



# Fife Health & Social Care Partnership

Supporting the people of Fife together

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON  
WEDNESDAY 25 MARCH 2026 AT 10.00 AM  
THIS WILL BE A HYBRID MEETING AND JOINING  
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT  
Participants Are Asked to Join Ten Minutes  
Ahead of the Scheduled Start Time**

## AGENDA

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| 1 | <b>CHAIRPERSON'S WELCOME / OPENING<br/>REMARKS / APOLOGIES</b>   | David Ross                         | Verbal            |
| 2 | <b>DECLARATION OF MEMBERS' INTERESTS</b>   | David Ross                         | -                 |
| 3 | <b>MINUTE OF PREVIOUS MEETING AND<br/>ACTION NOTE 28 JANUARY 2026</b>  | David Ross                         | 3-28              |
| 4 | <b>CHIEF OFFICER UPDATE</b>  | Lynne Garvey                       | Verbal            |
| 5 | <b>COMMITTEE CHAIR ASSURANCE<br/>REPORTS</b><br>5.1 Qualities & Communities Committee<br>5.2 Strategic Planning Group<br>5.3 Finance, Performance & Scrutiny<br>Committee<br>5.4 Audit & Assurance Committee | Vanessa Salmond                    | 29-37             |
| 6 | <b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL<br/>REPORTS</b><br>6.1 Creating Hope for Fife – Suicide<br>Prevention Action Plan 2022-2025<br>Impact Report  | Karen Marwick                      | 38-75             |
| 7 | <b>LIVED EXPERIENCE &amp; WELLBEING</b><br>7.1 Lived Experience TBC  | Lynn Barker                        | Verbal            |
| 8 | <b>STRATEGIC PLANNING &amp; DELIVERY</b><br>8.1 Strategic Plan 2026-2029<br>8.2 Strategic Plan Year 3 Annual Report  | Vanessa Salmond<br>Vanessa Salmond | 76-136<br>137-150 |

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|  | 8.3 2025/26 Winter Vaccination Uptake   | <b>Olivia Robertson</b> | <b>151-166</b> |
| <b>9</b>   | <b>INTEGRATED PERFORMANCE &amp; QUALITY</b>   |                         |                |
|  | 9.1 Finance Update  | <b>Tracy Hogg</b>       | <b>167-188</b> |
|  | 9.2 Revenue Budget 2026-27 & Medium-Term Financial Strategy 2026-29                           | <b>Tracy Hogg</b>       | <b>189-230</b> |
|  | 9.3 Annual Review of Best Value   | <b>Tracy Hogg</b>       | <b>231-241</b> |
|  | 9.4 Performance Report – February 2026  | <b>Vanessa Salmond</b>  | <b>242-258</b> |
| <b>10</b>  | <b>GOVERNANCE &amp; OUTCOMES</b>  |                         |                |
|  | 10.1 IJB Workplan 2025-26   | <b>Vanessa Salmond</b>  | <b>259-260</b> |
|  | 10.2 IJB Workplan 2026-27   | <b>Vanessa Salmond</b>  | <b>261-262</b> |
| <b>11</b>  | <b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</b>   |                         |                |
|  | <b>Quality &amp; Communities Committee</b><br>Confirmed Minute from 7 January 2026            | <b>Rosemary Liewald</b> | <b>263-279</b> |
|  | <b>Local Partnership Forum</b><br>Confirmed Minute from 13 January 2026                       | <b>Vicki Bennett</b>    | <b>280-291</b> |
|  | <b>Finance, Performance &amp; Scrutiny Committee</b><br>Confirmed Minute from 14 January 2026 | <b>David Alexander</b>  | <b>292-297</b> |
|  | <b>Audit &amp; Assurance Committee</b><br>Confirmed Minute from 14 November 2025              | <b>Dave Dempsey</b>     | <b>298-301</b> |
|  | <b>Strategic Planning Group</b><br>Confirmed Minute from 14 November 2025                     | <b>Colin Grieve</b>     | <b>302-310</b> |
| <b>12</b>  | <b>AOCB</b>   | <b>ALL</b>              | <b>Verbal</b>  |
| <b>DATE OF NEXT MEETINGS</b>   |   |                         |                |
| <b>IJB DEVELOPMENT SESSION – Wednesday 29 April 2026 (Town House, Kirkcaldy)</b> |   |                         |                |
| <b>INTEGRATION JOINT BOARD – Wednesday 27 May 2026 (Fife House / MS Teams)</b>   |   |                         |                |

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

Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6<sup>th</sup> Floor, Fife House – email [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE

### INTEGRATION JOINT BOARD (IJB)

WEDNESDAY 28 JANUARY 2026

|                               |   |
|-------------------------------|---|
| <b>Present:</b>               | David Ross (DR) ( <b>Chair</b> )<br>Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Rosemary Liewald (RLie), Sam Steele (SS), NHS Fife Board Members (Non-Executive), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB)<br>Debbie Fyfe (DF), Joint Trade Union Secretary<br>Kenny McCallum (KMCC), Staff Representative, Fife Council<br>Kenny Murphy (KM), Third Sector Lead<br>Lynne Parsons (LP), Employee Director, NHS Fife<br>Ken Fraser (KF), Public Representative<br>Morna Fleming (MF), Carer Representative<br>Vicki Bennett (VB), Staff Representative, NHS Fife  |
| <b>Professional Advisers:</b> | Lynne Garvey (LG), Director of Health and Social Care/Chief Officer<br>Tracy Hogg (TH), Chief Finance Officer<br>Lynn Barker (LB), Director of Nursing  |
| <b>Attending:</b>             | Amanda Wong (AW), Director of Allied Health Professionals<br>Caroline Cherry (CCh), Principal Social Work Officer<br>Chris Conroy (CC), Head of Community Care Services<br>Clare Buchanan (CB), Local Democracy Reporter<br>Karen Marwick (KM) Head of Complex & Critical Care Services<br>Lisa Cooper (LC), Head of Primary & Preventative Care Services<br>Vanessa Salmond (VS), Head of Corporate Services, IJB Secretary & Head of Strategic Planning & Performance<br>Gillian McAuley (GMcA), Executive Nurse Director<br>Jo Bennett, Non-Executive member<br>Ashleigh Allan, Finance Business Partner, Fife Council<br>Paul Dundas (PD), Independent Sector Lead<br>Louise Radcliffe (item 7.3) (LR), Organisational Development and Culture Specialist<br>Martyn Berrie, (MB), Interim Clinical Services Manager / Senior Advanced Nurse Practitioner, Urgent Care Services<br>Sarah Hourston (SH), Executive Assistant to Lynne Garvey ( <b>minutes</b> ) |
| <b>Apologies:</b>             | James Ross (JR), Lead of Service, Children and Families and Justice Social Work Services & Chief Social Work Officer<br>Fiona Forrest, (FF) Director of Pharmacy and Medicines/ Controlled Drugs Accountable Officer<br>Roy Lawrence (RLaw), Head of Culture, Engagement and Communities<br>Colin Grieve (CG) (Vice-Chair)<br>Aylene Kelman, Consultant Physician and Associate Medical Director Primary and Community Care Services Fife HSCP<br>Cara Forrester (CF) Communications Adviser<br>Professor Chris McKenna (CMcK), Medical Director, NHS Fife<br>Clare Gibb (CG), Communications Adviser   |

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|   | <p>Hazel Williamson, (HW) Communications Adviser<br/>         Jackie Drummond (JD), Associate Medical Director<br/>         Joy Tomlinson, (JT) Director of Public Health<br/>         Cllr Mary Lockhart<br/>         Avril Sweeney (AS), Risk Compliance Manager<br/>         Dafydd McIntosh (DM), Organisational Development &amp; Culture</p>  |
| 1 | <p><b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b></p> <p>David Ross, Chair of the Integration Joint Board (IJB), opened the meeting by welcoming all attendees to the first Integration Joint Board meeting of 2026 and extended warm wishes for a Happy New Year. David noted the above apologies.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that a recording device was in use at the meeting to assist with minute taking and the media have been invited to listen in to proceedings.</p>   |
| 2 | <p><b>DECLARATION OF MEMBERS' INTERESTS</b></p> <p>David Ross confirmed that there were no declarations of interest highlighted.</p>  |
| 3 | <p><b>MINUTES OF PREVIOUS MEETING &amp; ACTION NOTE – 26 NOVEMBER 2025</b></p> <p>The Minute and Action Note from the meeting held on 26 November 2025 were both approved as an accurate record.</p>  |
| 4 | <p><b>CHIEF OFFICER UPDATE</b></p> <p>Lynne Garvey began her update by acknowledging the continued and significant winter pressures across health and social care in Fife. Staff communication was issued jointly with the Chief Executives of NHS Fife and Fife Council outlining the current position. Pressures are being driven by workforce challenges, increased demand, and wider system constraints.</p> <p>Lynne advised that in order to help protect critical functioning services and the most vulnerable, the mobilisation of staff across the Fife HSCP, inviting colleagues in less critical functioning services to temporarily support services under the greatest strain. This approach has been agreed through the Local Partnership Forum and is focused on maintaining safe staffing, supporting continuity of care, and reducing reliance on bank and agency staff. All mobilisation is time-limited, aligned to existing skills, and supported by appropriate induction, supervision and wellbeing measures.</p> <p>Lynne noted that the Annual Locality Planning Stakeholder Event took place recently, which was very well attended and demonstrated strong engagement from across partners and communities. The event reinforced the importance of our locality approach in shaping services around local need and fed directly into the work on our Strategic Plan priorities.</p> <p>Lynne confirmed that the consultation on the Draft Strategic Plan priorities closed last Friday. Advising that engagement has taken place with around 200 people through a mix of online and face-to-face sessions, covering all key stakeholder groups, along with almost 200 online responses. While the numbers are not huge, the breadth of engagement means the feedback should be rich and insightful and will help to progress towards finalising the Strategic Plan.</p> <p>Lynne spoke about the recent service developments, including the reopening of Ward 3 at Queen Margaret Hospital after a £3 million refurbishment to enhance older adult mental health care. An additional £12 million investment over two years has been confirmed to further modernise mental health facilities in Fife. Positive inspection outcomes were reported for both the West Care at Home Service and Methilhaven Care Home.</p> |

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|   | <p>Lynne highlighted some key achievements:</p> <ul style="list-style-type: none"> <li>• Lyndsey Dunn, Clinical Services Manager for Integrated Discharge Teams, was named Manager of the Year at the Nursing Times Workforce Summit and Awards, recognised for inspiring leadership and innovation across health and social care.</li> <li>• Emma McAuley, District Nursing Team Leader, was awarded Queen’s Nurse status through the Queen’s Nursing Institute Scotland, recognising clinical excellence, leadership and a commitment to reducing health inequalities.</li> <li>• Kelly Cunningham, newly qualified Community Mental Health Nurse (Older Adults, East Fife), received the Sarah Fletcher Memorial Prize for Compassionate Practice at Abertay University.</li> <li>• Fife School Nursing Service progressed to the final judging stage of the RCN Scotland Nurse of the Year Awards 2026 in the Children’s Nursing and Midwifery category.</li> <li>• Contracts &amp; Commissioning Team celebrated Lesley Elias achieving 40 years of service, recognising her long-standing contribution to social care finance and commissioning.</li> <li>• And congratulations to William McLaughlin who has been recruited to the post of Service Manager for the Care at Home Service. William held the post of interim service manager and brings with him a great deal of experience.</li> </ul> <p>Lynne provided assurance that whilst pressures remain significant, there is clear evidence of collaboration, resilience and progress across the Fife HSCP. Lynne concluded that risks will continue to be monitored, along with staff supported, and the Board will continue to be updated on both challenges and improvements as we move through the remainder of the winter period.</p>   |
| 5 | <p><b>COMMITTEE CHAIR ASSURANCE REPORTS</b></p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business.</p> <p>Agreement on the principles of these reports was discussed at the Quality &amp; Communities Committee on 7<sup>th</sup> January 2026, and the Finance, Performance &amp; Scrutiny Committee on 14<sup>th</sup> January 2026. Vanessa Salmond advised that there was no Strategic Planning Meeting nor Audit and Assurance during this committee cycle.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Rosemary Liewald, Interim Chair of the Qualities and Communities Committee confirmed there were no areas of concern to escalate. Rosemary noted a successful meeting with a good discussion, nothing of any concern and all agenda items were fully discussed and/or fully agreed or assurance given.</p> <p>John Kemp, Acting Chair of the Finance, Performance and Scrutiny Committee, confirmed that all relevant items are included on today’s agenda and that there is nothing requiring escalation. He noted that the Committee had a constructive discussion on the current financial position and wished to draw to the IJB’s attention that, while a formal recovery plan is not in place, members were assured that appropriate management plans are being implemented. The Committee felt it was important to highlight this, and it will be recorded in today’s minutes. It was also noted that this matter will be discussed later in the agenda.</p> <p><b>Recommendation</b></p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p> |

## LIVED EXPERIENCE & WELLBEING

### 6.1 Lived Experience – Martin’s Story

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

Lynn thanked Martin for sharing his powerful journey.

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

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

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

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

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

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

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

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

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

**STRATEGIC PLANNING & DELIVERY****7.1 Fife Alcohol & Drug Partnership Drug Related Death Report 2024**

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

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

Key points highlighted:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Recommendation**

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

## **7.2 HSCP Digital Strategy Year 1 Report**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Recommendation**

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

### **7.3 Fife HSCP Reverse Mentoring Pilot Programme**

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

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

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

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

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

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

No comments from Kenny McCallum or from Vicki Bennett.

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

## Recommendation

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

### 7.4 Unscheduled Care Programme Update

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

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

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

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

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

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

Vicki Bennett and Kenny McCallum had no comments.

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Recommendation**

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

## **8 INTEGRATED PERFORMANCE & QUALITY**

### **8.1 Finance Update – Month 8**

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

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

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

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

Vicki Bennett and Kenny McCallum no comments.

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

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

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

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

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

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

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

Rosemary thanked Lynne for the assurance.

### **Recommendation**

The Board noted and approved

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

## **8.2 Performance Report – December 2025**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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|    | <p>Eugene raised a question regarding staff absence, noting the significant difference between Fife Council and NHS Fife rates—around 50% higher for the Council. He asked whether the reason for this variation is understood or can be identified.</p> <p>David Ross advised that this point would be taken offline and a response provided to Eugene directly.</p> <p><b>Recommendation</b></p> <p>The Board were assured of the HSCP performance approach, scope and outputs within the revised performance framework and that a development session will be undertaken.</p>  |
| 9  | <p><b>GOVERNANCE &amp; OUTCOMES</b></p> <p><b>9.1 IJB Workplan</b></p> <p>David Ross advised that the IJB Workplan is a standing agenda item for member information.</p>  |
|    | <p><b>9.2 Monitoring of Directions</b></p> <p>David Ross advised that this report was discussed at the Finance Performance &amp; Scrutiny Committee on 14<sup>th</sup> January 2026, and invited Vanessa Salmond to present the paper.</p> <p>Vanessa Salmond advised that the paper provides assurance on the delivery and progress of this year’s Directions. Although most Directions are now closed, four remain open, two on track and two assessed as at risk due to the gap between the 2025–26 budget and expenditure. The Finance, Performance &amp; Scrutiny Committee discussed the rationale for the “at risk” ratings and agreed to review and refine the Directions framework to ensure clearer expectations, progress measures and risk criteria, strengthening governance and transparency.</p> <p>John Kemp, Acting Chair of Finance, Performance &amp; Scrutiny Committee confirmed that Vanessa’s summary accurately reflected the Committee’s discussion.</p> <p><b>Recommendation</b></p> <p>The Board were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.</p>   |
| 10 | <p><b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b></p> <p><b>10.1 Armed Forces Covenant Duty – Annual Report 2025</b></p> <p>This report was discussed at Quality &amp; Communities Committee on 7<sup>th</sup> January 2026. David invited Karen Marwick who presented the Armed Forces Covenant Duty – Annual Report 2025.</p> <p>Karen advised that the Report provides an overview of the progress made by Fife Health and Social Care Partnership and its partner agencies in fulfilling their statutory obligations under the Armed Forces Covenant Duty during 2025. The Covenant Duty, introduced by the Armed Forces Act 2021, requires public bodies to have due regard to the unique needs of the Armed Forces Community when planning and delivering services in health and social care, education, and housing.</p> <p>Main points highlighted:</p> <ul style="list-style-type: none"> <li>• Continued development of the Armed Forces Covenant Working Group, which coordinates multi-agency efforts to improve compliance and service delivery.</li> <li>• Integration of the Forces Connect App, now listing 78 local services across Fife.</li> <li>• Delivery of awareness training through e-learning modules and online sessions.</li> </ul> |

- Strengthened housing support for veterans, including a review of allocation policies and a civic reception to enhance service offers.
- Expansion of welfare support through the Defence Medical Welfare Service.
- Continued delivery of suicide prevention support via Veterans Advice Fife, with 137 referrals and 64 active cases.
- Engagement of Fife Voluntary Action to support volunteering, community development, and carer grants.

The report also outlines the planned Work Programme for 2026, including development of a communications plan, workforce survey, gap analysis of services, and increased focus on carers of service families.

Assurance is provided that Fife Health and Social Care Partnership is meeting its statutory requirements, with a moderate assurance level assigned.

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

### **Recommendation**

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

## **10.2 Chief Social Work Officer Report**

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

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

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

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

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

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

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

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

### **Recommendation**

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

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

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

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

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

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

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

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

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

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

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|  | <p>Rosemary Liewald, Interim Chair of Quality &amp; Communities, advised that a good discussion was held. She noted the increase in referrals and highlighted that community awareness of vulnerable adults has improved since COVID. Rosemary welcomed this as a positive development and commended the joined-up working across teams.</p> <p><b>Recommendation</b></p> <p>The Board were assured of the data, activity and improvement within Social Work services.</p>   |
|  | <p><b>10.4 Fife Dental &amp; Oral Health Improvement Annual Report 2025</b></p> <p>David Ross advised that the report was discussed at Quality &amp; Communities Committee on 7<sup>th</sup> January 2026 and invited Lisa Cooper to present the report.</p> <p>Lisa Cooper introduced the Dental and Oral Health Improvement Annual Report 2025, outlining delivery across general, public and emergency dental services. She highlighted continuing challenges and the high-level risk associated with dental services, particularly due to contractual limits on local influence.</p> <p>Despite this, the report shows improved access and registration, supported by the Scottish Dental Access Initiative, with one new practice opened in Dunfermline and two more planned. All oral health improvement programmes, including Childsmile, have continued, with reductions in dental decay in Primary 7 children.</p> <p>Lisa noted that the report is positive overall, with ongoing work to improve access and participation. It provides a moderate level of assurance, reflecting both current constraints and active improvement efforts.</p> <p>Rosemary Liewald, Interim Chair of Quality &amp; Communities, noted that the report had been well discussed. She welcomed the improvements being seen, particularly in children’s oral health, and thanked the team for presenting the information so clearly. Rosemary added that dental pressures are a UK-wide issue and encouraged the teams to continue their positive work.</p> <p>David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee queried the reference to 10 Fife dental practices accepting new patients and asked about ongoing challenges with Home Office sponsorship for overseas dentists. Lisa Cooper confirmed sponsorship remains a national issue with limited local influence and confirmed that she will arrange for the list of new practices to be shared with IJB members.</p> <p>Morna Flemming asked why Fife appears less attractive to dentists. Lisa advised that while reasons are unclear and unable to comment however the HSCP works closely with academic partners and student placements to encourage dentists to stay in Fife and continues to promote Fife as a positive place to work.</p> <p><b>Recommendation</b></p> <p>The Board were assured that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.</p> |

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| <p><b>11</b></p> | <p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</b></p> <p>The minutes of the following Governance Committees have been provided for information:</p> <ul style="list-style-type: none"> <li>• Quality &amp; Communities Committee – 5 November 2025</li> <li>• Local Partnership Forum – 11 November 2025</li> <li>• Finance, Performance &amp; Scrutiny Committee – 12 November 2025</li> <li>• Audit and Assurance Committee – 14 November 2025 (unconfirmed)</li> <li>• Strategic Planning Group – 14 November 2025 (unconfirmed)</li> </ul> <p>Any queries on the content of the above should be directed to the Committee Chair due to timescales.</p> |
| <p><b>12</b></p> | <p><b>AOCB</b></p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meeting.</p> <p>David Ross advised that the next IJB Development session is Wednesday, 25th of February, and the next IJB Board meeting is 25th of March 2026.</p>  |

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**13.1 GP WALK IN SERVICE**

Lynne Garvey advised that Lisa Cooper has been leading on this work. For today, the intention was simply to note the paper and then close the item, as it is presented for information only. She explained that every NHS Board and IJB will be required to submit a proposal to the Scottish Government outlining how they would pilot a GP walk-in service. The work is evolving, and while the paper provides an update on progress, nothing is yet confirmed for Fife. The team wished to ensure the IJB was aware of the work, given its strategic planning responsibilities. There are ongoing considerations around the most appropriate site and model, and these are being developed with Lisa's primary care expertise. The proposal is likely to change as further intelligence becomes available. Once approval is received and delivery is required in Fife, a detailed proposal will be brought back to the IJB.

