the timing of the survey as November – December are busy periods. Elizabeth advised that this was chosen due to iMatter taking place in the Summer months, noting that one third of the workforce completed survey.

Debbie Fyfe noted that 44% of survey respondents work from home so are not frontline workforce, querying if Elizabeth had a breakdown of office versus frontline workforce given the vast majority of stress sits with the frontline workforce.

Elizabeth advised that teams with high response rates came from frontline workers, specifically Mental Health, Community Nursing, Adult Resources, AHP, Older Adult and Adult Social Work and Care at Home.

Debbie Fyfe requested a breakdown of the top 5 responding areas to the survey. **EC/DF**

Elizabeth advised that she was unsure if the survey tool will provide this level of breakdown, however confirmed that Care at Home had 102 respondents, 746 responders were office based, 594 worksite based, 367 home workers and 321 “other”.

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	Lynne Garvey acknowledged that the survey results are not representative of the whole workforce, noting higher levels of stress-related absences within frontline workers, and highlighted a need to further support this section of the workforce. **Action: RLaw/EC look at how to further support stress-related absences specifically in frontline workers.** **LPF were assured by the information presented.**	**RLaw/EC**
5	**HEALTH AND SAFETY**	
	5.1 Mandatory Training Dashboard & Trajectory Due to leave, any queries or comments on this report should be directed to Jillian Torrens via email. **Action – if SLT members unable to be present at meeting then a representative must be sent to provide the update.** **LPF took assurance from the paper and noted the progress to date.** **5.2 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)** <u>Fife Council Update</u> Christen Galloway presented the salient points from the Fife Council Health and Safety report, noting a total of 201 incidents recorded from 26th February – 1st May 2025, broken down into 94 injury and harm, 105 violence and aggression, 14 near miss and 1 dangerous occurrence. Christen reported 6 RIDDOR cases, highlighting 2 foot injuries due to tripping, one hand cut infection, one moving and handling injury, one back injury and one service user death 28 “no lost time” incidents were recorded during the period, with 8 involving a non-employee being taken to hospital, 3 incidents resulting in over 7 days lost or restricted duties and 8 incidents recorded as 1-7 days lost or restricted duties. Slips, trips and falls continues to be the highest cause of all injury and harm incidents at 41%. In respect of Violence, Aggression and Threat, Christen noted that although the number of incidents is higher than this time last year, this could be due to better awareness of reporting, however the number of incidents has dropped from February - May 2025. Christen highlighted that the Corporate Health and Safety team are continuing a programme of workplace review visits to support the person in control and to ensure compliance across all premises. Chair opened to questions from members. Debbie Fyfe requested that Heads of Service think about continuous promotion of incidents reporting and how we communicate this.	**SLT**

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	Christen advised that managers highlight the importance of reporting in their monthly team meetings. Chris Conroy acknowledged the importance of reporting and will provide positive feedback to teams that engagement in this area has created an improvement in the reporting data. <u>NHS Update</u> Due to leave, any queries on the NHS report should be directed to William Nixon via email. **LPF were assured by the current position.**	
6	**FINANCE**	
	6.1 Finance Update Audrey Valente provided an update on the financial position based on information to March 2025, noting that the provisional outturn is subject to audit with approval coming in September 2025. Audrey advised that we are currently projecting a £34m overspend, accountable to areas including unachieved savings at £18.8m, prescribing at £5m, Mental Health and Psychology at £4m, Care at Home at £3.5m and Nursing and Residential beds at £3m. In terms of a comparison to the January position which reported a £37m overspend, Audrey highlighted a favourable variance of almost £3m. This movement is accountable to the approach taken as an SLT to manage the grip and control, additional income of £2.4m from Scottish Government in relation to vaccine funding, financial assessments backlog has been caught up which generated £2m income, prescribing increased by £1.3m and non-delivery of savings increased by £1.4m. Audrey confirmed that due to this £34m overspend the risk share agreement will take effect, funded between 2 the partners with 61% of funding coming from NHS Fife and 39% from Fife Council. Audrey highlighted the need to celebrate success, specifically that of the £39m savings we were able to successfully deliver £20m last financial year, finishing the year with reserves of £1.7m, committed for community alarms, the move from analogue to digital and mental health funding for ligature risks. Chair opened to questions from members. Debbie Fyfe firstly extended her congratulations to Audrey on her impending retirement. Debbie noted market fluctuations and decreasing interest rates, questioning if this will have any positive impact on our financial position. Audrey advised it was too soon to say, acknowledging that the prescribing budget is a concern however noted that it is not just costs, but the fact that	

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	we have a volume increase in frailty medications due to the ageing population. Debbie Fyfe highlighted a CET engagement session, where discussions were held around the use of AI and the benefits of this. Audrey confirmed that AI is the subject of much discussion, advising that we are open to working closely with both partners around this, with a particular focus on admin staff to ensure job enrichment. Lynne Garvey confirmed that Fife Council are further ahead in this area, however highlighted that Audrey is working closely with Alastair in NHS to adopt new practices to enhance the role of the Business Support Unit. Lisa Cooper noted a deep dive around GP prescribing, advising members that she leads on the medicines efficiency programme with a sub-group established to focus on realistic medicine and medicines waste. Meetings have taken place with care home providers with further meetings scheduled. Lisa highlighted the Realistic Medicines Agenda with a short life working group convened to ensure everyone is only prescribed those medicines which are absolutely necessary in the hope that this will impact on prescribing volume. Debbie Fyfe queried if we have any grip and control around GP prescribing given the budget comes from the Partnership? Lisa confirmed that we work in partnership to ensure grip and control alongside our Clinical Director, however decisions in other parts of the system impact what GPs are required to prescribe. **Action: Deep Dive to be commissioned - will be brought back to LPF once complete.** **Action – VB requested a further joint finance session in early Autumn to look at budget gap and potential savings for following year.** **LPF** • **Were assured by the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31st March 2025 as outlined in Appendices 1-4 of the report; and** • **Noted the onward submission to the IJB of the financial monitoring position as at March 2025.**	**LC** **AV/VS**
7	**SERVICE PRESSURES & WORKFORCE UPDATE**	
	7.1 Reconfiguration of Adamson & St Andrews MIU	

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Lisa Cooper presented this report for information, assurance and discussion around the reconfiguration of Minor Injuries Unit care. Lisa noted the need for change is due to workforce challenges and the need to ensure that care is delivered in the right place at the right time. Lisa stressed that finance is not the driver for this proposal but the need to deliver safe and effective care, noting that minimal savings will be made.

Lisa drew LPF attention to Appendix 4, the activity managed across both sites, noting extensive participation and engagement with communities and work in conjunction with Staffside.

Lisa highlighted that this recommendation relates to delivery of care from Monday – Friday, 8am - 6pm and this proposal will progress to the IJB for a final decision on 28th May, noting that other committees on the whole are supportive of the proposal. Lisa assured LPF that any any decision taken by the IJB will result in no significant organisational change for the workforce and any changes will be done in conjunction with HR and Staffside support.

Chair opened to questions from members.

Lynne Parsons noted that she was very supportive of the move towards a sustainable, safe and value for money model, highlighting that staff within the service have noted that the current model is not sustainable.

Vicki Bennett noted for transparency that she was the Staffside member involved in discussions around this proposal.

LPF noted the content of the report and were supportive of the progression to IJB for a Decision,

7.2 Supplementary Staffing & Workforce Mobilisation Update

Tanya Lonergan presented this report to update and assure members of the current position around mobilisation, supplementary staffing and the Workforce Hub, with an emphasis on the reduction of Bank and Agency staffing.