Lisa Cooper added that the intention was to provide assurance to IJB members as the bid is being designed. The proposal is emerging, but it is being shaped by intelligence on community and locality needs. Data is informing where the bid is best placed. A strong stakeholder group has been convened, with close clinical oversight, to ensure that any model developed is safe. The bid continues to evolve daily, and it was considered helpful to give the IJB an indication of its current form.

David Ross thanked Lynne and Lisa for the update, noting that this was not the time for a detailed debate, as discussion would be speculative.

Eugene Clark asked whether a record was being kept of the time spent preparing the bid and whether this would be reimbursed by the Scottish Government if the pilot did not proceed.

Lynne responded that the turnaround had been very quick and suggested that the question may not need to be answered at this stage, as some form of delivery will be required regardless. The focus remains on the benefits for the community in Fife. She agreed with David's earlier point that debate would be premature, as the work has not yet reached the stage of a strategic decision for the IJB. The team is currently developing the operational business case and delivery model, which will be brought back to the IJB in due course.

Dave Dempsey, Chair of the Audit and Assurance Committee, expressed concern about governance and the clarity of roles within the process. He was content to discuss these issues offline but requested that this happens soon. He noted that the paper appeared to blur the boundaries between NHS Fife, the Health and Social Care Partnership, and the IJB. Lynne acknowledged that the situation is somewhat confusing. She explained that the IJB's role relates to strategic delivery, while the request for the bid came through the NHS Fife Chief Executive, who retains accountability for operational safety and quality. Dave asked whether the IJB could refuse to participate. Lynne confirmed that it could not, as this is a manifesto commitment and all Boards are required to submit a proposal.

David Ross concluded by thanking members for their contributions. He noted that many answers are not yet available but emphasised that the issue is now on everyone's radar. The item will return to the IJB once further clarity is available.

David Ross closed the meeting by thanking participants and reminding them of the upcoming development session.

**Recommendation**

The Board were assured that NHS Fife and Fife HSCP have jointly undertaken a review and in response to the Scottish Government's directive to propose a pilot seven-day walk-in GP service.

**Note:** This report provides a **limited level of assurance** delivery of a Primary Care Walk in Centre, as this is an untested model, with assumptions and data based on the best available intelligence to predict footfall, and the workforce requirements to deliver a safe, effective, person-centred walk-in service without destabilising extant services.

**ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 28 JANUARY 2026**

| REF | ACTION | LEAD | TIMESCALE | PROGRESS |
|-----|--------|------|-----------|----------|
| 1   |        |      |           |          |

## COMPLETED ACTIONS

|   |                               |                                 |   |
|---|-------------------------------|---------------------------------|---|
| <p><b>IJB 28.01.26</b><br/> <b>10.4 Fife Dental &amp; Oral Health Improvement Annual Report 2025</b><br/>           LC to share list of dentists taking on new patients to enable Councillors to share with constituents.</p>   | <p><b>Lisa Cooper</b></p>     | <p><b>Following meeting</b></p> | <p>09/03/26 – List of practices taking on NHS patients shared with IJB members.</p>                           |
| <p><b>IJB 261125</b><br/> <b>7.1 Lived Experience – Advocacy Video</b><br/>           Caroline to investigate via Advocacy Team re POA authorities in relation to advocates supporting vulnerable adults with telephone calls to utility companies etc. and revert to Rosemary Liewald to clarify powers.</p>                         | <p><b>Caroline Cherry</b></p> | <p><b>TBC</b></p>               | <p>29/12: CCh confirmed Advocacy support with these calls – RLie updated via email.</p>                       |
| <p><b>IJB 290925</b><br/> <b>8.3 Refreshed Performance Approach</b><br/>           Audrey advised that performance reporting is currently under development, with a renewed emphasis on improvement activity aligned to the governance structures in place at SLT level. A further update will be provided to the IJB in January.</p> | <p><b>Vanessa Salmond</b></p> | <p><b>Jan 2026</b></p>          | <p>Report preparation underway and item included on Jan agenda.</p>   |
| <p><b>IJB 261125</b><br/> <b>6.1 Prevention &amp; Early Intervention Strategy</b><br/>           Performance Framework to be developed and brought back to IJB in May 2026.</p>   | <p><b>Lisa Cooper</b></p>     | <p><b>May 2026</b></p>          | <p>Governance route mapped out – report to progress through Committees and on to IJB 27<sup>th</sup> May.</p> |
| <p><b>IJB 290925</b><br/> <b>6.1 Mental Health &amp; Wellbeing Strategy</b><br/>           Dave Dempsey referenced page 118 (direction) noting that line 10 should reference the measures column in the delivery plan.</p>  | <p><b>Karen Marwick</b></p>   | <p><b>Immediate</b></p>         | <p><b>Action Complete:</b> LGauld updated Direction paper point 10.</p>                                       |
| <p><b>IJB 300725 – Home First Strategy Update – Community Hospitals Transformation</b></p>  | <p><b>Chris Conroy</b></p>    |                                 | <p><b>Action closed – EQIA reviewed and Direction issued to NHS Fife</b></p>                                  |

|  |   |                  |  |
|--|---|------------------|--|
| EQIA section to be reviewed<br>Direction to be issued to NHS Fife  |   |                  |  |
| <b>IJB 280525 – Strategic Risk Register</b><br>Review with risk owners to be carried out.  | <b>Audrey Valente /<br/>Avril Sweeney</b> | <b>Sept 25</b>   | <b>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.</b> |
| <b>IJB 280525 – Adult Protection Biennial Report 2022-24</b> <ul style="list-style-type: none"> <li>• Work ongoing with deaf communication service however no reference to visually impaired. Jillian to feed this back.</li> <li>• ASP investigations by client group – example to be provided within the report on the “other” variables.</li> <li>• Increase in number of referrals investigated – deeper dive required to ascertain accurate data.</li> </ul> Jillian to share information around referral routes. | <b>Caroline Cherry</b>                    | <b>July 2025</b> | <b>Due to internal restructure of responsibilities within SLT – verbal update will be provided at IJB meeting 30.07.25</b>   |
| <b>IJB 290525 – Reconfiguration of MIU Services</b><br>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.   | <b>Lisa Cooper</b>                        | <b>Immediate</b> | <b>Action Complete</b>   |
| <b>IJB 290525 – Spring Booster Campaign</b><br>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.   | <b>Lisa Cooper</b>                        |                  | <b>25.6.25 Email sent to Dave Dempsey from Lisa Cooper and Olivia Robertson detailing the narrative around this.</b>   |
| <b>IJB 260325 9.2 Draft IJB Workplan 2025-26</b><br>Review draft workplan to explore if this could be set up as a rolling year (as per comment from Dave Dempsey)  | <b>Vanessa Salmond</b>                    |                  | <b>The process for developing Committee and IJB workplans is complex with lots of inter-dependencies. Unfortunately, having</b>  |

|   |  |  |  |
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|   |  |  | explored this suggestion, it is not feasible at this time.   |
| <p><b>IJB 260325 8.2 Revenue Budget 2025/26 &amp; Medium-Term Financial Strategy</b></p> <p>Typo on page 14 of the report relating to budget uplift</p> <p>Request from Dave Dempsey to ensure that Directions are specific to each individual partner.</p> <p>Review of Respite – position to be clearly articulated within documentation (per request from Morna)</p> | <p><b>Audrey Valente</b></p> <p><b>Vanessa Salmond</b></p> <p><b>Jillian Torrens</b></p> |  | <p><b>09.05.25 Noted and corrected.</b></p> <p><b>Directions amended prior to issue.</b></p>   |
| <p><b>IJB 260325 – 6.2 Carers Eligibility Criteria</b></p> <p>Dave Dempsey noted that the table on page 116 is an image and therefore would not be accessible to people with sight loss.</p> <p>Monitoring to be incorporated into the plan (as per comment from Arlene Wood)</p>   | <p><b>Roy Lawrence</b></p>   |  | <p><b>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.</b></p> <p><b>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</b></p> |

|   |   |             |  |
|---|---|-------------|--|
|   |   |             | framework, monitoring we will be built in to ensure we are receiving feedback from staff and service users on the process.   |
| <p><b>IJB 260325 – 6.1 Strategic Plan Annual Report &amp; Year 3 Delivery Plan</b></p> <p>Dave Dempsey noted that page 57 states “completed work continues” which does not make sense.</p>  | <b>Audrey Valente</b>   |             | Original action completed as planned with additional work underway to enhance delivery.  |
| <p><b>IJB 290125 – Fife Immunisation Strategic Framework</b></p> <p>Morna requested uptake percentage be added to the report along with narrative around why people are not attending and actions taken to encourage.</p> <p>Word omission within the report (page 41 of the IJB papers at end of paragraph 1)</p> <p>Page 19, figure 7 is an image which breaches accessibility guidelines</p>                               | <p><b>Lisa Cooper</b></p> <p><b>Lisa Cooper</b></p> <p><b>Lisa Cooper</b></p> |             | LC confirmed all actions complete  |
| <p><b>IJB 290125 – Mainstreaming the Equalities Duty</b></p> <p>Lisa to confirm &amp; feedback to Morna if training to support safe eating and drinking for those with learning difficulty is available to unpaid carers.</p> <p>Arlene suggested a Development Session around outcomes and how these are quantified and requested information around metrics and how we report back on these. Audrey Valente to confirm.</p> | <p><b>Lisa Cooper</b></p> <p><b>Audrey Valente</b></p>                        | <b>ASAP</b> | <p><b>Response from Hilary Munro 27.02.25:</b> 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. <b>Action complete.</b></p> <p>Equalities Outcomes added to list of potential topics for future development sessions. <b>Action complete</b></p> |

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



# Fife Health & Social Care Partnership

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|                           |   |              |               |
|---------------------------|---|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board   | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Chairs Assurance Report – Quality and Communities Committee                               |              |               |
| <b>Agenda Item No:</b>    | 5.1   |              |               |
| <b>Committee Chair:</b>   | Rosemary Liewald (Interim)  |              |               |
| <b>Responsible Owner:</b> | Lynne Garvey, Director HSCP & Chief Officer IJB<br>Lynn Barker, Director of Nursing, HSCP |              |               |
| <b>Report Author:</b>     | Vanessa Salmond, Head of Strategic Planning & Performance                                 |              |               |

| Executive Summary   |  |
|---|--|
| <ul style="list-style-type: none"> <li>This report provides assurance that the Quality and Communities Committee is operating in line with its Terms of Reference and relevant statutory requirements.</li> <li>At the March meeting of Committee, due to a high number of apologies tendered the Committee was not quorate, however the Standards Officer agreed that the meeting should proceed.</li> <li>The Committee were asked to endorse the draft Strategic Plan for submission to the IJB for approval. To ensure full and accurate representation from the Committee, support was also sought via email correspondence from all members, including those who were unable to attend the meeting. Committee supported the draft Plan to proceed.</li> </ul> |  |

| Recommendations                                       |  |
|---|--|
| This paper is presented to:                           | Clearly outline below what the Board/Committee are being asked to do: -  |
| Provide Assurance <input checked="" type="checkbox"/> | Members are assured that the Quality and Communities Committee are discharging their responsibilities effectively as per the Terms of Reference. |

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

## Situation/Background (Purpose of Report)

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

## Assessment (Key Points/Issues and Risks)

### Performance Against Work Plan

The Quality and Communities Committee has an approved Annual Workplan. There were 5 items of business due to be presented at this Committee cycle which were delayed: Governance Self-Assessment; Children's Services Annual Report; Child Protection Annual Report; Sexual Health & Blood Borne Virus Framework Annual Report and Community Led Support Progress Report which have all been rescheduled.

At the meeting on 4<sup>th</sup> March the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action Log.
- **Governance & Outcomes:** QMAG Update; Deep Dive Risk Review (IJB Risk 19)
- **Strategic Planning & Delivery:** Draft Strategic Plan 2026-29; 2025/26 Winter Vaccination Programme Uptake; Creating Hope for Fife – Suicide Prevention Action Plan 2022-25 Impact Report
- **Legislative Requirements & Annual Reports:** Pharmaceutical Care Services Plan; Fife Violence Against Women Annual Report 2024/25; Strategic Plan 2023-26: Year 3 Annual Report

### Committee Levels of Assurance / Decisions / Recommendations

#### Assurance

- **QMAG Update:** Members were assured that effective governance, quality and safety arrangements are in place across HSCP.
- **Deep Dive Risk Review (IJB Risk 19):** Members were assured by the management of this risk.
- **Winter Vaccination Programme 2025-26 Uptake:** Members were assured on the progress of the Winter Vaccination Programme 2025-26.
- **Creating Hope for Fife – Suicide Prevention Action Plan 2022-25 Impact Report:** Members were assured on the delivery and impact of "Creating Hope for Fife: Fife's Suicide Prevention Action Plan".
- **Pharmaceutical Care Services Plan:** Members were assured of the progress made, noting that no unmet need or gaps in service have been identified.
- **Fife Violence Against Women Annual Report 2024/25:** Members were assured on the delivery of the Equally Safe Strategy.

#### Decision

- **Strategic Plan 2023-26: Year 3 Annual Report:** Members were assured that Fife HSCP has successfully progressed the implementation of the Strategic Plan 2023-26 and is effectively

monitoring the performance of the actions in the Year Three Delivery Plan 2025 and agreed to support progression the Integration Joint Board for final review and approval.

- **Draft Strategic Plan 2026-29:** Members were assured of the draft Strategic Plan 2026-29 and supported its submission to the IJB.

**Escalations/Highlights to the IJB**

There were no items for escalation to the IJB.

**Related Documents/Appendices**

N/A

**Assurance Levels**

| <b>Level:</b>                                   | <b>Descriptor:</b>   |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |



# Fife Health & Social Care Partnership

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|---------------------------|---|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board                                     | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Chairs Assurance Report – Strategic Planning Group          |              |               |
| <b>Agenda Item No:</b>    | 5.2   |              |               |
| <b>Committee Chair:</b>   | Colin Grieve  |              |               |
| <b>Responsible Owner:</b> | Vanessa Salmond, Head of Strategic Planning and Performance |              |               |
| <b>Report Author:</b>     | Vanessa Salmond, Head of Strategic Planning and Performance |              |               |

## Executive Summary

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

## Recommendations

|                               |   |   |
|-------------------------------|---|---|
| This paper is presented to: - | Clearly outline below what the Board/Committee are being asked to do: - |   |
| Provide Assurance             | <input checked="" type="checkbox"/>                                     | Members are assured that the Strategic Planning Group are discharging their responsibilities effectively as per the Terms of Reference. |

## Directions

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

## Situation/Background (Purpose of Report)

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

## Assessment (Key Points/Issues and Risks)

### Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. There were 3 items of business due to be presented at this Committee cycle which were delayed: Locality Planning Annual Report, Alcohol and Drug Strategy flash report and Mental Health and Wellbeing Strategy flash report, which will all be presented in the May cycle.

At the meeting on 4<sup>th</sup> March the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action Log
- **Strategic Planning:** Draft Strategic Plan 2026-29; Strategic Planning Group Review; Medium Term Financial Strategy
- **Annual Reports:** Strategic Plan – Year Three Annual Report
- **Flash Reports:** Carers Strategy
- **Governance:** Transformation and Change Portfolio/PMO Update Report; Workplans 2025-26 and 2026-27

### Committee Levels of Assurance / Decisions / Recommendations

#### Assurance

- **Strategic Planning Group Review:** Members were updated on progress with the review of the SPG role, remit and proposed future state of the Group.
- **Medium Term Financial Strategy:** Members were advised a revised Medium-Term Financial Strategy is to be discussed at an Extraordinary Joint Committee on 17 March 2026. Members were also briefed on the proposal to triangulate finance and performance with strategic planning.
- **Carers Strategy:** Members were assured of the progress and work ongoing, noting that a review and refresh of the Carers Strategy has commenced.
- **Transformation and Change Portfolio/PMO Update Report:** Members were assured of progress with HSCP transformation and PMO support.

#### Decision

- **Draft Strategic Plan 2026-29:** Members were assured by the draft Strategic Plan 2026-29 and supported its submission to the IJB.
- **Strategic Plan 2023-26: Year Three Annual Report:** Members agreed to support progression of the Year Three Annual Report (2025) to the Integration Joint Board for final review and approval.

## Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |



# Fife Health & Social Care Partnership

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|---------------------------|--|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board  | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Chairs Assurance Report – Finance, Performance and Scrutiny Committee                                    |              |               |
| <b>Agenda Item No:</b>    | 5.3  |              |               |
| <b>Committee Chair:</b>   | David Alexander (Interim Chair)  |              |               |
| <b>Responsible Owner:</b> | Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board<br>Tracy Hogg, Chief Finance Officer |              |               |
| <b>Report Author:</b>     | Vanessa Salmond, Head of Strategic Planning and Performance  |              |               |

| Executive Summary  |  |
|--|--|
| <ul style="list-style-type: none"> <li>This report provides assurance that the Finance, Performance and Scrutiny Committee is operating in line with its Terms of Reference and relevant statutory requirements.</li> <li>The Revenue Budget and Medium-Term Financial Strategy was discussed at an Extraordinary Joint Committee on 17 March 2026.</li> </ul> |  |

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

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

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

| Assessment (Key Points/Issues and Risks) |
|--|
|--|

## Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an approved Annual Workplan, and all items scheduled were presented at this Committee, with the exception of the Revenue Budget & Medium-Term Financial Strategy, which was discussed at an Extraordinary Joint Committee on 17 March 2026.

At the meeting on 11<sup>th</sup> March the following was discussed:-

- **Regular Business:** Minutes of previous meeting and Action Log.
- **Finance:** Finance Update – Month 10; Grants to Voluntary Organisations; FP&S Risk Register Deep Dive Review Report (Risk 19)
- **Performance:** Performance Report; Draft Strategic Plan 2026-29; Strategic Plan Annual Update
- **Transformation:** Transformation & PMO Reports

## Committee Levels of Assurance / Decisions / Recommendations

### Assurance

- **FP&S Risk Register Deep Dive Review Report (Risk 19):** Members were assured by the management of this risk.
- **Transformation & PMO Reports:** Members were assured of the progress with HSCP Transformation and PMO support.

### Decisions

- **Finance Update:** Members noted the onward submission to the IJB of the financial monitoring position as at 31 January 2026 and agreed to remit the Directions to the IJB for formal agreement to issue.
- **Performance Report:** Members discussed the content of the report and were assured regarding the progress of key HSCP performance metrics and agreed escalations to key performance indicators.
- **Draft Strategic Plan 2026-2029:** Members were assured by the draft Strategic Plan 2026-29 and supported its submission to the IJB.
- **Strategic Plan Annual Update:** Members were assured that Fife HSCP has successfully progressed the implementation of the Strategic Plan 2023-26 and is effectively monitoring the performance of the actions in the Year Three Delivery Plan 2025. Members provided support for this report to progress to the IJB for formal approval.
- **Grants to Voluntary Organisations:** Members agreed the Grants to Voluntary Organisations for 2026-27.