Tanya advised that the Workforce Hub, which was operational from November 2024 – March 2025 has now ceased, and staff have returned to their substantive posts. There is a continued focus on reduction of supplementary staffing and actions continue out with the Workforce Hub to monitor this, with managers continuing to review data in order to meet legislative requirements under safe staffing. Tanya noted key challenges, particularly within Community Care and Complex and Critical Care services, with high levels of clinical acuity, national recruitment issues, high vacancies and absence levels, short notice cancellation of bank staff and surge beds in many areas.

Tanya advised that the Virtual Hub returned on 31st March, with staffing levels and supplementary staffing monitored via Datix and other workforce groups. Senior Management continue to lead on huddles and meet daily with staff around staffing levels.

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	Tanya highlighted table 1 of the report noting a robust escalation process for supplementary staffing. Senior Managers are fully involved in recruitment of NQPs, with 35 going into Mental Health, 5 into Learning disability and 42 into Adult Services with further interviewing scheduled for 27th May 2025. Tanya noted the onboarding of e-rostering in 11 wards across the Partnership with Mental Health currently being onboarded as a whole service, and Community Care also to be rolled out as a whole service. Rosters are signed off by lead nurses to ensure senior leadership oversight of rostering. Tanya informed members of new developments for Band 4 Assistant Practitioners and links to Universities, highlighting that Abertay have developed a pathway for Mental Health nursing, and Napier a pathway for Learning Disabilities. Dundee University are not in position to offer a pathway at present. Tanya highlighted an event held on 20th March providing advice to Health Care Support Workers and Managers around routes into nursing, highlighting The Kings Trust, Modern Apprenticeships and Careers Events in schools across Fife. Tanya concluded her report by advising that lead nurses continue to support clinically in all areas due to the reduction in bank staff, promoting wellbeing resources, increasing the use of peer support, ensuring visibility of senior leaders and the continuation of monthly Staffside walkarounds at all sites. Tanya highlighted that as a result of this additional grip and control, agency has reduced by 80 WTE since last year, noting that bank has also reduced. Chair opened to questions from members. Debbie Fyfe noted the requirement for early conversations this year around supplementary staffing with Vicki Bennett confirming that this will be covered at the Finance Session in Autumn. **Action: Lynne Garvey requested that Tanya, Lynn Barker and Caroline Cherry pull a working group together alongside TU and Staffside, drafting actions to support the mobilisation of staff. Proposals to be brought to SLT.** **LPF were assured by the current position.**	**LB/TL/CC**
8	**REPORTS**	
	8.1 LPF Annual Report 2024-25 Roy Lawrence presented the LPF report, giving thanks to Hazel, Louise and LPF Co-Chairs for their collaborative work in producing the report and requested feedback from members, noting that the draft has taken on board previous comments and suggestions. Roy advised of a plan to link the report to a video with photographs.	

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	Vicki and Kenny advised they were content with the report. Lynne Garvey complimented the report. **LPF were assured by the current position.** **8.2 Workforce Mid-Year Update** Roy Lawrence presented the mid-year update to LPF for assurance, as agreed with auditors last year. This was also presented at Finance, Performance and Scrutiny Committee. Roy noted that workforce flash reports are presented at every other meeting. Roy gave his thanks to all involved for their for support and collaboration. Roy highlighted that Annex A was added in following instruction from Scottish Government in December. Roy concluded his report by noting that despite the many challenges faced, this update shows that we can provide excellent support to our workforce across the whole Partnership. Roy welcomed any feedback from members. **LPF were assured by the current position.** **8.3 LPF Workplan** Vanessa Salmond presented the LPF Workplan and confirmed that this will be included at each meeting of the LPF as a standing agenda item to ensure good governance. **LPF were assured by the current position.**	
9	**ITEMS FOR BRIEFING STAFF** Vicki Bennett provided information around the Reduction in the Working Week forms and templates, clarifying that the forms need to be reviewed by a Staffside Partnership Representative. Vicki Bennett advised that she only needs to see forms that are not requesting any funding.	
10	**AOCB**	
	No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.	
11	**DATE OF NEXT MEETING - Tuesday 15 July 2025 – 14:00-16:00 hours**	

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

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 16 May 2025 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
David Alexander, Fife Council (DA)
Sinead Braiden, NHS Non-Executive Board Member (SB)

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Vanessa Salmond, Head of Corporate Services (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Andy Brown, (NHS Fife) (AB)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Amy Hughes, External Auditor (AH)
Chris Brown, External Auditor (CB)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: None

		ACTION
1.	**WELCOME AND APOLOGIES** Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	**MINUTES OF PREVIOUS MEETING** The minutes of the previous meeting were approved.	
3.	**ACTION LOG** Updates on May timescales are contained within the reports presented today. Action note discussed and approved.	
4.	**INTERNAL AUDIT PROGRESS REPORT** Jocelyn Lyall presented the Internal Audit Progress Report to provide assurance and set out progress within the Annual Internal Audit Plan for 2024/25 at Appendix 1. The relevant partner organisation audits are summarised at Appendix 2 which included 3 NHS Fife reports and 3 Fife Council reports. Jocelyn also provided an update on FTF Internal Audit Improvement Action Plan which ensures compliance with the global standard and the application in the UK public sector. Jocelyn advised that the fieldwork for the Internal Control Evaluation	

	(ICE) report is well progressed and that draft report will be issued this month. **Recommendation:** For awareness and discussion. Members of the IJB Audit & Assurance Committee were asked to consider and note the attached progress report at Appendix 1 and note the summary of relevant reports at Appendix 2. Members considered and noted these reports.	
5.	**FOLLOW UP OF INTERNAL AUDIT RECOMMENDATIONS** Andy Brown presented this paper for assurance, providing an update on progress with recommendations. The report showed that there were 5 outstanding actions from reports published for more than a year ago, 3 now validated as completed. Andy advised Report FO6/24 on Business Continuity has now also been completed. Andy asked members to note that 2 outstanding actions relating IJB strategic plan and risk appetite are being progressed and that he was confident that they will be implemented by the revised implementation dates. A long-standing action regarding access to IT systems being removed for leavers is acknowledged as being completed but related actions will be considered in the planning for the relevant bodies future audit plans**.** Discussion took place around the strategic planning process regarding timing and clarity and assurance was given that this will be followed up when looking at the strategic plan. **Recommendation:** Members of the IJB Audit & Assurance Committee were asked to note this report for assurance. Members noted this report for assurance.	
6.	**DRAFT ANNUAL INTERNAL AUDIT PLAN 2025/26** Jocelyn Lyall presented this paper, seeking approval of the Draft Internal Audit Plan for 2025/26. The paper provided an update on the annual revision and update of the Internal Audit Charter. The Audit Charter sits within the audit internal framework. The overall FTF internal audit framework which includes the charter has been updated to reflect the global internal audit standards . The cover paper sets out partner organisation audits to provide assurance to the IJB in 2024/25 and it is anticipated that a similar level of assurance will be provided in 2025/26. Jocelyn highlighted that they there is no ICE within this plan and asked members of the Audit and Assurance Committee to consider whether they are content with this and the draft plan, or whether members would prefer the inclusion of an ICE report. Jocelyn suggested that if an ICE report was to be included one of the options would be to consider moving one of the stand-alone audits into the 2026/27plan. Discussion also took place around having quarterly meetings from this Committee and timelines of reports. Members advised that the proposal to have an ICE report and one stand-alone report was preferrable with	