## Assurance Levels

| <b>Level:</b>                                   | <b>Descriptor:</b>   |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |



# Fife Health & Social Care Partnership

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|---------------------------|---|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board                                 | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Chair's Assurance Report: Audit and Assurance Committee |              |               |
| <b>Agenda Item No:</b>    | 5.4   |              |               |
| <b>Committee Chair:</b>   | Dave Dempsey  |              |               |
| <b>Responsible Owner:</b> | Tracy Hogg, Chief Finance Officer                       |              |               |
| <b>Report Author:</b>     | Vanessa Salmond, Head of Corporate Governance           |              |               |

| Executive Summary  |  |
|--|--|
| <ul style="list-style-type: none"> <li>The Audit and Assurance Committee wish to highlight to the IJB the moderate level of assurance that can be taken from the recent Internal Control Evaluation report by Internal Audit. Within this report there were no fundamental nor significant areas of risk identified, there were with 4 areas of moderate risk and one area meriting attention. Members are assured that appropriate management actions are being progressed to address these areas.</li> </ul> |  |

| Recommendations                                       |   |
|---|---|
| This paper is presented to: -                         | Clearly outline below what the Board/Committee are being asked to do: -   |
| Provide Assurance <input checked="" type="checkbox"/> | Members as assured that the Audit and Assurance Committee are discharging their responsibilities effectively as per the Terms of Reference. |

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

| Situation/Background (Purpose of Report)   |  |
|--|--|
| <p>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.</p> |  |

## Assessment (Key Points/Issues and Risks)

### **Performance Against Work Plan**

The Audit and Assurance Committee have an approved Annual Workplan. There were 4 items of business due to be presented at this Committee cycle delayed, Annual Internal Audit Plan; Performance Audit Report; Deep Dive Risk Review Report and Committee Self-Assessment. These have all been rescheduled.

At the meeting on 13<sup>th</sup> March the following was discussed: -

- Regular Business: Minutes of previous meeting and Action log.
- Annual Accounts/Best Value: Annual Review of Best Value
- Items related to Audit: Internal Audit Progress Report; Internal Audit ICE; Internal Audit Follow-Up Report, Performance Audit Report and Annual Audit Plan.
- Risk: IJB Strategic Risk Register; Counter Fraud & Corruption Arrangements.
- Governance: Horizon Scanning

### **Committee Levels of Assurance / Decisions / Recommendations**

#### Assurance

- **Annual Review of Best Value** – Members were assured that Fife IJB is fulfilling its statutory duty to secure Best Value.
- **Internal Audit Progress Report** – Members were assured on progress 2024/25 and 2025/26 Internal Audit Plans, noting that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- **Internal Audit Follow-Up Report** - Members were assured that all recommendations are being progressed as expected.
- **External Annual Audit Plan** – Members were assured by the Azets External Audit Annual Plan for 2025-26
- **IJB Strategic Risk Register** – Members were assured the risks are being managed appropriately by SLT and overseen by one or more of the Governance Committees.
- **Counter Fraud & Corruption Arrangements** – Members were assured that partner bodies have effective counter fraud and corruption arrangements in place.

#### Decision

- **Internal Audit ICE** – Members were moderately assured by this report.

## Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |



# Fife Health & Social Care Partnership

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|---------------------------|---|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board   | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Creating Hope for Fife: Fife’s Suicide Prevention Action Plan 2022-2025 Impact Report |              |               |
| <b>Agenda Item No:</b>    | 6.1   |              |               |
| <b>Responsible Owner:</b> | Lynne Garvey, Director – Health & Social Care Partnership                             |              |               |
| <b>Report Author:</b>     | Mary-Grace Burinski, Senior Health Promotion Officer, Suicide Prevention              |              |               |

| Executive Summary   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Suicide prevention is a challenging and complex workstream to evaluate and demonstrate impact.</li> <li>• There is good or strong evidence set out within the impact report which indicates significant progress towards the outcomes outlined within ‘Creating Hope for Fife: Fife’s Suicide Prevention Action Plan’.</li> <li>• ‘Creating Hope for Fife’ has set the bar for delivery and provided a strong foundation to build on for the next Fife Suicide Prevention Action Plan.</li> <li>• Several areas were identified for action. These will be considered through the development process for the next Fife Action Plan 2026-2029.</li> </ul> |  |

| Recommendations             |   |
|-----------------------------|---|
| This paper is presented to: | Clearly outline below what the Board/Committee are being asked to do: -   |
| Provide Assurance           | <input checked="" type="checkbox"/> The report provides moderate assurance on the delivery and impact of ‘Creating Hope for Fife: Fife’s Suicide Prevention Action Plan’. |

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

## Situation/Background (Purpose of Report)

The report provides assurance on the delivery and impact of 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan'.

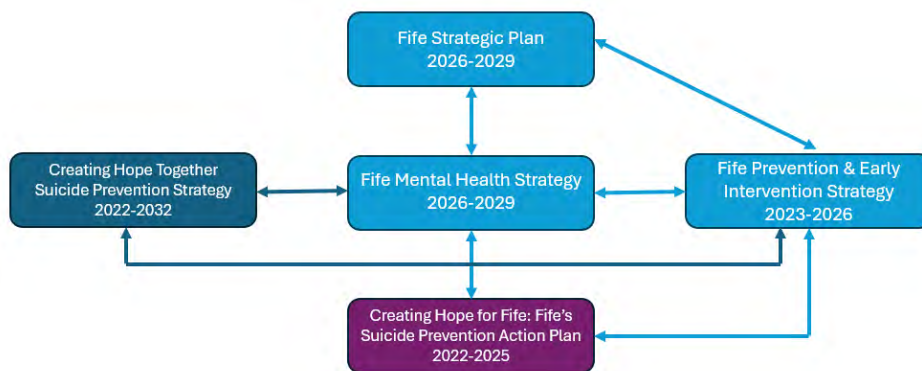
'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' 2022-2025 was developed to meet the national requirement for local board areas to have a suicide prevention action plan which supports the implementation of 'Creating Hope Together' Scotland's Suicide Prevention Strategy. Creating Hope Together is a 10-year strategy which spans 2022-2032. Delivery of the strategy is supported by the implementation of three, three-year national action plans.

'Creating Hope for Fife' is the first of the three local action plans developed for Fife which will be delivered during the lifespan of Creating Hope Together.

'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' takes the form of two documents:

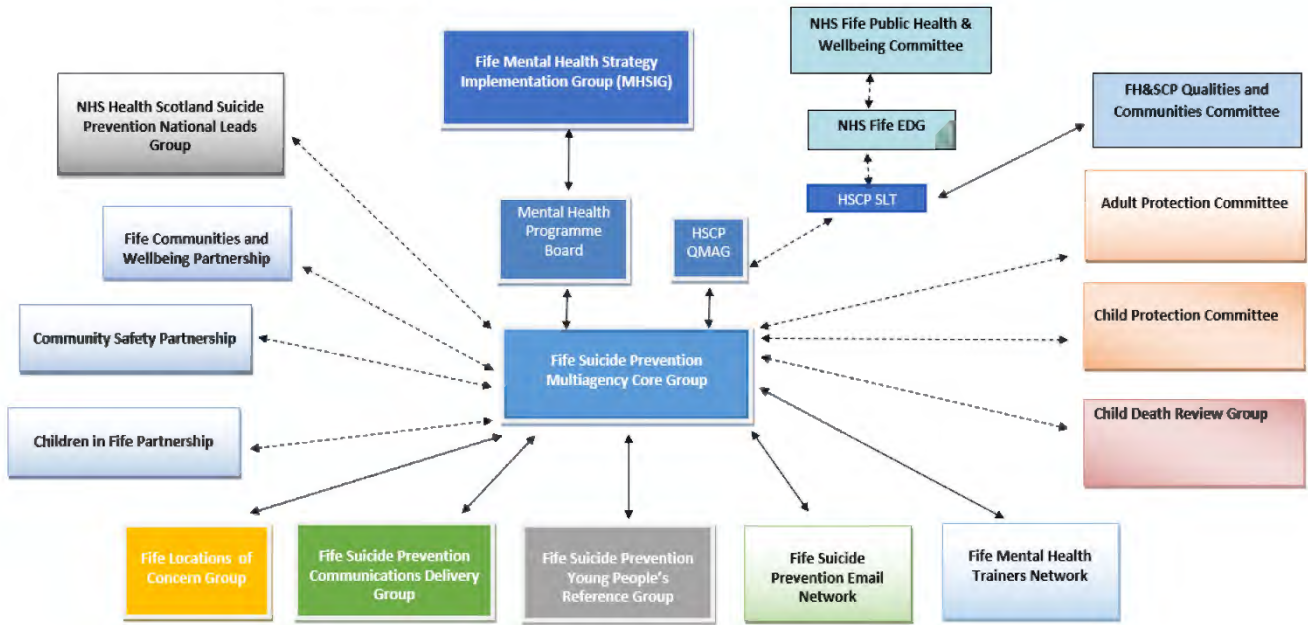
- Three-page overview document which sets out the ambition, current position, priorities and outcomes for the Fife Suicide Prevention Action Plan (Appendix 1)
- Detailed action plan which is a live document outlining the actions which were prioritised from the 30 actions from the National Suicide Prevention Action Plan and details the work underway in relation to each prioritised action

The Suicide Prevention workstream is a priority within Fife's Mental Health and Wellbeing Strategy 2026-2029. 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' reflects the Fife Health & Social Care Partnership strategic objectives and the approach outlined within Creating Hope Together, which is a whole society and whole government approach to suicide prevention.



Current reporting and governance is through the Fife Mental Health Programme Board and governance within Fife Health & Social Care Partnership.

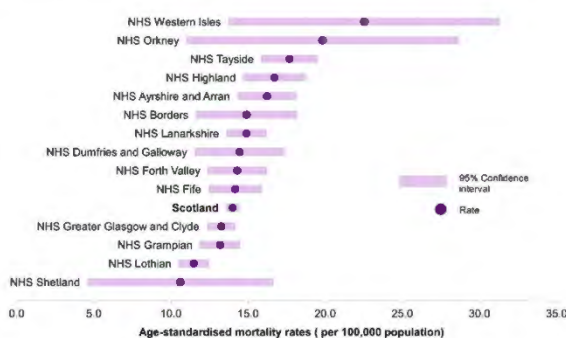
### Fife Suicide Prevention Governance and Reporting Structure



### Assessment (Key Points/Issues and Risks)

The official data release for probable suicides in Scotland is published annually by National Records Scotland (NRS). The latest data available is for 2024. In 2024, there were 44 probable suicide deaths recorded in Fife, a decrease of 14 (24%) on the previous year. Annual data can fluctuate so it is important to view the figures in terms of five-year rolling averages which give a better understanding of the pattern of deaths over time. Fife follows national trends and remains around the Scottish average. The age standardised mortality rate for Scotland (2020-2024) is 14.0 per 100,000, the age standardised mortality rate for Fife (2020-2024) is 14.2 per 100,000.

Age-standardised mortality rates of probable suicide deaths by NHS board area, 2020-2024 average



Data and intelligence from both national and local levels are crucial for the monitoring and delivery of Creating Hope for Fife: Fife’s Suicide Prevention Action Plan. National data sources incur a time lag, which affects timely action and response to emerging situations. It was agreed nationally that local data would be shared on a monthly basis with named individuals. As part of this process, Police Scotland collect and share information on suspected suicides using a nationally developed Suspected Suicide(s) Information Sharing (SSIS) Form to ensure local

police divisions share this data in a consistent and timely manner, in compliance with Data Protection Regulations, to support responses to emerging situations. A Standard Operating Procedure (SOP) is in place in Fife to manage this process.

Suicide prevention is a challenging area to evaluate and demonstrate impact. The previous Scottish Suicide Prevention Strategy 'Every life Matters' had a target to further reduce the rate of suicide by 20%, however using suicide data in this way isn't a measure of prevention. Under 'Creating Hope Together', there has been a move away from using suicide data as a potential measure as it has been recognised it is not possible to attribute the number of completed suicides to suicide prevention activities. Instead, we should consider how suicide prevention activities undertaken contribute to outcome and impact. This is a crucial difference where the relationship between the work undertaken and the impact can't be directly attributed due to the complexities of the workstream.

An Outcome Framework for 'Creating Hope for Fife' was developed to provide a framework to measure progress and outcome of the action plan. This was based on the outcome framework developed to measure impact of the 10-year strategy Creating Hope Together. In order to gather the evidence to inform progress against the outcome framework, a Local Area Suicide Prevention Outcome Map (logic model) was used.

Detailed explanation of the: outcome framework; outcome map; process; evidence gathered; and our progress towards delivering the priorities and outcomes within Creating Hope for Fife: Fife Suicide Prevention Action Plan (Appendix 1) are set out within the full report 'Measuring Impact of Creating Hope for Fife' (Appendix 2).

National partners advised not to use the outcome map for every piece of work but select certain areas of work. Six areas of work were identified from Creating Hope for Fife; three areas of work for the Fife Suicide Prevention Multiagency Core Group and one area of work per Delivery Group:

- What does it mean to be a partner involved in suicide prevention in Fife (Suicide Prevention Multiagency Core Group)
- Delivery of Recognising & Responding to Suicide Risk training for Justice Service Social Work (Suicide Prevention Multiagency Core Group)
- Embedding Time Space Compassion in Fife (Suicide Prevention Multiagency Core Group)
- Delivery of Suicide Prevention Campaign (Suicide Prevention Communication Delivery Group)
- Refresh of 'Understanding & Responding to Children & Young People a risk of suicide' guidance (Suicide Prevention Young Person's Reference Group)
- Locations of Concern Project (Fife Locations of Concern Group)

The findings from this process, conclusions and recommendations are set out within the 'Measuring Impact of Creating Hope for Fife' report. The report also provides points for consideration as part of the development for the 2026-2029 Fife Suicide Prevention Action Plan.

It should be acknowledged the impact report only reflects work delivered through the Fife Suicide Prevention Multiagency Core Group and associated Delivery Groups. Work contributing to the suicide prevention workstream in Fife also takes place across the system out with the reporting structure. It is also worth noting we are only one third of the way through delivering against the 10-year strategy, Creating Hope Together.

Overall, there is good or strong evidence set out within the impact report which indicates significant progress towards the outcomes outlined within 'Creating Hope for Fife'. 'Creating Hope for Fife' has set the bar for delivery and provided a strong foundation to build on for the next Fife Suicide Prevention Action Plan.

The next National Suicide Prevention Action Plan was published by the Scottish Government and COSLA in January 2026. Work is underway to develop the 2026-2029 Suicide Prevention Action Plan for Fife. There are several areas identified through the impact assessment process which will be highlighted through the development process for consideration as priority areas for action in the next Fife Action Plan:

- Lived and Living Experience: we will work with the FHSCP Mental Health Lived Experience Network to provide safeguarding for engagement with the workstream.
- Bereavement support: work started in the final year of the action plan for Fife to become an early adopter are for 'Wave After Wave' suicide bereavement training, this work will carry forward in the next Fife action plan.
- "At risk" groups: we will use local intelligence and undertake discussions with key partners and stakeholders, for example the Carer's Centre, to identify those who are increased risk of suicide
- Data and intelligence: existing data analysis processes enhance our understanding of probable suicides at Fife level, which is used to respond to emerging trends and inform specific actions.
- Local landscape: we will take a locality approach and link with locality groups other programmes of work (for example, Ask Act, No Wrong Door) which address the social determinants which have the greatest link to suicide risk.
- Fife Suicide Prevention Multiagency Core Group and associated Delivery Groups: we will review membership and terms of reference for groups.

### Related Documents/Appendices

Appendix 1: Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025  
 Appendix 2: Measuring Impact of Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025

### Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

### Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|  | Route To                            | Following                | Date             | Amendments to report following meeting |                                     |   |
|--|-------------------------------------|--------------------------|------------------|--|-------------------------------------|---|
|  |                                     |                          |                  | Yes                                    | No                                  | Summary of amendments   |
| <b>HSCP/IJB</b>  |                                     |                          |                  |  |                                     |   |
| Senior Leadership Team (SLT)                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9 February 2026  | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Amendment from Significant level of assurance to Moderate level of assurance  |
| Quality & Communities (QCC)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4 March 2026     | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Following scrutiny at committee: appendix 3 and 4 removed; name of location of concern redacted from appendix 2 (operational detail can be provided off table); information added regarding: identifying 'at risk' groups; bereavement support work; local landscape; use of data and intelligence. |
| Integration Joint Board (IJB)                              |                                     | <input type="checkbox"/> | 25 March 2026    |  |                                     |   |
| <b>NHS Fife</b>  |                                     |                          |                  |  |                                     |   |
| Executive Leadership Team (ELT)                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12 February 2026 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> |   |
| Public Health & Wellbeing Committee                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 March 2026     | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Information added providing detail on probable suicide data and responding to unexpected trends; and lived/living experience activity   |
| Other (please specify):                                    |                                     |                          |                  |  |                                     |   |
| Fife Suicide Prevention Multi-Agency Core Group            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11 November 2025 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> |   |
| Mental Health and Wellbeing Strategic Implementation Group | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15 December 2025 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> |   |

## Implications/Impacts

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

|                               |                                     |   |
|-------------------------------|-------------------------------------|---|
| <b>Service Users/Carers</b>   | <input checked="" type="checkbox"/> | The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others   |
| <b>Localities/Communities</b> | <input checked="" type="checkbox"/> | The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others   |
| <b>Quality of Care</b>        | <input checked="" type="checkbox"/> | The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others   |
| <b>Workforce</b>              | <input checked="" type="checkbox"/> | A skilled workforce is seen as a key enabler for delivering the suicide prevention workstream. Providing a range of training options in different learning formats (e-learning, digital learning bites etc) and taking the training to services |

|   |                                     |   |
|---|-------------------------------------|---|
|   |                                     | and staff groups is critical to allow key staff to access learning opportunities.   |
| <b>Financial</b>  | <input checked="" type="checkbox"/> | No specific funding has been allocated to the suicide prevention workstream and at the moment this is being progressed as part of core Health Promotion Service work and through capacity from members of staff across the system. Suicide Prevention should also be considered across all mental health policy and programmes.   |
| <b>Performance</b>  | <input checked="" type="checkbox"/> | Impact report produced and SBAR submitted detailing findings.   |
| <b>Communication and Engagement</b>   | <input checked="" type="checkbox"/> | “Creating Hope Together” was published following a lengthy, collaborative consultation process which began during November-December 2021 with a series of online consultation events and online questionnaire which was open to all partners and stakeholders. Members from the Fife Suicide Prevention Multiagency Core Group was well represented across both phases of consultation and a response was also submitted to the online questionnaire. “Creating Hope for Fife: Fife’s Suicide Prevention Action Plan” was finalised following completion of a Participation and Engagement process where recommendations from the process were incorporated in the final version.   |
| <b>Equalities and Human Rights, including children’s rights and health inequalities</b> | <input type="checkbox"/>            | <b>No Impact/Not Required</b> <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>   |
|   | <input checked="" type="checkbox"/> | The Fife Suicide Prevention Action Plan reflects the principles of the Fairer Scotland Duty and the Action Plan comprehensively demonstrates working in ways that reduce health inequalities, addressing the links between social determinants of health and suicide risk.<br>In the development and delivery of the Action Plan careful consideration was given to ensuring the work considers and reflects the requirements of the Public Sector Equality Duty and the UNCRC. The Fife Suicide Prevention Action Plan reflects the national delivery plan for Creating Hope Together, which was shaped by contributions from the Lived and Living Experience Panel and Youth Advisory Group.<br>An EQIA was carried out as part of the development of Creating Hope Together and published when the first national delivery plan was launched. Creating Hope for Fife: Fife's Suicide Prevention Action Plan closely reflects the National Action Plan which has an EQIA in place.<br><a href="https://www.gov.scot/publications/creating-hope-together-suicide-prevention-strategy-and-action-plan-equalities-impact-assessment/pages/2.aspx">Creating Hope Together - suicide prevention strategy and action plan: equalities impact assessment - gov.scot (www.gov.scot)</a> |

# Creating Hope for Fife: Fife's Suicide Prevention Action Plan (2022-25)



## Ambition

We support the Scottish Governments vision to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

In Fife, we will come together collaboratively and in partnership to support our communities, so they become safe, compassionate, inclusive, and free of stigma. Our ambition is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

## Current position

Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy (2020-2024) and is represented in the Plan for Fife - Recovery and Renewal (2021-2024).

'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) will reflect the Fife Health & Social Care Partnership Strategic Objectives and the approach outlined within 'Creating Hope Together', Scotland's Suicide Prevention Strategy (2022-2032) which is a whole society and whole government approach to suicide prevention. This will require us to consider suicide prevention across a number of Fife's Health & Social Care strategies, workstreams and policy areas, for example, Fife Prevention & Early Intervention Strategy which is currently under development and Fife's Mental Health Strategy which will be refreshed following the publication of the Scottish Mental Health Strategy (due summer 2023).