	the Risk Management being deferred. **Recommendation**: For awareness and discussion. Members of the IJB Audit and Assurance Committee were asked to consider and approve the draft Annual Plan for 2025/26 (Appendix 1). The members of the IJB Audit and Assurance Committee considered the Plan and requested that above amendment.	
7.	**RISK MANAGEMENT ANNUAL REPORT 2025** Avril Sweeney presented this report for assurance, discussion and decision on approval of the risk maturity model baseline. The report provided an update on progress with implementing the IJB policy and strategy delivery plan since it was agreed in March. The updated delivery plan is shown at appendix 1 . The report highlighted the work progressed throughout the year, including a review of the strategic risk register, deep dive risk reviews, performance measures in relation to individual risks, the risk reporting framework and training and guidance. Avril advised work is progressing to integrate risk appetite into business processes and the development of performance measures to provide assurance that the risk management processes are operating effectively. Appendix 2 is a baseline position and if this was agreed the areas that have been raised for improvement will be drawn up into SMART actions and added to our delivery plan going forward . Discussion took place around the report and after signing off from the IJB, the Audit and Assurance Committee would want to monitor this report and have it added to the workplan of the Audit and Assurance Committee to be presented twice a year. **Recommendations:** The report seeks to provide assurance to members that work on the delivery plan actions are progressing. Members were asked to discuss the annual report on risk management activity and consider whether any further information is required and are asked to recommend approval to the IJB of the Risk Maturity Model baseline as shown at Appendix 2. Members discussed and were assured.	
8.	**IJB STRATEGIC RISK REGISTER** Avril Sweeney presented this report assurance and was seeking support for onward submission to the IJB for formal approval. Avril advised this report was last presented in March 2025, risks have since been reviewed by the Risk owners. Current risk scores have not changed since the last review, however 2 risks have moved their target risks date to March 2026. Appendix 1 provides a condensed format, with a full version of the risk register available at Appendix 2 to allow members to see movement for the SMART actions. The Scoring matrix is at Appendix 3. Appendix 4 provides a Trajectory of Risk Scores. Discussion took place around the SMART actions and whether these target scores are achievable. Avril Sweeney agree to review the question set for the next round of deep dive risk reviews and	

	strengthen that process by focussing on specific questions. **Recommendations:** This report was presented for assurance that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive review process are helping to support the management of risks. Members were also asked to discuss the IJB Risk Register and whether any further information is required. Members were also asked to consider whether current target risk scores and dates are achievable. Following in-depth discussion, members were satisfied that work continues to review both the risk score and target date to ensure they remain credible.	**AV**
9.	**ANNUAL ASSURANCE STATEMENTS** Vanessa Salmond presented the report, advising that these statements have been agreed by the Chairs of the respective Governance Committees. These statements provide assurance that all committee business has been transacted with not issued identified. These statements are brought to the Audit and Assurance Committee to provide agreement from this Committee that they are satisfactory to proceed onto the IJB as per governance arrangements. Discussion took place around the substance and style of the reports and it was noted that these reports were concise and provide an overview of Committee business transacted during the year. **Recommendation**: It was recommended that the Audit and Assurance Committee review these Annual Assurance Statements and agree that they provide sufficient assurance and are therefore submitted for consideration by the IJB Board in May 2025. Members were assured.	
10.	**INTEGRATION SCHEME FINANCIAL GOVERNANCE – BUDGET SETTING PROCESS** Audrey Valente presented this report for assurance, providing an update on the budget setting processes and where improvement actions need to be progressed to ensure compliance in future years. Audrey advised timing of funding tends to happen quite late in the year and she notes that any early indication from partners would have a positive impact on the budget setting process. Audrey intimated that in terms of compliance with the integration scheme, the improvement actions are being progressed and will have a positive place in terms of partnership working. Discussions took place and members agreed this was a very positive report. It was noted that this report to be brought back to this Committee in one year's time. This item to be added to the workplan **Recommendations**: It was recommended that the Audit & Assurance Committee consider the paper and agreed compliance with the budget process, agree the progression of the improvement actions and request an update on progress in advance of the approval of the 2026-27 budget. All agreed.	**AV**
11.	**AUDIT & ASSURANCE WORKPLAN**	

	The purpose of the workplan is for discussion in noting	
12.	**ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB** None	
13.	**AOCB** None	
14.	**DATE OF NEXT MEETING** Friday 27 June 2025 – 10.00 am – 12.00 noon.	