'Creating Hope Together', Scotland's Suicide Prevention Strategy is a 10-year strategy which is supported by 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025). 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) details the actions we will deliver locally in Fife over the next three years as we work towards implementing 'Creating Hope Together'. The actions outlined within 'Creating Hope for Fife' will build on and

continue to deliver work which began under 'Every Life Matters: Scotland's Suicide Prevention Action Plan' (2018-2022) and identify new areas of work to meet the actions outlined within 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025).

### **Priorities and outcomes**

- Priority 1: In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk
- Outcome 1: In Fife we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment
- Priority 2: In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal
- Outcome 2: Fife's communities will have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support
- Priority 3: Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.
- Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.
- Priority 4: In Fife we will embed a coordinated, collaborative and integrated approach
- Outcome 4: Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.

### **Where do we want to be in 2025?**

By the end of this three-year action plan:

- Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife
- Progress will be made in supporting individuals, communities and the workforce in Fife to be suicide aware and able to respond to those in need of support
- There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them
- Suicide prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity

The Fife Suicide Prevention Multagency Core Group is a partnership between public, private, third sector and charity organisations in Fife. All partners involved are committed to reducing suicides by working collaboratively to deliver the Fife Suicide Prevention Action Plan.



# Measuring Impact of Creating Hope For Fife: Fife's Suicide Prevention Action Plan 2022-2025

## Background

The complexity of the Suicide Prevention workstream provides a challenge in measuring impact and outcome. Using the annual National Records Scotland (NRS) suicide data release as a measure is not advised as it is not possible to *attribute* the number of completed suicides to suicide prevention activities as multiple contributory factors need to be considered. Instead, we should consider how suicide prevention actions undertaken *contribute* to outcome/impact, which is a crucial difference where the relationship between the work undertaken and the impact can't be directly attributed due to the complexities of the workstream.

*Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025* expires at end of 2025. An outcome framework was created to provide a framework to measure progress and outcome of the action plan (figure 1) this was based on the outcome framework developed to measure impact of the 10 year strategy [Creating Hope Together](#) (appendix 1).

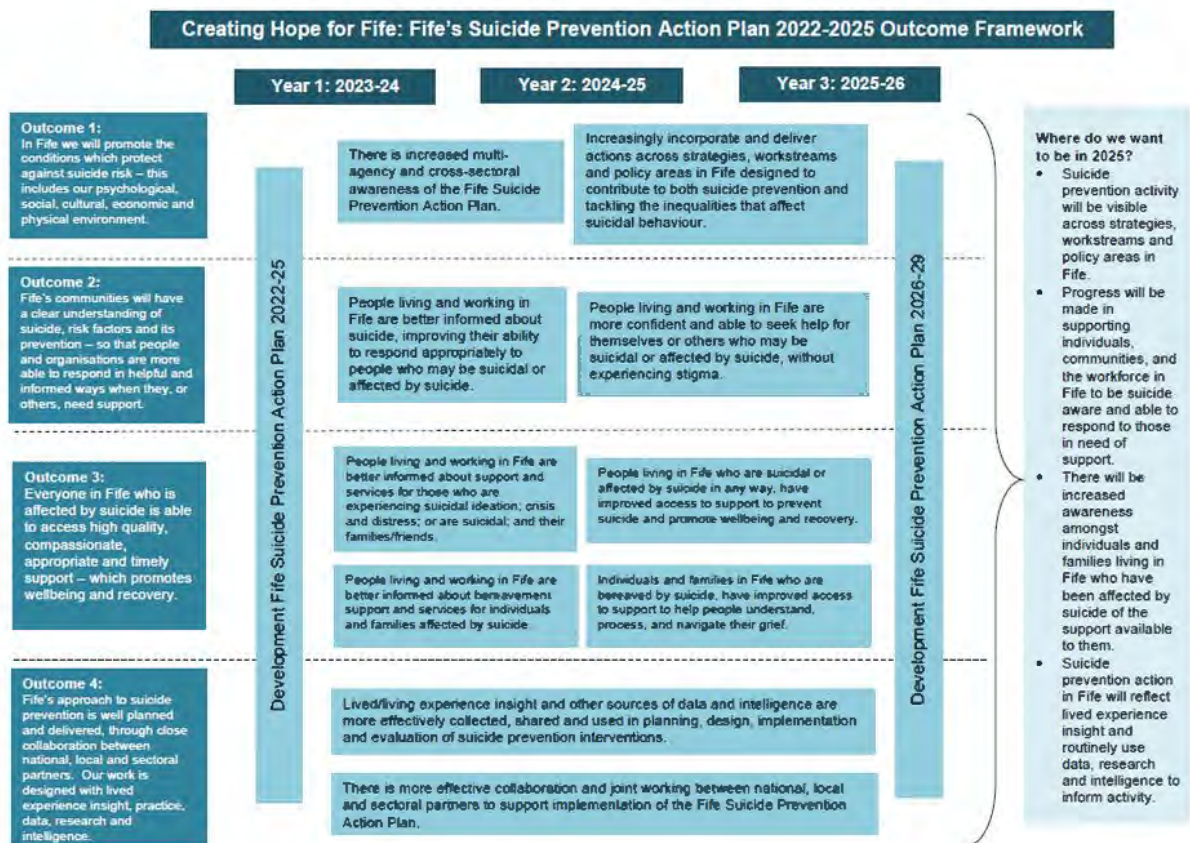


Figure 1

To gather the evidence to inform progress against the outcome framework, a *Local Area Suicide Prevention Outcome Map* was used. The 'stepping stones' are adapted from the National Outcome Map which was created to measure the impact of *Creating Hope Together* (appendix 2).

## Process

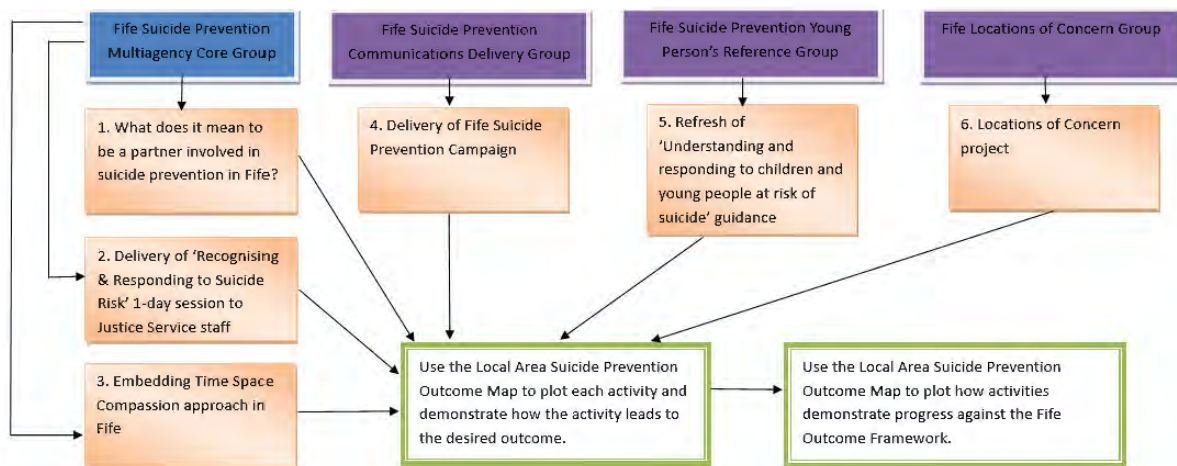
Creating Hope for Fife: Fife's Suicide Prevention Action Plan has two associated documents:

- Summary Document: public facing document which sets out the vision, priorities and outcomes for the Action Plan (Appendix 3)
- Delivery Plan: detailed document which sets out 13 actions prioritised for Fife from the national [Creating Hope Together National Action Plan](#) in addition to eight actions which continued from the previous Fife Suicide Prevention Action Plan 'Every Life Matters in Fife' (available on request)

It would not be possible to use the Local Area Suicide Prevention Outcome Map against all actions within Creating Hope for Fife. Suicide Prevention Scotland advise selecting key areas of work or projects to carry out a detailed evaluation and impact assessment. Six areas of work were identified from Creating Hope for Fife; three areas of work for the Fife Multiagency Core Group and one area of work per Delivery Group (figure 2). See appendix 4 for groups and reporting structure for the Suicide Prevention workstream in Fife. The relevant 'stepping stones' from the Local Area Suicide Prevention Outcome Map were identified and mapped against each area of work and evidence to support activity against each 'stepping stone' identified to show progress against the Local Area Suicide Prevention Outcome Map and Outcome Framework.

Each area of activity was progressed at different times. Work to measure impact of each area was also progressed at different times.

The findings from this process are set out within this report.



## 1. What does it mean to be a partner involved in suicide prevention in Fife?

| What we do   | Who with   | How they feel   | What they learn and gain   | What they do differently  | What difference does this make   | Final outcome<br>(from the Fife Suicide Prevention Action Plan Outcome Framework)  |
|--|--|---|--|---|--|--|
| <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>1.2 Engaging Stakeholders, review data and information and assess the local challenges we are seeking to assess</p> <p>1.3 Advocate for and share evidence, learning and good practice through varied channels and support people to improve practice</p> <p>1.7 Provide support and guidance to people delivering on actions</p> <p>1.9 Develop and sustain strong relationships and collaborate with partners</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>2.1 People, teams, groups and organisations whose work contributes to addressing inequalities and social determinants that impact on suicide</p> <p>2.2 Suicide prevention national and local Delivery Partners</p> <p>2.3 People working with or supporting people at risk of suicide or affected by suicide</p> <p>2.7 Indirect partners/subject matter experts</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>3.1 That suicide prevention is achievable, important, effective, will benefit everyone and requires an holistic approach</p> <p>3.2 People see how they can contribute to preventing suicide and are inspired to play their part</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>4.1 An understanding of local need, gaps, good practice and what’s not working and priorities to decide actions and possible solutions</p> <p>4.2 Sharable approaches, tools and strategies to guide our work implementing solutions to identified needs and gaps</p> <p>4.4 Awareness of suicide, risk factors, and support and responses to prevent suicide and tackle associated inequalities and social determinants</p> <p>4.7 Strong relationships across a collective of people and organisations working in partnership on suicide prevention and reducing stigma</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>5.1 Teams, groups and orgs and sectors work in effective partnership to address inequalities and social determinants and prevent suicide</p> <p>5.6 Take co-ordinated and collective approaches to raising awareness and continuing to build the suicide prevention community</p> <p>5.7 Use data, evidence and intelligence to inform priorities and make effective and appropriate decisions for local needs and resources</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>6.1 Delivery across a local area is equitable, accessible and co-ordinated to respond to local need, priorities and the evidence base</p> | <p>Outcome 4: Fife’s approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence</p> <p>Where do we want to be in 2025?<br/>Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife</p> |

### What we do: evidence to support activity against ‘stepping stones’

- Established a robust reporting structure to ensure accountability for the delivery of the Fife Suicide Prevention Action Plan. The Fife Suicide Prevention Core Group and all associated delivery groups are multiagency and a partnership between public, private, third sector and charity organisations in Fife and at national level. All partners involved are committed to reducing suicides by working collaboratively to deliver the Fife Suicide Prevention Action Plan.

- Data and intelligence from both national and local levels are crucial for the monitoring and delivery of the Fife Suicide Prevention Action Plan. Public Health Intelligence Manager, Public Health, NHS Fife utilises data from national sources, such as the National Records Scotland (NRS) Probable Suicides to monitor trends and characteristics of suicide incidents. Local data is shared on a monthly basis and can facilitate a more timely and effective response to emerging situations, for example, to support Locations Of Concern work.
- Established a Fife Suicide Prevention Network which currently has over 300 members from across Fife who receive a monthly Sway newsletter. Between January 2023 – June 2025, we have created and disseminated 30 monthly Sway Newsletters
  - 2023: 12 newsletters Jan-Dec received a total 1474 views, averaging 123 views per month
  - 2024: 12 newsletters Jan-Dec received a total 2159 views, averaging 180 views per month
  - 2025: 6 newsletters Jan-June received a total 1691 views, averaging 280 views per month
 This has demonstrated year on year growth and engagement with the Fife Suicide Prevention Network and newsletters.
- Workforce development opportunities available through the Fife Health Promotion Prevention & Early Intervention Training Programme. To support staff to access appropriate training, we developed a tiered approach to mental health improvement and suicide prevention training which identifies what level the wider workforce should be trained in line with the NES Mental Health Improvement & Suicide Prevention Framework. All training delivered through the training programme falls within the first two levels Informed and Skilled. The other two levels Enhanced and Specialist are at a more advanced level and delivered by specialist services.
 

April 2023-March 2024 delivered a total of 18 courses to 215 participants:

  - ASIST: 4 courses to 77 participants
  - Scottish Mental Health First Aid: 4 courses to 60 participants
  - Ask Tell Adults: 7 courses to 60 participants
  - Ask Tel CYP: 2 courses to 10 participants
  - Time Space Compassion: 1 course to 8 participants

April 2024-March 2025 delivered a total of 26 courses to 334 participants:

  - ASIST: 4 courses to 70 participants
  - Scottish Mental Health First Aid: 7 courses to 119 participants
  - Ask Tell Adults: 3 courses to 15 participants
  - Ask Tell CYP: 3 courses to 25 participants
  - Time Space Compassion: 1 course to 6 participants
  - Recognising & Responding to Suicide Risk: 7 courses to 84 participants
  - Understanding & Responding to Children & Young People at risk of suicide: 1 course to 15 participants
- Data and intelligence from both national and local levels are crucial for the monitoring and delivery of the Fife Suicide Prevention Action Plan. Public Health Intelligence Manager, Public Health, NHS Fife utilises data from national sources, such as the National Records Scotland (NRS) Probable Suicides to monitor trends and characteristics of suicide incidents. Local data is shared on a monthly basis and can facilitate a more timely and effective response to emerging situations, for example, to support Locations Of Concern work.
- In June 2025, we carried out a survey, which was disseminated to all members of the Fife Suicide Prevention Multiagency Core Group and associated delivery groups, to reflect on the collaboration and partnerships which have been crucial to the delivery of the Fife Suicide Prevention Action Plan. The survey was disseminated to 114 recipients and received 18 responses which represents a 15% return rate.

**Who with:** *evidence to support activity against 'stepping stones'*

- We have developed strong working relationships with national partners working as part of Suicide Prevention Scotland (including COSLA/Scottish Government/Public Health Scotland/Samaritan's/SAMH/Penumbra).
- Within Fife, we work across a number of key strategies, workstreams and policy areas:
  - Mental Health Strategy Implementation Group (MHSIG): formal reporting structure is via MHSIG which reports to Mental Health Programme Board
  - Child Protection Committee: provide suicide prevention updates to meetings and attend on request to provide additional input
  - Adult Support & Protection Committee: provide suicide prevention updates to meetings and attend on request to provide additional input
  - Children in Fife Partnership: provide suicide prevention updates on request
  - Community Safety Partnership: provide suicide prevention updates on request
  - Fife Communities & Wellbeing Partnership: provide suicide prevention updates on request
  - Health & Wellbeing Strategy Group: member of the group that oversees the work relating to health and wellbeing within the Fife Children's Service Plan
  - Our Minds Matter Steering Group: member of the group which is responsible for the Health & Wellbeing (mental health) actions within the Fife Children's Services Plan
  - DBI Project Board: member of Project Board and Working Group responsible for establishing DBI in Fife
  - Alcohol & Drugs Partnership (ADP): cross-referenced action and activity from the Fife Suicide Prevention Action Plan with the ADP Delivery Plan. Member of the Children & Young People Rapid Action Group.
  - FHSCP Locality Planning Groups: member of Glenrothes Locality Planning Group and provide support/advice/input on request to other locality planning groups (this includes NE Fife; Kirkcaldy; Dunfermline)
  - Key Leads Public Protection Linkage Meeting: member of the group which ran between 2021-2023, chaired by Child Protection Committee Lead Officer with the aim of bringing together local leads responsible for public protection matters to share information and practice which cut across the different workstreams represented on the group (Child Protection Committee/Adult Support & Protection Committee/Alcohol & Drugs Partnership/Multi Agency Public Protection Arrangements/Fife Violence Against Women Partnership/Suicide Prevention).

**How they feel:** *evidence to support activity against 'stepping stones'*

- In June 2025, we carried out a survey, which was disseminated to all members of the Fife Suicide Prevention Multiagency Core Group and associated delivery groups, to reflect on the collaboration and partnerships which have been crucial to the delivery of the Fife Suicide Prevention Action Plan. The survey was disseminated to 114 recipients and received 18 responses which represents a 15% return rate.

Key findings from the survey:

- 100% of responses stated they could identify where they either as an individual/ service/organisation contributes to delivery of the Fife Suicide Prevention Action Plan
- 80% of responses stated they felt supported to engage in the suicide prevention agenda in Fife
- 80% of responses stated they felt confident on who to contact if they had any queries or questions relating to the suicide prevention agenda in Fife
- When asked what was the most successful or important development relating to the suicide prevention agenda in Fife in the last 3 years, received the following responses: *"Strengthening of partnerships and relationships across Fife around suicide prevention which has allowed it to feel owned by all which creates a*

*real buy in and adopted approach.”; “The wide range of collaboration with a variety of other networks, agencies and partnerships - it's so helpful to keep those contacts and discussions going.”; “The positive focus on hope rather than crisis”*

- Recipients were given the opportunity to provide comment on the Fife Suicide Prevention Action Plan and involvement in associated groups: *“We value the opportunity to be involved and that it allows us to support local initiatives”*; *“The Core Group is a very positive, action driven group to be part of and it felt that it achieved what it needed to, long may that continue”*; *“Keep using data to make decisions. Keep evolving with arising stats on locations. Keep sharing training opportunities”*; *“The Core Group needs a strong chair (which it has) to manage the competing needs and bring people back to the tasks and focus rather than their own agency needs and focus”*

#### **What they learn and gain:** *evidence to support activity against ‘stepping stones’*

- In June 2025, we carried out a survey, which was disseminated to all members of the Fife Suicide Prevention Multiagency Core Group and associated delivery groups, to reflect on the collaboration and partnerships which have been crucial to the delivery of the Fife Suicide Prevention Action Plan. The survey was disseminated to 114 recipients and received 18 responses which represents a 15% return rate.

Key findings from the survey:

- 80% of responses stated they felt informed regarding latest data relating to Fife
- 86% of responses stated they felt informed regarding the work and projects being progressed by Delivery Groups
- 73% of responses stated they felt informed regarding national developments relating to suicide prevention
- 86% of responses stated they felt informed regarding local developments relating to suicide prevention
- When asked what was the most successful or important development relating to the suicide prevention agenda in Fife in the last 3 years, received the following responses: *“Sharing of real time data”*; *“White Bridge enhancement”*; *“The creation of video resources to help individuals understand and cope with suicidal thoughts and bereavement after suicide. The Keeping Connected leaflets are such a useful resource for partner agencies to distribute and use both internally and externally”*; *“The prevention guidance for professionals working with young people”*
- For further insight to what partners **learn and gain**, refer to the following sections of the report:
  - 2. Delivery of ‘Recognising & Responding to Suicide Risk’ 1-day session to Fife Justice Social Work Services staff
  - 3. Embedding Time Space Compassion approach in Fife
  - 4. Delivery of Fife Suicide Prevention Campaign
  - 5. Refresh of ‘Understanding and responding to children and young people at risk of suicide’ guidance

#### **What they do differently:** *evidence to support activity against ‘stepping stones’*

- For further insight to what partners **do differently**, refer to the following sections of the report:
  - 2. Delivery of ‘Recognising & Responding to Suicide Risk’ 1-day session to Fife Justice Social Work Services staff
  - 4. Delivery of Fife Suicide Prevention Campaign

**What difference does this make: evidence to support activity against 'stepping stones'**

- Improved connections across workstreams and policy areas in Fife
- Increased awareness of suicide prevention action plan and suicide prevention activity in Fife
- Increased understanding of contributions and role in relation to suicide prevention

**Final Outcome:** *(from the Fife Suicide Prevention Action Plan Outcome Framework)*

*Outcome 4:* Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence

*Where do we want to be in 2025?* Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife

- Strong evidence which demonstrates progress has been achieved in relation to collaborative working at local and national level and across sectors in Fife
- Strong evidence which demonstrates the use of data and intelligence in planning, developing and delivering suicide prevention action
- Strong evidence which demonstrates the connection with suicide prevention activity across strategies, workstreams and policy areas
- Area for improvement: limited progress in relation to lived experience insight and contribution to suicide prevention action (campaign development). Consider other opportunities for lived and living experience contributions

**2. Delivery of 'Recognising & Responding to Suicide Risk' 1-day session to Fife Justice Social Work Services staff**

| What we do  | Who with   | How they feel  | What they learn and gain   | What they do differently  | What difference does this make  | Final outcome<br>(from the Fife Suicide Prevention Action Plan Outcome Framework)  |
|---|--|--|--|---|---|--|
| <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>1.3 Advocate for and share evidence, learning and good practice through varied channels and support people to improve practice</p> <p>1.5 Develop and deliver a portfolio of accessible learning and development opportunities and resources that respond to priority issues in key settings</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>2.1 People, teams, groups and organisations whose work contributes to addressing inequalities and social determinants that impact on suicide</p> <p>2.3 People working with or supporting people at risk of suicide or affected by suicide</p> <p>2.6 Communities impacted by discrimination, stigma and wider/social determinants of suicide</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>3.2 People see how they can contribute to preventing suicide and are inspired to play their part</p> <p>3.3 Hopeful, included, empowered, safe to engage, listened to, valued and supported</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>4.4 Awareness of suicide, risk factors, and support and responses to prevent suicide and tackle associated inequalities and social determinants</p> <p>4.5 Knowledge, confidence, skills, resources and support to provide effective and compassionate support to people at risk of/affected by suicide</p> <p>4.6 Knowledge, skills and confidence to deliver new or adapted services and supports, and use evidence to support learning and improvement</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>5.2 Respond effectively and with Time Space Compassion to support people at risk of/affected by suicide</p> <p>5.5 People at risk of or affected by suicide access high quality, equitable support, including recovery and wellbeing</p> <p>5.8 People are accessing and receiving support in a timely way and in an appropriate setting</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>6.2 There is an appropriate mix of accessible, high quality, effective, efficient and compassionate services and supports</p> <p>6.4 Any child, young person or adult at risk of or affected by suicide, gets the help, time, space, compassion when needed wherever they turn</p> | <p>Outcome 3:<br/>Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which supports wellbeing and recovery</p> <p>Where do we want to be in 2025?<br/>Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support</p> |

**What we do: evidence to support activity against ‘stepping stones’**

- Worked with Fife Justice Social Work Service managers to develop, create and deliver a bespoke 1-day session. This involved: listening to needs of staff; identifying potential gaps in knowledge and understanding; and identifying suitable content which would meet these needs.
- Agreed most appropriate method of delivery as a face-to-face session which utilised a combination of video resources, case studies and opportunities for participants to take part in personal reflective practice and small group conversations.
- Following the session, participants received a follow up email containing links to further reading, resources and training opportunities which would assist them to continue self-directed learning.
- Aim of session: to support practitioners to recognise and respond to people experiencing suicidal thoughts, distress and crisis. The session outlines key evidence, concepts and practices underpinning our understanding of suicide and how it can be used to prevent and support people experiencing suicidal thoughts, distress and crisis.

- Learning Outcomes: understand data and statistics relating to probable suicides; describe factors which contribute to suicide and the impact they can have on individuals, increasing their risk of suicide; describe protective factors to suicide; describe the Integrated Motivational-Volitional Model (IMV) and how it relates to what they do; describe stages of preventing suicide and how it relates to what they do; identify and describe Time Space Compassion and what it means in practice; identify level of suicide risk, understand how to respond appropriately, and take necessary action; know where to find more information on support and services available in Fife.

**Who with:** *evidence to support activity against 'stepping stones'*

- Targeted delivery. Fife Criminal Justice Social Work is responsible for providing a statutory social work service for those living in Fife, involved in the Justice System. Justice Social Work Services aim to provide services which contribute to Community safety and Public Protection.
- To deliver the bespoke 1-day session, worked with Justice Social Work Service managers and secured commitment for the session to be mandatory for all staff across all teams within the service, approximately 180 staff in total.

**How they feel:** *evidence to support activity against 'stepping stones'*

- Confidence scale activity: this activity was carried out at the beginning of the session as a visual marker to show participants level of confidence in discussing suicide with the individuals they support. This activity was then repeated at the end of the day, and in every case, showed an increase in confidence level.
- Evaluation: end of session evaluation was carried out to ascertain if the session met their knowledge and understanding needs. Seven sessions delivered to 84 participants between September 2024 and March 2025. From the 84 evaluation forms returned, 85% gained improved confidence.

**What they learn and gain:** *evidence to support activity against 'stepping stones'*

- Evaluation: end of session evaluation was carried out to ascertain if the session met their knowledge and understanding needs. Seven sessions delivered to 84 participants between September 2024 and March 2025. From the 84 evaluation forms returned:
  - 89% gained improved knowledge
  - 85% gained improved confidence
  - 66% gained improved skills
  - 100% said they would use the learning in their practice
  - 38% said they would use the learning to improve service delivery
  - 57% said they found the course extremely valuable to their job
  - 38% said they found the course very valuable to their job
  - 2% said they found the course valuable to their job

**What they do differently:** *evidence to support activity against 'stepping stones'*

- In June 2025, we carried out a survey, which was disseminated to all participants who attended delivery of the course between September 2024 and March 2025 to find out how the learning from the day was implemented in practice. The survey was disseminated to 82 recipients and received 15 responses which represents a 19% return rate.

- Key findings from the survey:
  - 53% stated they had used the learning from the training in their practice
  - Learning from the contributory risk factors section and Assessing Risk Protocol was the most frequently used in practice
  - 66% of responders to the survey had either discussed or referred an individual to support/services discussed at the training

**What difference does this make: evidence to support activity against ‘stepping stones’**

- In June 2025, we carried out a survey, which was disseminated to all participants who attended delivery of the course between September 2024 and March 2025 to find out how the learning from the day was implemented in practice. The survey was disseminated to 82 recipients and received 15 responses which represents a 19% return rate.
- Key findings from the survey:
  - Confidence levels amongst respondents remained high with 80% stating on a scale of 1 (lowest) to 10 (highest), they scored their confidence at either an 8 or a 9. 60% of responders indicated their confidence level had increased since undertaking the training
  - 60% of responders stated since undertaking the training, they’ve discussed suicide with an individual they support. 33% of the 60 had initiated the conversation, 27% had responded to a disclosure. 58% stated they believed the training had directly influenced their ability to have the conversation

**Final Outcome:** *(from the Fife Suicide Prevention Action Plan Outcome Framework)*

*Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which supports wellbeing and recovery*

*Where do we want to be in 2025? Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support*

- Targeted work with ‘at risk’ groups identified through the actions within the Fife Suicide Prevention Action Plan. Strong evidence which demonstrates a key staff group working with an ‘at risk’ group living in Fife was identified and supported through effective workforce development opportunities
- Strong evidence which demonstrates a collaborative approach to create, develop and deliver bespoke training for a key staff group working with an ‘at risk’ group living in Fife
- Strong evidence which demonstrates the impact this approach has on staff confidence and their ability to engage in conversations on suicide with an ‘at risk’ group
- Area for improvement: actions within the Fife Suicide Prevention Action Plan identified the potential to roll out the ‘Recognising & Responding to Suicide Risk’ training to Housing Services which was not achieved due to capacity. Consider approaches to make this session accessible to other key staff groups.

### 3. Embedding Time Space Compassion approach in Fife

| What we do  | Who with   | How they feel  | What they learn and gain  | What they do differently  | What difference does this make  | Final outcome<br>(from the Fife Suicide Prevention Action Plan Outcome Framework)  |
|---|--|--|---|---|---|--|
| <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>1.3 Advocate for and share evidence, learning and good practice through varied channels and support people to improve practice</p> <p>1.5 Develop and deliver a portfolio of accessible learning and development opportunities and resources that respond to priority issues in key settings</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>2.1 People, teams, groups and organisations whose work contributes to addressing inequalities and social determinants that impact on suicide</p> <p>2.2 Suicide prevention national and local Delivery Partners</p> <p>2.3 People working with or supporting people at risk of suicide or affected by suicide</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>3.2 People see how they can contribute to preventing suicide and are inspired to play their part</p> <p>3.3 Hopeful, included, empowered, safe to engage, listened to, valued and supported</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>4.2 Shareable approaches, tools and strategies to guide our work implementing solutions to identified needs and gaps</p> <p>4.5 Knowledge, confidence, skills, resources and support to provide effective and compassionate support to people at risk of/affected by suicide</p> <p>4.6 Knowledge, skills and confidence to deliver new or adapted services and supports, and use evidence to support learning and improvement</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>5.2 Respond effectively and with Time Space Compassion to support people at risk of/affected by suicide</p> <p>5.5 People at risk of or affected by suicide access high quality, equitable support, including recovery and wellbeing</p> <p>5.8 People are accessing and receiving support in a timely way and in an appropriate setting</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>6.2 There is an appropriate mix of accessible, high quality, effective, efficient and compassionate services and supports</p> <p>6.4 Any child, young person or adult at risk of or affected by suicide, gets the help, time, space, compassion when needed wherever they turn</p> | <p>Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which supports wellbeing and recovery</p> <p>Where do we want to be in 2025? Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support</p> |

#### What we do: evidence to support activity against ‘stepping stones’

- Time Space Compassion workshop delivered in February 2022 to identified senior staff from across all sectors as part of a daylong event to begin development of the Fife Suicide Prevention Action Plan 2022-2025. 16 partners attended the session.
- The Fife Suicide Prevention Campaign 2023 developed campaign messages around the principles of Time Space Compassion. Campaign posters and resources disseminated to public spaces across Fife, including community pharmacies, GP surgeries, hospitals, leisure centres and other venues. Digital resources downloaded 249 times from the Health Promotion Access Catalogue.
- Created and disseminated a Time Space Compassion Sway which brings together all Time Space Compassion resources, materials and information. The Sway was originally developed for the 2023 Fife Suicide Prevention campaign which focussed on Time Space Compassion and has been regularly updated to include new resources

and redistributed via Fife Suicide Prevention Network Newsletters. Between September 2023-August 2025, the Sway has been viewed 967 times (433 glances; 386 quick reads; 148 read in depth)

- Deliver 2-hour Time Space Compassion workshop in Fife. Virtual online session piloted in Fife as part of activity to support Time Space Compassion Suicide Prevention Campaign 2023. 7 participants took part. Face to face workshop delivered twice: January 2024 to 13 participants; September 2024 to 6 participants.
- Incorporated Time Space Compassion where opportunities arise:
  - “Understanding and responding to children and adults at risk of suicide guidance”. Time Space Compassion is threaded and embedded throughout the guidance. See Section 5 for further detail of this work.
  - “Recognising and responding to suicide risk 1-day training”. Time Space Compassion is included as a section within this course. Participants are also sent the Time Space Compassion Sway following the session. See Section 2 for further detail of this work.

**Who with:** *evidence to support activity against ‘stepping stones’*

- 180+ staff working within Justice Social Work Services attending ‘Recognising and Responding to Suicide Risk’ 1-day training
- All staff in statutory and voluntary agencies that are working with and supporting children and young people in Fife through the dissemination of the ‘Understanding and Responding to Children & Young People at Risk of Suicide’ guidance
- We have developed strong working relationships with national partners working as part of Suicide Prevention Scotland, in particular, Linda Hunter, National Lead for Time Space Compassion
- Members of Fife Suicide Prevention Network. Currently 328 members receiving monthly newsletters
- Members of Fife Suicide Prevention Multiagency Core Group
- Members of Multiagency Fife Suicide Prevention Young Person’s Reference Group
- Members of Multiagency Working Group for refreshing ‘Understanding & Responding to Children & Young People at risk of Suicide Guidance’
- Members of the Fife Suicide Prevention Communications Delivery Group

**How they feel:** *evidence to support activity against ‘stepping stones’*

- Criminal Justice Social Work participants attending the ‘Recognising and Responding to Suicide Risk’ 1-day training fed back during the Time Space Compassion section feeling reassured they were providing person centred support and recognised their practice reflected within the Time Space Compassion principles.

**What they learn and gain:** *evidence to support activity against ‘stepping stones’*

- ‘Recognising and Responding to Suicide Risk’ 1-day training: session included section on Time Space Compassion. End of session evaluation was carried out to ascertain if the session met knowledge and understanding needs. Seven sessions delivered to 84 participants between September 2024 and March 2025. From the 84 evaluation forms returned: 89% gained improved knowledge; 85% gained improved confidence; 66% gained improved skills; 100% said they would use the learning in their practice
- ‘Understanding & Responding to Children & Young People at Risk of Suicide’ 3-hour workshop: session included section on Time Space Compassion. 3 sessions delivered to 41 participants between March 2025 – June 2025. From the 41 evaluation forms returned: 90% gained improved knowledge; 80% gained improved confidence; 46% gained improved skills; 100% said they would use the learning in their practice

**What they do differently:** *evidence to support activity against 'stepping stones'*

- In June 2025, we carried out a survey, which was disseminated to all participants who attended delivery of 'Recognising & Responding to Suicide Risk' 1-day training between September 2024 and March 2025 to find out how the learning from the day was implemented in practice. Session included section on Time Space Compassion. The survey was disseminated to 82 recipients and received 15 responses which represents a 19% return rate. 66% of responders to the survey had either discussed or referred an individual to support/services discussed at the training, 53% stated they had used the learning from the training in their practice.

**What difference does this make:** *evidence to support activity against 'stepping stones'*

- In June 2025, we carried out a survey, which was disseminated to all participants who attended delivery of 'Recognising & Responding to Suicide Risk' 1-day training between September 2024 and March 2025 to find out how the learning from the day was implemented in practice. Session included section on Time Space Compassion. The survey was disseminated to 82 recipients and received 15 responses which represents a 19% return rate.
- Key findings from the survey:
  - Confidence levels amongst respondents remained high with 80% stating on a scale of 1 (lowest) to 10 (highest), they scored their confidence at either an 8 or a 9. 60% of responders indicated their confidence level had increased since undertaking the training
  - 60% of responders stated since undertaking the training, they've discussed suicide with an individual they support. 33% of the 60 had initiated the conversation, 27% had responded to a disclosure. 58% stated they believed the training had directly influenced their ability to have the conversation

**Final Outcome:** *(from the Fife Suicide Prevention Action Plan Outcome Framework)*

*Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which supports wellbeing and recovery*

*Where do we want to be in 2025? Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support*

- Good evidence which demonstrates progress has been achieved in raising awareness of the Time Space Compassion approach in Fife and how it relates to practice across services and organisations
- Good evidence which demonstrates the impact this approach has on staff confidence and their ability to engage in conversations with 'at risk' groups in Fife who are showing signs of distress, crisis and suicidality
- Area for improvement: consider the potential for Time Space Compassion across other key initiatives and strategic approaches within the next Fife Suicide Prevention Action Plan

#### 4. Delivery of Fife Suicide Prevention Campaign 2024 #ConnectionsCreateHope

| What we do   | Who with   | How they feel  | What they learn and gain  | What they do differently  | What difference does this make   | Final outcome<br>(from the Fife Suicide Prevention Action Plan Outcome Framework)  |
|--|--|--|---|---|--|--|
| <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>1.4 Run co-ordinated suicide awareness and prevention campaigns</p> <p>1.5 Develop and deliver a portfolio of accessible learning and development opportunities and resources that respond to priority issues in key settings</p> <p>1.9 Develop and sustain strong relationships and collaborate with partners</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>2.2 Suicide prevention national and local Delivery Partners</p> <p>2.3 People with lived and living experience of suicide or the inequalities and or social determinants that impact on suicide</p> <p>2.7 indirect partners/subject matter experts</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>3.1 That suicide prevention is achievable, important, effective, will benefit everyone and requires an holistic approach</p> <p>3.2 People see how they can contribute to preventing suicide and are inspired to play their part</p> <p>3.3 Hopeful, included, empowered, safe to engage, listened to, valued and supported</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>4.3 People affected by / at risk of suicide know the range of support available to them and have confidence in experiencing stigma-free access</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>5.4 The public, partners and media recognise and implement best practice when talking, discussing and reporting suicide</p> <p>5.6 Take co-ordinated and collective approaches to raising awareness and continuing to build the suicide prevention community</p> <p>5.8 People are accessing and receiving support in a timely way and in an appropriate setting</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>6.3 Communities are safe, compassionate, inclusive and free of stigma</p> | <p>Outcome 2: Fife’s communities will have a clear understanding of suicide, risk factors and prevention – so that people and organisations are more able to respond in helpful and informative ways when they, or others, need support</p> <p>Where do we want to be in 2025?<br/>Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support</p> |

#### What we do: evidence to support activity against ‘stepping stones’

- The Fife Suicide Prevention Campaign development process begins in the first quarter of each year. Members of the Fife Suicide Prevention Communications Delivery Group (SPCDG) discuss potential themes and share ideas – based on discussions within their roles/duties, to inform a meaningful approach/theme for the annual campaign
- 2024 Suicide Prevention Campaign #ConnectionsCreateHope, Campaign aim: develop and deliver an upstream suicide prevention campaign to support individuals before they escalate to distress/crisis. Campaign objectives: Identify and promote opportunities for social interaction, mitigating the risks of isolation; Empower individuals to realise the benefit of community groups; Encourage individuals to make connections within and feel connected to their community; Support staff working in, and with, communities to understand how their work contributes to suicide prevention.
- Campaign resources: Campaign webpage developed; social media posts across organisations platforms throughout week; digital toolkit developed and disseminated; campaign infomercial developed and featured on

the campaign webpage and social media posts; campaign posters, leaflets and resources disseminated across Fife

- Learning & development opportunities: range of mental health awareness and suicide prevention training delivered in collaboration with partners, through the Fife Health Promotion training programme, during campaign week.
- Community Walk and Talk activities: walk and talks organised by Community Learning & Development, Andy's Man Club and Pars Foundation which took place during campaign week
- Scottish Recovery Network Peer Support event took place on 11th September, FVA Peer Support Network supported the event

**Who with:** *evidence to support activity against 'stepping stones'*

- Fife Suicide Prevention Communications Delivery Group (SPCDG): members include Health Promotion Service, NHS Spiritual Care, Fife Council Safer Communities, Community Learning & Development, Adult Support & Protection, Pars Foundation, Samaritans, Sams Fife, FVA Lived Experience Team, Families in Trauma & Recovery, and Andy's Man Club.
- Members of SPCDG contribute to and shape the content and development of campaign messages, images and materials.
- FVA Peer Support Network and the Scottish Recovery Network, Creating Hope with Peer Support project provided feedback on campaign animation and website and organised event as part of the campaign activities.

**How they feel:** *evidence to support activity against 'stepping stones'*

- Community campaign approach: support suicide prevention by encouraging people to carry out small, simple actions that can really make a difference to someone and might even prevent them from escalating to crisis and distress.
- Promoting Peer Support: community groups and projects recognise that by providing opportunities for people to come together in safe spaces to talk and share experiences is peer support
- Community Walk and Talk activities: 4 walks were facilitated between 9th - 13th September, 27 people attended the walk and talk sessions during campaign week which encouraged conversations amongst community members.
- Scottish Recovery Network Peer Support event. 24 people attended; word cloud created following event which contained the following words: hopeful; motivated; happy; proud; valued; enthused; energised; refreshed; encouraged; uplifted; heard; positive; revitalised

**What they learn and gain:** *evidence to support activity against 'stepping stones'*

- Campaign infomercial featured on the campaign webpage and social media posts. Attracted over 300 views over campaign week
- Social media content analytics gathered from 9th-15th September: 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)
- Campaign webpage analytics gathered by NHS Fife partners shows the webpage was visited 205 times during campaign week

- Campaign posters and resources disseminated to public spaces across Fife, including community pharmacies, GP surgeries, hospitals, leisure centres and other venues.

**What they do differently:** *evidence to support activity against 'stepping stones'*

- Media release disseminated to local press outlets to raise awareness of campaign.
- Scottish Recovery Network Peer Support event feedback: *"Refocuses me on my task to support community groups with support as they tackle social isolation and mental health. Share what I've learned with the work coaches I support and direct them to FVA lunchtime learning in peer support"*
- Learning & development opportunities: 73 participants from Fife's workforce took part in a comprehensive range of mental health awareness and suicide prevention training delivered during campaign week.

**What difference does this make:** *evidence to support activity against 'stepping stones'*

- MS Forms evaluation questionnaire was sent to campaign contacts via email to encourage feedback. 9 people responded to the questionnaire which asked: What does this year's suicide prevention campaign mean to you?
  - 'a time to work together with other professionals to better support the communities I work in'*
  - 'Means a lot to continue to raise the awareness of Suicide. Focus on connections particularly needed for both communities, individuals and professionals as this is a huge risk factor'*
  - 'Starting the conversation about suicide and reducing the stigma that by speaking about it will make it worse'*
  - 'It shines a light on this important issue and it helps us focus on upstream prevention work. I really liked the theme of "connections create hope". A simple but universal theme, which applies to all of us in whatever line of work, community or family we are part of'*
  - 'A chance to keep suicide prevention talked about and make sure we are always working on ways to prevent suicide'*
  - 'This year is more focussed on prevention at early stages which has been really good to see'*
  - 'An opportunity to approach suicide prevention as a topic that requires a collective input from everyone'*
  - 'An opportunity to engage with our wider community to send a message that prevention and early intervention works. Changing the narrative where we all have a part to play in saving lives. Giving people the time space and compassion to have conversations and make connections with others'*
  - 'a chance to focus and reflect, raise the issue and increase awareness. Share events and resources'*

**Final Outcome:** *(from the Fife Suicide Prevention Action Plan Outcome Framework)*

*Outcome 2:* Fife's communities will have a clear understanding of suicide, risk factors and prevention – so that people and organisations are more able to respond in helpful and informative ways when they, or others, need support

*Where do we want to be in 2025?* Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support

- Good evidence to demonstrate progress was achieved in raising awareness of campaign messages through the analytics gathered for the campaign infomercial, campaign website and social media posts
- Good evidence to demonstrate the impact of the campaign in providing a focal point in the year which encourages staff to engage with workforce development opportunities on suicide prevention
- Area for improvement: the suicide prevention campaign is challenging to evaluate. Continue to use diverse evaluation methods to capture quantitative and qualitative feedback and evidence where possible

## 5. Refresh of 'Understanding and responding to children and young people at risk of suicide' guidance

| What we do  | Who with   | How they feel   | What they learn and gain   | What they do differently  | What difference does this make   | Final outcome<br>(from the Fife Suicide Prevention Action Plan Outcome Framework)   |
|---|--|---|--|---|--|---|
| <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>1.1 Develop, adapt and improve approaches to co-designed, evidence informed, services, support and training</p> <p>1.2 Engaging Stakeholders, review data and information and assess the local challenges we are seeking to assess</p> <p>1.3 Advocate for and share evidence, learning and good practice through varied channels and support people to improve practice</p> <p>1.5 Develop and deliver a portfolio of accessible learning and development opportunities and resources that respond to priority issues in key settings</p> <p>1.9 Develop and sustain strong relationships and collaborate with partners</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>2.2 Suicide prevention national and local Delivery Partners</p> <p>2.3 People with lived and living experience of suicide or the inequalities and or social determinants that impact on suicide</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>3.1 That suicide prevention is achievable, important, effective, will benefit everyone and requires an holistic approach</p> <p>3.2 People see how they can contribute to preventing suicide and are inspired to play their part</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>4.3 People affected by / at risk of suicide know the range of support available to them and have confidence in experiencing stigma-free access</p> <p>4.4 Awareness of suicide, risk factors, and support and responses to prevent suicide and tackle associated inequalities and social determinants</p> <p>4.5 Knowledge, confidence, skills, resources and support to provide effective and compassionate support to people at risk of/affected by suicide</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>5.2 Respond effectively and with Time Space Compassion to support people at risk of/affected by suicide</p> <p>5.5 People at risk of or affected by suicide access high quality, equitable support, including recovery and wellbeing</p> <p>5.8 People are accessing and receiving support in a timely way and in an appropriate setting</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>6.4 Any child, young person or adult at risk of or affected by suicide, gets the help, time, space, compassion when needed wherever they turn</p> | <p>Outcome 3: Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which supports wellbeing and recovery</p> <p>Where do we want to be in 2025? There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them.</p> <p>Where do we want to be in 2025? Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support</p> |

### What we do: evidence to support activity against ‘stepping stones’

- The previous ‘Understanding & responding to children & young people at risk of suicide’ guidance was published 2018. Significant developments have taken place since then (Every Life Matters; Creating Hope Together; Covid 19 pandemic; Time Space Compassion) the guidance was out of date and in need of an update.

- Working Group established to review and update guidance. As part of the process, a consultation process took place to gauge feedback and comment on the updated document. Final document approved by Our Minds Matter Steering Group and Children’s Services Health & Wellbeing Strategy Group.
- The guidance is for all staff in statutory and voluntary agencies that are working with and supporting children and young people in Fife. The guidance covers various information including: contributory risk factors; understanding suicide and suicidal behaviours; talking to a young person about suicide; training and workforce development. The guidance is underpinned by the Time Space Compassion approach. Central to the document is a 1-page multiagency protocol and 2 page risk/action to support practitioners to assess risk.
- In addition to the guidance, a case study document was developed to support practitioners and/or services to reflect on how they would respond to disclosures of suicidal thoughts or action by young people using professional judgement and organisation’s existing policies.
- There was no budget for printed version of updated guidance. Developed guidance as an HTML document which is an accessible format as it works with software such as screen readers. Downloadable and printable PDF version of guidance also available via the HTML version. HTML version allows for analytics to monitor engagement with guidance. Between 1 October 2024 – 31 May 2025, document received over 2,800 views. During same period of time, PDF of guidance downloaded over 120 times; case study document downloaded over 50 times; 1-page multiagency protocol downloaded over 90 times; and 2-page risk/action downloaded over 45 times.
- A 3-hour workshop was developed to support engagement with the guidance. This session outlines key concepts and practices, such as the IMV Model and Time Space Compassion, which underpin our understanding of suicide and how it can be used to prevent and support children and young people experiencing suicidal thoughts, distress and crisis. The focus on the practical implementation of the guidance provides the opportunity for practitioners from across the system in Fife to share learning and understand their role in using the guidance, in line with their own organisational policies and procedures. 6 workshops planned for delivery between March – November 2025. To date, 3 sessions have been delivered to 41 participants. 3 sessions still to be delivered.
- The Working Group responsible for the refresh of the guidance included representation from CAMHS, Social Work, Education Services, Educational Psychology, School Nursing Service, Health Promotion Service and Barnardo's. The project was an excellent example of collaboration which allowed partners to work together openly and honestly, demonstrating the importance of working together to identify and overcome challenges and recognising opportunities.

**Who with:** *evidence to support activity against ‘stepping stones’*

- The request to the Fife Suicide Prevention Young Person’s Reference Group to update the guidance came from the Our Minds Matter Steering Group, which is the delivery group responsible for the Health & Wellbeing (mental health) actions within the Fife Children’s Services Plan.
- The multiagency Working Group included representation from Barnardo’s, CAMHS, Child Protection Committee, Children and Families and Justice Social Work, Education Service, Educational Psychology, Health Promotion Service and School Nursing Service.
- Worked with Suicide Prevention Scotland to share guidance and practice: members from the multiagency Working Group ran a workshop at the Creating Hope Together conference in May 2025 showcasing the refresh of the guidance and workshops to support implementation; members from the multiagency working group presented on the guidance and workshops at the national Children & Young People Suicide Forum in June 2025.

**How they feel:** *evidence to support activity against 'stepping stones'*

- Confidence scale activity: this activity was carried out at the beginning of the 3-hour workshop as a visual marker to show participants level of confidence in discussing suicide with children and young people. This activity was then repeated at the end of the session, and in every case, showed an increase in confidence level.
- Evaluation: end of workshop evaluation was carried out to ascertain if the session met their knowledge and understanding needs. To date, 3 sessions delivered to 41 participants between March 2025 – June 2025. From the 41 evaluation forms returned, 80% gained improved confidence.

**What they learn and gain:** *evidence to support activity against 'stepping stones'*

- Evaluation: end of session evaluation was carried out to ascertain if the session met their knowledge and understanding needs. 3 sessions delivered to 41 participants between March - June 2025. From the 41 evaluation forms returned: 90% gained improved knowledge; 80% gained improved confidence; 46% gained improved skills; 100% said they would use the learning in their practice; 39% said they would use the learning to improve service delivery; 68% said they found the course extremely valuable to their job; 27% said they found the course very valuable to their job

**What they do differently:** *evidence to support activity against 'stepping stones'*

- Each area of activity will progress at a different time therefore work to measure impact of each area will also progress at a different time. 3 sessions still to be delivered September – November 2025. Following delivery of all 6 sessions, a survey will be disseminated to all participants who attended the workshop to find out how the learning from the session was implemented in practice.

**What difference does this make:** *evidence to support activity against 'stepping stones'*

- Each area of activity will progress at a different time therefore work to measure impact of each area will also progress at a different time. 3 sessions still to be delivered September – November 2025. Following delivery of all 6 sessions, a survey will be disseminated to all participants who attended the workshop to find out how the learning from the session was implemented in practice.

**Final Outcome:** *(from the Fife Suicide Prevention Action Plan Outcome Framework)*

*Outcome 3:* Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which supports wellbeing and recovery

*Where do we want to be in 2025?* There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them.

*Where do we want to be in 2025?* Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support

- Targeted work with young person's workforce identified through the actions within the Fife Suicide Prevention Action Plan. Strong evidence to show key staff groups working with young people in Fife identified and supported through development and implementation of refreshed guidance
- Strong evidence which demonstrates a collaborative approach to create, develop and deliver updated guidance for a key staff group working with young people in Fife
- Emerging evidence to demonstrate the impact the guidance and workshop session has on staff confidence and their ability to engage in conversations on suicide with an 'at risk' group

## 6. Locations of Concern Project

| What we do   | Who with   | How they feel   | What they learn and gain  | What they do differently  | What difference does this make   | Final outcome<br>(from the Fife Suicide Prevention Action Plan Outcome Framework)   |
|--|--|---|---|---|--|---|
| <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>1.2 Engaging Stakeholders, review data and information and assess the local challenges we are seeking to assess</p> <p>1.3 Advocate for and share evidence, learning and good practice through varied channels and support people to improve practice</p> <p>1.6 Embed a process of continual learning and improvement to ensure we are learning from evidence as we go</p> <p>1.9 Develop and sustain strong relationships and collaborate with partners</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>2.2 Suicide prevention national and local Delivery Partners</p> <p>2.7 Indirect partners/subject matter experts</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>3.2 People see how they can contribute to preventing suicide and are inspired to play their part</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>4.1 An understanding of local need, gaps, good practice and what’s not working and priorities to decide actions and possible solutions</p> <p>4.2 Sharable approaches, tools and strategies to guide our work implementing solutions to identified needs and gaps</p> <p>4.7 Strong relationships across a collective of people and organisations working in partnership on suicide prevention and reducing stigma</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>5.3 Groups take action in partnership to make safer environments and restrict access to methods and means of suicide</p> <p>5.4 The public, partners and media recognise and implement best practice when talking, discussing and reporting suicide</p> <p>5.7 Use data, evidence and intelligence to inform priorities and make effective and appropriate decisions for local needs and resources</p> | <p>(‘Stepping Stones’ from Local Area Suicide Prevention Outcome Map)</p> <p>6.3 Communities are safe, compassionate, inclusive and free of stigma</p> | <p>Outcome 1: In Fife, we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment</p> <p>Where do we want to be in 2025? Suicide Prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity</p> |

### What we do: evidence to support activity against ‘stepping stones’

- Through the work of the Fife Locations of Concern Group and specific data analysis carried out by Police Scotland colleagues, a named location of concern was identified which required specific action.
- Established a multiagency Working Group to consider the Public Health Scotland National Guidance on action to address suicides at locations of concern and identify appropriate and realistic action:
  - Data analysis: data report produced by Police Scotland on ‘Concern Calls’ using data extracted from STORM for a 2 year period August 2021 – August 2023
  - Infrastructure: signage, benches/planters/bins installed April 2023. Considered installation of SOS telephones which was not taken forward. Anticlimbing measures and structural changes installed January-March 2025
  - Community approaches: capacity building - developing knowledge and increasing confidence of local community-based staff. Samaritans Learn to Listen Workshops delivered summer 2022. Pavement artwork project considered.

- Media/social media: the most challenging aspect of the project due to frequent social media posts providing details of incidents and road closures around the location. Some incidents were taken from social media posts and reported by local media outlets. There was also a social media campaign video which went viral and was supported by Kingdom FM which drew attention to the location. Each situation had to be considered, and appropriate, measured response actioned.
- Repeat presentations: conversations took place between Police Scotland and Mental Health Services to discuss the issues, while respecting challenges in relation to data sharing.
- The location of concern project was guided and supported by key national partners: Public Health Scotland and Samaritan's:
  - Provision of evidence of approaches which could/have worked at other similar locations and examples of good practice
  - Advice in relation to managing media/social media reports on incidents at the location
  - Overall cost of the project was approximately £590k. Funding was originally identified from Fife Council – Structural Services, however, once fully costed, there was a shortfall in funding for the project. Additional funding was identified. The work on the location coincided with a regeneration project planned for the local area which provided the opportunity for the project to be delivered in a subtle way, without it drawing attention from social media.

**Who with:** *evidence to support activity against 'stepping stones'*

- A multiagency Working Group was established with representation from: Police Scotland; Fife Council – Structural Service; Fife Health & Social Care Partnership – Health Promotion Service; Scottish Ambulance Service; Scottish Fire & Rescue Service; Councillor for the ward of Glenrothes Central and Thornton; Fife Council – Community Learning & Development; Fife Council – Ground Maintenance Service; Fife Council – Economy, Tourism & Town Centres Team; Samaritans – Kirkcaldy Branch.
- We have developed strong working relationships with national partners working as part of Suicide Prevention Scotland. The locations of concern project was guided and supported by key national partners: Public Health Scotland and Samaritan's.

**How they feel:** *evidence to support activity against 'stepping stones'*

- As part of the debrief for the project which took place at the site visit on completion of the structural measures, members of the working group provided feedback on their involvement in the Working Group, which included:
  - Enjoyed being part of the project and felt they all had the opportunity to contribute in a practical way
  - Felt they could see the potential positive impact of the measures being implemented and understood reasons behind why these decisions were being made
  - Felt their viewpoints were listened to and actioned on where appropriate and practical
  - Felt proud to be part of a collaborative group which had the challenging task of addressing a very complex situation and were able to overcome a number of challenges to deliver very tangible and practical outputs and actions

**What they learn and gain:** *evidence to support activity against 'stepping stones'*

- There were several key learning points from the project:
  - Members of the working group – in particular colleagues from Fife Council Structures Services, Fife Council Ground Maintenance Services, and Police Scotland – indicated the significant learning gained in relation to the complexities and nuances required for suicide prevention/locations of concern projects

- Importance of taking a solution-focussed and collaborative partnership approach to a complex project. A collaborative partnership approach was fundamental and crucial to the delivery of this project
- Processes are slow and often out with control of the Working Group which requires patience and reinforces the importance of remaining solution focussed.
- Delays, however frustrating, aren't always a negative and can provide unexpected opportunities, which happened in this project as delays provided the opportunity to incorporate the project to a bigger regeneration project
- In complex projects it's important to expect the unexpected – good and bad – as each unexpected challenge offers the opportunity for learning and the potential to adapt and find alternative ways to deliver the project

**What they do differently:** *evidence to support activity against 'stepping stones'*

- By taking a collaborative approach; referring to research; and working with appropriate subject matter experts:
  - Mitigated against implementing inappropriate measures and identified measures specific to the structure and location which were more likely to reduce presentations
  - Mitigated against inappropriate and sensitive information relating to the project and location of concern being communicated in the public domain

**What difference does this make:** *evidence to support activity against 'stepping stones'*

- Data analysis: using data from Police Scotland and Scottish Fire & Rescue Service to compare the 6-month period following completion of the project to the period before the work was undertaken to establish if there has been a reduction in the number of 'concern calls' for the location.

**Final Outcome:** *(from the Fife Suicide Prevention Action Plan Outcome Framework)*

*Outcome 1:* In Fife, we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

*Where do we want to be in 2025?* Suicide Prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity

- Strong evidence which demonstrates the use of data and intelligence in planning and implementing effective measures to mitigate against presentations of vulnerable people at a specific location of concern in Fife
- Strong evidence which demonstrates collaborative working at local and national level to identify appropriate measures to reduce presentations of vulnerable people at an identified location of concern in Fife. Of note was the benefit of collaborating with a regeneration project to implement measures without drawing attention to the location
- Emerging evidence which demonstrates a reduction of presentations of vulnerable people at a specific location of concern in Fife.

## **Conclusion**

Creating Hope Together is a 10-year strategy which spans 2022-2032. Delivery of the strategy is supported by the implementation of three, three-year action plans. *Creating Hope for Fife*, is the first of the three local action plans developed for Fife which will be delivered during the lifespan of Creating Hope Together. The outcome framework to measure progress for *Creating Hope for Fife* was based on the short-term outcomes for the first 3 years of Creating Hope Together and aims to identify progress against the four outcomes set out within *Creating Hope for Fife*. It should be acknowledged this report only reflects work delivered through the Fife Suicide Prevention Multiagency Core Group and associated Delivery Groups. Work contributing to the suicide prevention workstream in Fife happens across the system out with the reporting structure.

This report identifies at least one piece of work or project which delivers against each of the outcomes and sets out the evidence to show the progress made towards achieving the outcome. In all cases, there is good or strong evidence to show progress has been achieved. While this is positive and demonstrates implementation of effective action, it is worth noting the six areas of work explored within this report are only a snapshot of work delivered against all 21 actions within *Creating Hope for Fife*.

It is also worth noting we are only one third of the way through delivering against the 10-year strategy, Creating Hope Together. *Creating Hope for Fife* has set the bar for delivery and provided a strong foundation to build on for the next Fife Suicide Prevention Action Plan.

## **Recommendations**

The next National Suicide Prevention Action Plan is due to be published by the Scottish Government and COSLA in January 2026. Work will begin soon after to develop the next three-year Suicide Prevention Action Plan for Fife. While we can't anticipate the outcome of the development process, we anticipate the next action plan will allow us to continue building on the work started in Creating Hope for Fife.

There are several areas which will be highlighted through the development process to be considered as priority areas of action in the next Fife Action Plan:

- Lived and Living Experience: identified through this report as an area for improvement within the next action plan.
- Bereavement support: work started in the third year of Creating Hope for Fife and the actions identified will carry forward to the next Fife action plan.
- "At risk" groups: Creating Hope for Fife focussed on the children and young people workforce and Criminal Justice Social Work staff groups. Groups and workstreams to consider for the next Fife action plan: LGBTQ+; veterans; poverty.
- Data and intelligence: considerable work took place during Creating Hope for Fife to develop data analysis processes to enhance our understanding of suspected, probable and attempted suicides at Fife level, which was used to inform specific actions. This crucial work will continue into the next action plan.
- Local landscape: during the lifespan of Creating Hope for Fife, new local strategies for Prevention & Early Intervention and mental health were developed. A new overarching Fife Health & Social Care strategy is under development. Locality structures are also crucial to drive forward work. The next action plan will need to carefully consider the most effective way to reflect and utilise these approaches.

- Fife Suicide Prevention Multiagency Core Group and associated Delivery Groups: review membership and terms of reference for groups; address gaps in membership and ensure reporting structure is fit for purpose for effective delivery of the next Fife Suicide Prevention Action Plan.

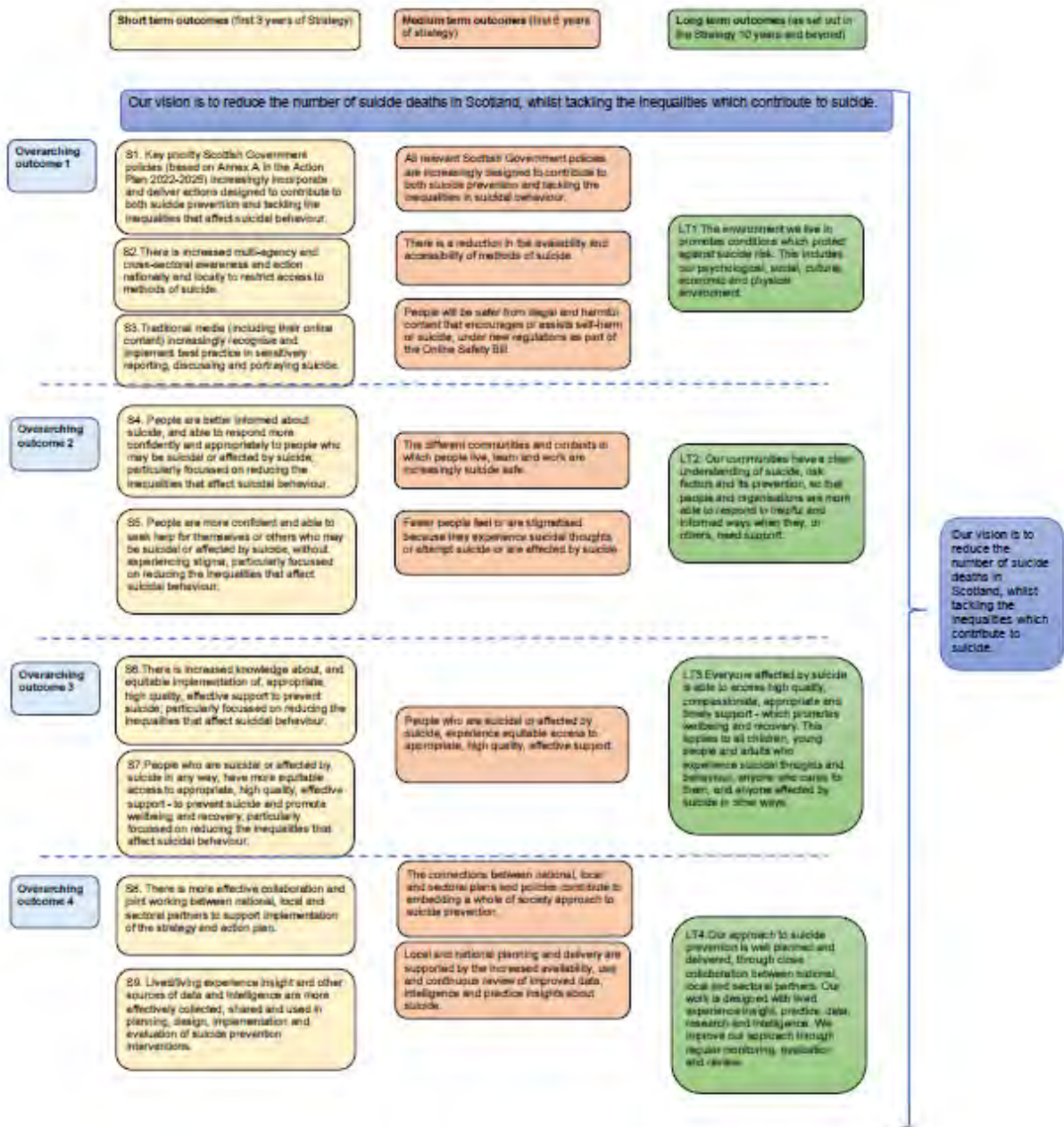
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October 2025

# Appendix 1: Creating Hope Together: National Outcome Framework




## Appendix 2: Creating Hope Together: National Outcome Map

| What we do   | Who with  | How they feel   | What they learn and gain   | What they do differently  | What difference does this make?   | Final outcome   |
|--|---|---|--|---|---|---|
| 1.1 Develop, adapt and improve approaches to co-designed, evidence-informed services, support, and training  | 2.1 People, teams/groups and organisations whose work contributes to addressing inequalities and social determinants that impact on suicide | 3.1 That suicide prevention is achievable, important, effective, will benefit everyone, and requires an holistic approach | 4.1 An understanding of local need, gaps, good practice and what's not working, and priorities to decide actions and possible solutions            | 5.1 Teams, groups, orgs and sectors work in effective partnership to address inequalities and social determinants and prevent suicide | 6.1 Delivery across a local area is equitable, accessible, and coordinated to respond to local needs, priorities, and the evidence base           | 7.0 The number of suicide deaths in the local area is reduced   |
| 1.2 Engaging stakeholders, review data and information and assess the local needs and challenges we're seeking to address                            | 2.2 Suicide prevention national and local Delivery Partners   |   | 4.2 Shareable approaches, tools, and strategies to guide our work, implementing solutions to identified needs and gaps                             | 5.2 Respond effectively and with time, space and compassion to people at risk of / affected by suicide                                |   | 7.1 The environment we live in promotes conditions which protect against suicide risk   |
| 1.3 Advocate for and share evidence, learning, and good practice through varied channels and support people to improve practice                      | 2.3 People working with or supporting people at risk of suicide or affected by suicide  |   | 4.3 People affected by/ at risk of suicide know the range of support available to them and have confidence in experiencing stigma-free access      | 5.3 Groups take action in partnership to make safer environments and restrict access to methods and means of suicide                  |   | 7.2 Communities understand suicide, risk factors and its prevention so that people and orgs are able to respond in helpful, informed ways         |
| 1.4 Run co-ordinated suicide awareness and prevention campaigns  | 2.4 People with lived and living experience of suicide or the inequalities and/or social determinants that impact on suicide                | 3.2 People see how they can contribute to preventing suicide and are inspired to play their part                          | 4.4 Awareness of suicide, risk factors, and support and responses to prevent suicide and tackle associated inequalities and social determinants    | 5.4 The public, partners, and media recognise and implement best practice when talking, discussing, and reporting suicide             | 6.2 There is an appropriate mix of accessible, high quality, effective, efficient, and compassionate services and supports                        | 7.3 Communities are safe, compassionate, inclusive and free of stigma   |
| 1.5 Develop and deliver a portfolio of accessible learning & development opportunities and resources that respond to priority issues in key settings | 2.5 Communities and interested members of the public in local areas   |   | 4.5 Knowledge, confidence, skills, resources and support to provide effective and compassionate support to people at risk of / affected by suicide | 5.5 Take co-ordinated and collective approaches to raising awareness and continuing to build the suicide prevention community         |   | 7.4 Our approach to suicide prevention is well planned and delivered, with close collaboration, co-design, evidence informed, ongoing improvement |
| 1.6 Embed a process of continual learning and improvement to ensure we are learning from evidence as we go   | 2.6 Communities impacted by discrimination, stigma and other social determinants of suicide   |   | 4.6 Knowledge, skills and confidence to deliver new or adapted services and supports, and use evidence to support learning and improvement         | 5.6 Use data, evidence & intelligence to inform priorities and make effective and appropriate decisions for local needs and resources |   |   |
| 1.7 Provide support and guidance to people delivering on actions including delivering tests of change and making good use of data to improve systems | 2.7 Indirect partners / subject matter experts  | 3.3 Hopeful, included, empowered, safe to engage, listened to, valued and supported                                       | 4.7 Strong relationships across a collective of people and organisations working in partnership on suicide prevention and reducing stigma          | 5.7 People are accessing and receiving support in a timely way and in an appropriate setting  | 6.4 Any child, young person or adult at risk of / affected by suicide, gets the help, time, space, compassion when needed from wherever they turn |   |
| 1.8 Review and adapt projects, plans and services to ensure that they are addressing inequalities and taking an intersectional approach              |   |   |  | 5.8 Projects or initiatives that aren't making a difference are reviewed and adapted, or deprioritised                                |   |   |
| 1.9 Develop and sustain strong relationships and collaborate with partners   |   |   |  |   |   |   |

## Appendix 3: Creating Hope for Fife: Fife's Suicide Prevention Action Plan (2022-2025)

### Creating Hope for Fife: Fife's Suicide Prevention Action Plan (2022-25)



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**Aspirations**

We support the Scottish Government's vision to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

In Fife, we will come together collaboratively and in partnership to support our communities, so they become safe, compassionate, inclusive, and free of stigma. Our ambition is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

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**Current position**

Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy (2020-2024) and is represented in the Plan for Fife - Recovery and Renewal (2021-2024).

'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) will reflect the Fife Health & Social Care Partnership Strategic Objectives and the approach outlined within 'Creating Hope Together', Scotland's Suicide Prevention Strategy (2022-2032) which is a whole society and whole government approach to suicide prevention. This will require us to consider suicide prevention across a number of Fife's Health & Social Care strategies, workstreams and policy areas, for example, Fife Prevention & Early Intervention Strategy which is currently under development and Fife's Mental Health Strategy which will be refreshed following the publication of the Scottish Mental Health Strategy (due summer 2023).

'Creating Hope Together', Scotland's Suicide Prevention Strategy is a 10-year strategy which is supported by 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025). 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) details the actions we will deliver locally in Fife over the next three years as we work towards implementing 'Creating Hope Together'. The actions outlined within 'Creating Hope for Fife' will build on and

continue to deliver work which began under 'Every Life Matters: Scotland's Suicide Prevention Action Plan' (2018-2022) and identify new areas of work to meet the actions outlined within 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025).

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**Objectives and outcomes**

|                    |  |
|--------------------|--|
| <b>Priority 1:</b> | In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk   |
| <b>Outcome 1:</b>  | In Fife we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment   |
| <b>Priority 2:</b> | In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal   |
| <b>Outcome 2:</b>  | Fife's communities will have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support                     |
| <b>Priority 3:</b> | Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.   |
| <b>Outcome 3:</b>  | Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.   |
| <b>Priority 4:</b> | In Fife we will embed a coordinated, collaborative and integrated approach   |
| <b>Outcome 4:</b>  | Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. |

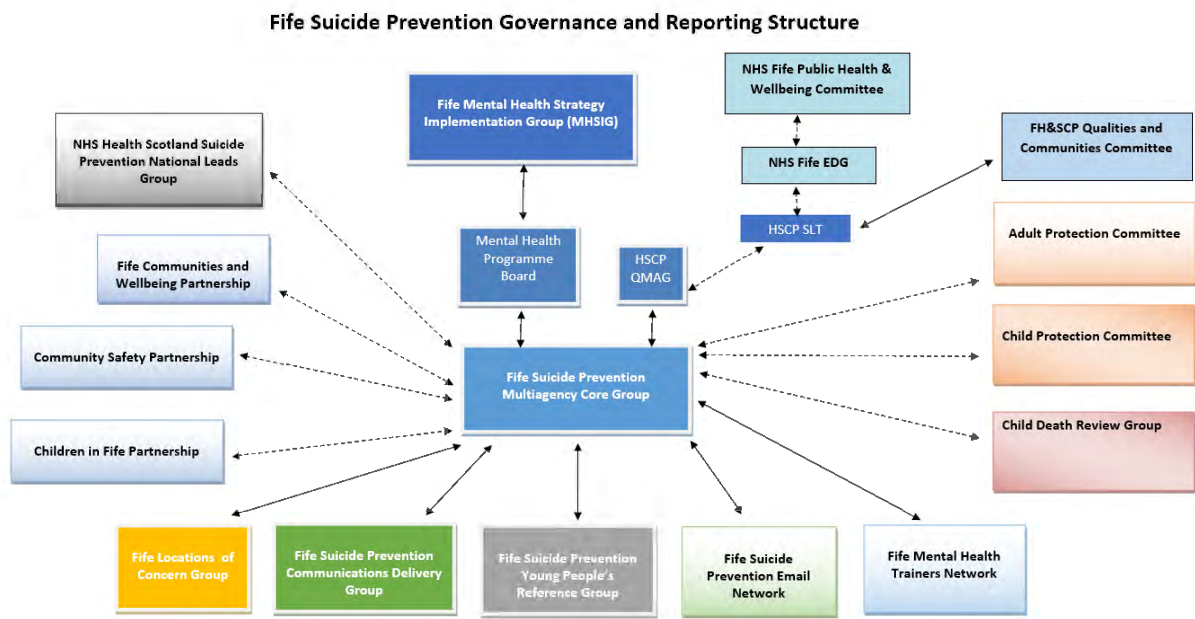
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**What do we want to be in 2025?**

By the end of this three-year action plan:

- Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife
- Progress will be made in supporting individuals, communities and the workforce in Fife to be suicide aware and able to respond to those in need of support
- There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them
- Suicide prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity

## Appendix 4: Fife Suicide Prevention Governance and Reporting Structure





# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                           |   |              |            |
|---------------------------|---|--------------|------------|
| <b>Meeting:</b>           | Integration Joint Board   | <b>Date:</b> | 25/03/2026 |
| <b>Report Title:</b>      | Strategic Plan 2026-2029 DRAFT  |              |            |
| <b>Agenda Item No:</b>    | 8.1   |              |            |
| <b>Responsible Owner:</b> | Lynne Garvey - Director, Health and Social Care Partnership<br>Chief Officer, Integration Joint Board |              |            |
| <b>Report Author:</b>     | Vanessa Salmond - Head of Strategic Planning and Performance  |              |            |

## Executive Summary

- This paper presents an updated draft of the new Strategic Plan 2026-2029 with key supporting documents (Appendices 1, 2, 3, 4a, 4b, 5a, 5b, 6, 7, 8 and 9) for discussion and approval.
- The draft Strategic Plan 2026-2029 (Appendix 1) sets out three priority areas: Prevention, Communities and Digital, supported by a clear Framework for Delivery. The priorities are aligned to the Scottish Government's national priorities and drivers including: the National Health and Wellbeing Outcomes, the Public Health Priorities for Scotland, the Health and Social Care Service Renewal Framework, and Scotland's Population Health Framework, as well as local policy frameworks including the Plan for Fife (2017-2027) and NHS Fife's Population Health and Wellbeing Strategy (2023-2028).
- This version builds upon Phase 2 Participation and Engagement Reports (Appendices 5a and 5b), which reflect the voices of service users, carers, staff, providers and seldom heard groups, further underlining the scale and urgency of the collective shift needed across services to meet future demand safely and effectively.
- A comprehensive suite of supporting documents is provided, including the Strategic Delivery Plan (Appendix 2), an Equality Impact Assessment (Appendix 6), Risk Register (Appendix 7), Market Facilitation Plan (Appendix 8), and Directions for NHS Fife and Fife Council (Appendix 9). An Easy Read Version of the Strategic Plan 2026-2029 (Appendix 3) is also included to support inclusive communication.
- Approval of this suite of documents will enable the draft Strategic Plan 2026-2029 to be published on the Partnership's website and shared with partner organisations, including Fife Council, NHS Fife and the Scottish Government. Approval will also allow the Partnership to continue progressing delivery planning and performance metrics.

## Recommendations

This paper is presented to:

Seek a Decision  
Risk Appetite Section  
MUST be completed



The Integration Joint Board is asked to approve the Strategic Plan 2026–2029 and the suite of supporting documentation. This will set the strategic direction for the period 2026– 2029 and allow the Partnership to progress delivery planning.

## Directions

Fife Council

NHS Fife

## Situation/Background (Purpose of Report)

Fife Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it, and for ensuring the delivery of those functions under Section 25 of the Public Bodies (Joint Working) (Scotland) Act 2014. Section 29 of the Act requires the IJB to prepare a Strategic Plan which sets out the arrangements for carrying out its integration functions and identifies how these arrangements are intended to contribute to achieving the National Health and Wellbeing Outcomes. Section 37 of the Act requires the IJB to review its Strategic Plan at least every three years.

Building on previous achievements, a refreshed Strategic Plan has been developed for 2026–2029. A full programme of evidence gathering, engagement, consultation and drafting has been completed, and the final draft Strategic Plan 2026–2029, along with supporting documents, is now being brought forward for final review and approval.

Following any required changes by the Integration Joint Board the reports will be published on the Partnership's website and shared with partner organisations, including Fife Council, NHS Fife and the Scottish Government.

## Assessment (Key Points/Issues and Risks)

### **DRAFT Strategic Plan 2026-2029 (Appendix 1)**

The Strategic Plan 2026–2029 sets out three priority areas; Prevention, Communities and Digital, supported by a clear Framework for Delivery (Financial Sustainability, Integration, and Transformation). The priorities are aligned to the National Health and Wellbeing Outcomes (Scottish Government), the Public Health Priorities for Scotland, the Health and Social Care Service Renewal Framework, and Scotland's Population Health Framework, as well as local policy frameworks including The Plan for Fife (2017–2027) and NHS Fife's Population Health and Wellbeing Strategy (2023–2028).

### **Strategic Delivery Plan 2026-2029 (Appendix 2)**

The Strategic Delivery Plan provides the bridge between the Strategic Plan's high-level priorities and the practical work required to deliver them. It sets out the Partnership's three-year delivery approach, translating strategic intent into clear objectives, defined responsibilities and measurable outcomes.

Delivery will be supported by Annual Delivery Plans, each containing SMART actions (Specific, Measurable, Achievable, Relevant and Time-bound). These plans provide the operational detail for each year, ensuring activity is clearly articulated, evidence-informed and achievable within available capacity. The annual cycle also enables a flexible approach, allowing updates in response to emerging pressures, learning and financial context while staying aligned to the Strategic Plan.

Progress will be monitored through a refreshed performance and monitoring framework, including quarterly tracking and reporting through the Strategic Planning Group, Committees and the Integration Joint Board. This ensures visibility of progress, early identification of risk, and the ability to adjust actions as needed to maintain momentum and improve outcomes.

An extract from an Annual Delivery Plan, currently under development, is shown below. This extract demonstrates how SMART actions will be structured, monitored and reported, and will be replicated across all portfolios to ensure consistent, measurable delivery of the Strategic Plan.

### Example: Strategic Objective – Strategic Deliverable - Actions

**Strategic Objective 3: Build a thriving, inclusive, and future-ready health and social care workforce that is empowered and demonstrates the leadership needed to deliver integrated, person-led support across Fife's communities.**

**Oversight:** HSCP Workforce Strategy Group

**Lead:** Organisational Development & Culture Lead

#### Strategic Deliverables 2026-2029:

1. Enable access to good data and insight to inform workforce planning.
2. Attract the people and skills we need through targeted, innovative approaches
3. Provide high-quality training, development and supervision to help staff grow, lead, and deliver excellent services and support
4. Develop and embed systems, policies and practices that promote fairness, support workforce wellbeing, and enable compliance with standards and legislation.
5. Understand and improve workforce experience and wellbeing

#### Strategic Deliverable 1: Enable access to good data and insight to inform workforce planning.

Outcome: Leaders and partners embed workforce planning in decision making, collaborate across sectors, and use data to drive sustainable workforce development.

| Actions 2026-27  | By When       |
|--|---------------|
| 1.1: Establish a Sustainable Social Care Workforce Group who will use workforce data to develop a structured approach to recruitment, retention and succession-planning.                                       | October 2026  |
| 1.2: Strengthen partnerships with employability services to deliver tailored employment programmes for people facing barriers, including carers.   | October 2026  |
| 1.3: Informed by data for present and future workforce requirements we will collaborate with Fife Developing the Young Workforce (DYW) to design career pathway events and targeted work experience placements | December 2026 |
| 1.4: Work with schools to use education destination data to inform targeted delivery of high school engagement events showcasing integrated health and social care careers.                                    | November 2026 |

#### Strategic Plan 2026-2029 Easy Read Version (Appendix 3)

An Easy Read Version of the Strategic Plan has been produced to ensure the document is accessible to as many people as possible. It uses plain language, clear structure, and supportive images to explain the Partnership's priorities in an inclusive and understandable way. This supports our commitment to equality by enabling people with learning disabilities, communication needs, or those who benefit from simplified information to engage fully with the Strategic Plan and take part in shaping health and social care services.

A Sway has also been created for the Strategic Plan; it is available here:

<https://sway.cloud.microsoft/ionP7jtnCG7SPN57?ref=Link>

#### Strategic Needs Assessment 2025, Health and Social Care Evidence Review and Participation and Engagement Reports (Appendix 4a, 4b, 5a and 5b)

The Strategic Plan 2026–2029 has been directly shaped by four core evidence sources:

- the Phase 1 Engagement Report
- the Phase 2 Consultation Outcomes Report, and
- the Strategic Needs Assessment.
- the Health and Social Care Evidence Review.

Together, these ensured the Plan is grounded in lived experience, robust data and the priorities that matter most to people across Fife.

Across both phases of engagement and drawing on earlier work the development of the Strategic Plan has been informed by a total of **3,697** individuals and stakeholders:

- **3,200** individuals engaged through supporting strategy consultations during 2022–25

- **105** internal and external stakeholders consulted in Phase 1
- **392** stakeholders involved in Phase 2

The Phase 1 Engagement Report brought together insights from three years of consultation, targeted discussions with seldom heard groups, workforce engagement, and previous strategic reviews. It identified consistent themes including the need for earlier intervention, improved access to primary care, clearer information, stronger support for unpaid carers, and more community led support. These early insights directly shaped the design and focus of the Plan's three strategic priorities: Prevention, Communities and Digital.

The Phase 2 Consultation Outcomes Report then tested the draft plan with 392 people across all seven localities, involving a wide and diverse range of participants. This included people who use health and social care services, unpaid carers, members of the public, staff across NHS Fife and Fife Council, third-sector organisations, equality led community groups, and participants from the Fife-Wide Public Engagement Forum.

Public feedback confirmed strong support for the three priorities, while refining the detail, for example, emphasising digital inclusion, ensuring face to face options remain available, strengthening community connection, improving access to GPs and hospital discharge pathways, and broadening support for carers. These findings were incorporated into the final draft Strategic Plan and deliverables included within the Delivery Plan.

Alongside this engagement, the Strategic Needs Assessment (Appendix 4a) and the Health and Social Care Evidence Review (Appendix 4b) provide the most comprehensive analysis the Partnership has undertaken to date. They highlight clear and unavoidable pressures over the next decade, including demographic change, rising complexity of need, and significant variation in health outcomes across Fife's seven localities. This robust evidence base aligns closely with what people told us through engagement, reinforcing strong public support for earlier intervention, more coordinated community based support, improved access to primary care, and accessible digital options. Together, the engagement and analytical evidence underline the scale and urgency of the collective shift needed across services to meet future demand safely and effectively, and directly inform the priorities, actions and delivery approach set out in the final draft Strategic Plan.

### **Equality Impact Assessment – (Appendix 6)**

The Equality Impact Assessment (including the Children's Rights and Wellbeing Impact Assessment) demonstrates our commitment to designing a Strategic Plan that is fair, inclusive and genuinely shaped by the people of Fife. It highlights the many ways the Plan will improve access, strengthen support, and promote positive outcomes for individuals and communities, particularly those who may face additional barriers. By embedding equality, human rights and children's rights throughout our priorities; Prevention, Communities and Digital. The EQIA shows how the Strategic Plan will help create a more accessible, compassionate and person-centred health and social care system for everyone.

### **Risk Register (Appendix 7)**

The Strategic Plan 2026 – 2029 Risk Register records four risks affecting Plan approval/delivery: Strategic Direction/Decision Making; Finance; Workforce; Participation & Engagement. Mitigations include strengthened governance route/version control; alignment to the Medium Term Financial Strategy; workforce actions (prevention, TEC, digital tools) to manage demand; and a planned programme of ongoing engagement. Residual exposure is Moderate to Low, with defined owners and a clear review schedule.

### **Market Facilitation Plan 2026-2029 (Appendix 8)**

This Market Facilitation Plan (MFP) sets out how Fife Health and Social Care Partnership will work with partners, providers and communities to shape and sustain the social care market in support of the Strategic Plan 2026–2029. It fulfils the statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, which mandates Integration Authorities to produce a Market Facilitation Plan. The MFP sets out our commissioning approach, based on ethical, person-centred and financially

responsible principles, and describes how market intelligence, market structuring, and targeted market interventions will be used to respond to rising demand, inequalities, workforce pressures, and changing community needs. The document provides a clear framework for how we will use data, lived experience, locality evidence and collaborative provider engagement to design, plan and deliver sustainable, high quality care across Fife's seven localities. It also clarifies links to governance, financial planning and IJB Directions, ensuring transparency, accountability and alignment with strategic priorities.

### Directions for Fife Council and NHS Fife (Appendix 9)

Directions set out how Fife Council and NHS Fife must carry out the functions delegated to it by the Fife Integration Joint Board, as defined in Parts 1A and 1B of Annex 1 of the Fife Health and Social Care Integration Scheme (<https://www.fifehealthandsocialcare.org/media/1n0bu15j/fife-hsc-integration-scheme-approved-march-2022.pdf>)

Directions provide a formal mechanism through which the IJB instructs the Council and NHS Fife on the delivery of delegated services, ensuring clarity on responsibilities, accountability, and expected outcomes. This helps translate strategic planning decisions into operational action and supports consistent, integrated delivery across health and social care services.

## Related Documents/Appendices

All supporting documentation for the Draft Strategic Plan 2026-2029 can viewed on our website using the link below:

[www.nhsfife.org/umbraco/sharepreview/W6tZr\\_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmIXq-kdO-DN9D\\_PZJqc8DCi](http://www.nhsfife.org/umbraco/sharepreview/W6tZr_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmIXq-kdO-DN9D_PZJqc8DCi)

- Appendix 1 - DRAFT Strategic Plan 2026-2029
- Appendix 2 – Strategic Delivery Plan 2026-2029
- Appendix 3 – Strategic Plan 2026-2029 Easy Read Version
- Appendix 4a – Strategic Needs Assessment 2025
- Appendix 4b – Health and Social Care Evidence Review
- Appendix 5a – Participation and Engagement Report Phase 1
- Appendix 5b – Participation and Engagement Report Phase 2
- Appendix 6 - Equality Impact Assessment
- Appendix 7 – Risk Register
- Appendix 8 – Market Facilitation Plan 2026-2029
- Appendix 9 – Directions for Fife Council and NHS Fife

## Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

## Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|  | Route To                            | Following                           | Date       | Amendments to report following meeting |                          |   |
|--|-------------------------------------|-------------------------------------|------------|--|--------------------------|---|
|  |                                     |                                     |            | Yes                                    | No                       | Summary of amendments   |
| <b>HSCP/IJB</b>                        |                                     |                                     |            |  |                          |   |
| Senior Leadership Team (SLT)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 16/02/2026 | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | Full summary spreadsheet is recorded of feedback and respective changes. This is available on request.  |
| Local Partnership Forum (LPF)          | <input type="checkbox"/>            | <input type="checkbox"/>            |            | <input type="checkbox"/>               | <input type="checkbox"/> |   |
| Strategic Planning Group (SPG)         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 04/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | No changes required to Appendix 1, 3, 4a, 4b, 5a, 5b, 6, 7,8 and 9<br><br>Appendix 2 Strategic Plan Delivery Plan – new and amended Strategic objectives, additional deliverables and delivery leads added. |
| Quality & Communities (QCC)            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 04/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | No changes required to Appendices 1, 2, 3, 4a, 4b, 5a, 5b, 6, 7,8 and 9   |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | No changes required to Appendix 1, 2, 3, 4a, 4b, 5a, 5b, 6, 7,8 and 9   |
| Integration Joint Board (IJB)          |                                     | <input checked="" type="checkbox"/> | 25/03/2026 |  |                          |   |
| <b>Fife Council</b>                    |                                     |                                     |            |  |                          |   |
| People & Communities Scrutiny          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |            | <input type="checkbox"/>               | <input type="checkbox"/> |   |
| <b>NHS Fife</b>                        |                                     |                                     |            |  |                          |   |
| NHS Board                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |            | <input type="checkbox"/>               | <input type="checkbox"/> |   |

| <b>Implications/Impacts</b>   |                                     |  |
|---|-------------------------------------|--|
| Description of any +/- implications/impacts and any suggested actions arising |                                     |  |
| <b>Service Users/Carers</b>   | <input checked="" type="checkbox"/> | The Strategic Plan sets a clear direction toward prevention, early intervention, and more coordinated community based support, which is expected to deliver positive impacts for service users, patients and carers. Improved access to information, stronger primary care connections, and a focus on self-management should make services easier to navigate and more responsive to people's needs. Carers will benefit from enhanced support, improved access to breaks, and better recognition of their role, contributing to more sustainable caring arrangements. No negative impacts are anticipated. |
| <b>Localities/Communities</b>   | <input checked="" type="checkbox"/> | The Strategic Plan strengthens locality planning by tailoring services to local needs and variations in health outcomes. This place based approach should empower communities, support more equitable distribution of resources, and enable earlier identification of vulnerability or demand. Locality priorities will evolve over time as new data becomes available. Communities are expected to benefit from greater involvement in shaping services and improved access to support closer to home.  |
| <b>Quality of Care</b>  | <input checked="" type="checkbox"/> | A positive impact on quality of care is expected through more joined up service delivery, integrated care pathways, enhanced prevention, and improved transitions between services. Strengthened primary care, digital innovation, and the 'Team Around the Person' approach will reduce duplication, support continuity, and broaden access to safe, person-centred care.   |

|  |                                     |   |
|--|-------------------------------------|---|
| <b>Workforce</b>   | <input checked="" type="checkbox"/> | The Strategic Plan requires the Partnership's workforce to adapt to new models of care, enhanced digital approaches, and greater focus on prevention and integrated working. While this may create short term operational pressures, it also brings opportunities for new roles, professional development, and improved staff experience through reduced duplication, better digital tools, and clearer pathways. Workforce sustainability is identified as a key strategic challenge, and the Plan commits to strengthening wellbeing, skills and leadership.  |
| <b>Legal</b>   | <input checked="" type="checkbox"/> | Implementation supports compliance with statutory duties under the Public Bodies (Joint Working) (Scotland) Act 2014, including strategic planning, stakeholder engagement, and delivering the National Health and Wellbeing Outcomes. The Strategic Plan also aligns with duties relating to adult support and protection, carers' rights, advocacy requirements and digital information governance. No adverse legal implications are anticipated.  |
| <b>Financial</b>   | <input checked="" type="checkbox"/> | The Strategic Plan has significant financial implications, as it must be delivered within a challenging financial environment marked by rising demand, increasing complexity, and constrained public sector budgets. The Partnership's Medium-Term Financial Strategy (2026-2029) will provide the framework through which resources will be aligned to priority areas, including prevention, community-based models of care, digital innovation, and a sustainable workforce. Delivering the Strategic Plan will require new ways of working, improved efficiency, and the careful targeting of investment to ensure long term financial resilience. |
| <b>Performance</b>   | <input checked="" type="checkbox"/> | The Strategic Plan places strong emphasis on improved performance management, outcomes measurement and accountability. A refreshed framework will ensure regular monitoring, clear deliverables and transparent reporting. This should enhance the Partnership's ability to demonstrate impact, identify pressures earlier and support continuous improvement. No negative impacts are anticipated.   |
| <b>Climate</b><br><a href="#">Climate Fife 2024 Strategy and Action Plan</a> | <input checked="" type="checkbox"/> | While climate is not the primary focus of the Strategic Plan, the direction of travel supports several positive environmental outcomes. Increased digital delivery, reduced reliance on travel for appointments, prevention of avoidable hospital admissions, and more community based care all contribute to lowering emissions. Estate rationalisation and investment in sustainable models of care also support climate ambitions.   |
| <b>Communication and Engagement</b>  | <input checked="" type="checkbox"/> | The Strategic Plan commits to ongoing, inclusive engagement with communities, staff, carers and partners. The direction of the Plan strengthens transparency, coproduction and locality based involvement. Delivery will require high quality communication, regular updates on progress, and accessible information including easy read translation and non-digital channels to ensure meaningful participation throughout implementation.   |
| <b>Risk &amp; Mitigation</b>   | <input checked="" type="checkbox"/> | Key risks relate to financial pressures, workforce capacity, increased demand, digital exclusion, and the level of organisational and service change required. Mitigation is built into the Strategic Plan through phased implementation, strong governance, equity focused digital approaches, strengthened primary care, and alignment of resources with priority areas. Continued monitoring, partnership working, and adaptive planning will be essential to managing emerging risks.   |
| <b>Equalities and Human Rights, including children's</b>                     | <input checked="" type="checkbox"/> | Full EQIA has been completed and is included as Appendix 6.   |

|   |  |  |
|---|--|--|
| <b>rights and health<br/>inequalities</b> |  |  |
|---|--|--|

## Risk Appetite Consideration for Key Decisions

## Appendix 1

| Key Decision  | What are the risks if we do not take this decision?  | What are the risks to taking this decision?   | What impact do these risks have for the IJB?*   | Corresponding risk appetite**  | What benefits are envisaged from taking this decision?   | Can we take or accept those risks associated with taking this decision in line with our Risk Appetite?  |
|---|--|---|---|--|--|---|
| <p>Agree that the draft Strategic Plan 2026-2029, (including supporting documents) meets the Partnership's statutory requirements and strategic needs. And agree that the draft Strategic Plan should progress through the governance process for final review and approval by the IJB in March 2026.</p> | <p>Non-compliance with legislative requirements and failure to meet national outcomes. Key risks include fragmented services, poorer patient/carer/service user outcomes due to lack of coordination, inefficient resource use, financial overspends, workforce burnout, increased health inequalities, reputational damage and loss of public confidence.</p> | <p>There is a risk that the draft Strategic Plan and supporting documents do not meet the expectations and/or requirements of key stakeholders, for example governance groups or board members.</p> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Strategic Objectives</li> <li><input checked="" type="checkbox"/> Legislation</li> <li><input checked="" type="checkbox"/> Governance</li> <li><input checked="" type="checkbox"/> Quality of Care</li> <li><input checked="" type="checkbox"/> Resources</li> <li><input checked="" type="checkbox"/> Reputation</li> </ul> | <p>Open<br/>Averse/Minimalist<br/>Cautious/Open<br/>Cautious/Open<br/>Open<br/>Cautious/Open</p> | <p>Ensures compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2024 and related legislation. Provides a strategic framework for effective, equitable and sustainable health and social care services ensuring better outcomes for individuals, families and carers across Fife.</p> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> N/A risk only applies if we do not take the decision</li> </ul> |

# Strategic Plan for Fife 2026-29

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# Joint Foreword

The Strategic Plan sets out what we want to achieve and how we will get there. Over the past three years, we have gathered a wealth of data, learned valuable lessons, and most importantly listened. Through engagement with our communities, staff, and partners, we have received thoughtful and constructive feedback that's helped shape the refreshed plan.

We are ambitious in our goals, but also realistic. We want the absolute best for everyone in our communities, and to do that, we must make the most of what we have. We do not have an endless supply of money or people, so sustainability must be at the heart of everything we do. That means building a resilient workforce, delivering services that are sustainable, and doing it all within a finite budget. It is a tall order, but it is achievable if we work together. We cannot do this in isolation. Collaboration with our staff, Fife Council, NHS Fife, and our wider partners in the third and independent sectors who deliver services on our behalf is essential. The integrated working that we already have across organisations here in Fife is outstanding, and we are committed to continuing that journey.

Transforming how we work is essential to meeting the needs of our communities. Our transformation programmes continue to progress, and we want to thank everyone involved. We know that change can feel unsettling while services are still being delivered, and we appreciate the commitment shown by our staff and partners. As we move forward, we face significant financial pressures, an ageing population, and rising demand. These challenges are real, and we will meet them with creativity, collaboration and a shared commitment to doing things differently.

Through different ways of working, we have opportunities to explore how we reduce our carbon footprint and operate more sustainably. Our digital projects are already helping us cut down on printing and improve how we use our resources. As part of this commitment, we will also carry out focused work to better understand our overall carbon footprint, including within our transport programme, so we can make informed decisions and support greener, more sustainable practices across our organisation.

Together, we are building a stronger, more sustainable future for health, social work and social care in Fife.



**Lynne Garvey**

*Director of Fife Health  
and Social Care  
Partnership*

*Chief Officer, Fife  
Integration Joint Board*



**Cllr David Ross, Chair**

*Integration Joint Board*

# Executive Summary

We are pleased to share the Fife Health and Social Care Partnership Strategic Plan 2026–2029, a clear and collaborative plan to improve health and wellbeing across Fife. Building on strong foundations, it reflects the voices of our communities, workforce and partners and sets out a shared vision:

**“To enable the people of Fife to live independent and healthier lives.”**

The Strategic Plan responds to a changing landscape of rising demand, demographic shifts and the need for sustainable, person led care. It aligns with national direction, including the Health and Social Care Service Renewal Framework and Scotland’s Population Health Framework.

To meet these challenges, we have identified three strategic priorities:

- **Prevention:** People have the knowledge, support and confidence to live healthier, more independent lives for longer.
- **Communities:** Work together with communities and our partners to support people, carers, and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and connection.
- **Digital:** Inclusive and innovative digital care that enhances wellbeing, independence, and connection.



These priorities are supported by our Framework for Delivery, which ensures we are FIT for the future; Financially sustainable, Integrated and Transformative. This framework guides how we plan, invest and innovate across services, ensuring that care is high quality, resilient and responsive to what matters most to people.

We are committed to:



- **Financial sustainability:** Making best use of resources, investing in prevention and building a system that is economically and environmentally responsible.
- **Integrating further:** Joining up services across health, social work, social care, housing and the third sector to deliver seamless, person-centred support.

- **Transforming services:** Redesigning care models, embracing digital solutions and co-producing services with communities to meet evolving needs.

Delivery will be prioritised and phased over the three year period, aligned to financial context, workforce capacity and organisational readiness, so improvements are introduced safely, sustainably and where they have greatest impact.

Our three priorities, **Prevention**, **Communities** and **Digital** are closely connected and designed to work as a single, coordinated approach. Prevention helps people stay well, but it is most effective when strong communities offer early support and when people can easily access information and services. Community based care is strengthened by digital tools that improve connection, coordination and access. Digital solutions also enhance prevention by making support simpler, faster and more consistent.

Together, these priorities ensure people receive earlier help, closer to home, with the tools and support they need to stay well, connected and independent.

The Strategic Plan is more than a document; it is a shared commitment to meaningful change. It reflects the strengths of our people, carers and communities, and sets out how we will work together to deliver better outcomes for everyone in Fife.

Together, we are building a health, social work and social care system that is focused, inclusive and ready for the future.

You can find more information about the Partnership's approach to strategic planning, as well as details of our activities and achievements over the last three years on our website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org).



# Our Plan

## Our Vision

To enable the people of Fife to Live independent and healthier lives.

## Our Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

## Our Strategic Priorities

### Prevention

People have the knowledge, support and confidence to live healthier, more independent lives for longer.

### Communities

Work together with communities and our partners to support people, carers and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and connection.

### Digital

Inclusive and innovative digital care that enhances wellbeing, independence, and connection.

## Framework for delivery

### Financially Sustainable

Making best use of resources, investing in prevention and building a system that is economically and environmentally responsible.

### Integrating Further

Joining up services across health, social work, social care, housing and the third sector to deliver seamless, person-centred support.

### Transforming Services

Redesigning care models, embracing digital solutions and co-producing services with communities to meet evolving needs..

# Introduction

Our refreshed Strategic Plan builds on our previous Strategic Plan (2023 to 2026) and its supporting strategies to set out our priorities over the next three years. The environment in which we operate continues to be challenging and this is reflected in our refreshed Strategic Plan. In preparing this we have listened carefully to the views of communities, our workforce and our stakeholders, while reflecting on the evidence available to us.

The Strategic Plan outlines our key priorities and provides a high-level overview of how we plan to achieve them. It is designed to be accessible to a wide audience from board members and senior managers to frontline staff and the people who use our services. To support this, the Strategic Plan is written in plain language, with an 'easy read' version and summary version available. More detailed technical information is provided in supporting documents, all of this information is available on our website here: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org).

We know that continuing with current approaches will not be enough to meet the growing needs of our communities. Demand is increasing but our capacity to respond is not keeping up, and we must adapt. The Strategic Plan sets out how we aim to respond by focusing on prevention, strengthening communities, and embracing new technologies, and to support people to care for themselves and others. Addressing needs proactively and embracing innovation creates new pathways to improve outcomes for individuals and communities. While the journey will be challenging, transforming how we work is essential to better meet demand and achieve our vision:

**'To enable the people of Fife to live independent and healthier lives.'**

The Strategic Plan outlines how we aim to deliver the nine national Health and Wellbeing Outcomes for Health and Social Care across Fife, in every locality, in every community and for every person, while aligning with key national policy drivers including the Health and Social Care Service Renewal Framework and the Population Health Framework. While the Strategic Plan outlines our shared vision and priorities, the detail of delivery is set out in portfolio, service, and locality Delivery Plans. These translate strategic intent into practical actions with clear objectives, timelines, and responsibilities to ensure coordinated, accountable, and locally responsive implementation.

Our existing strategies, evidence, engagement, and learning from previous plans have laid the foundation for this Plan. Going forward, we aim to simplify our strategic landscape by reducing duplication, improving alignment, and focusing efforts to strengthen delivery and achieve meaningful change.

Achieving this will require strong collaboration across health, social work, social care, and community partners. This includes our skilled workforce, the voluntary and independent sectors, and unpaid carers.

# Our Approach

In developing the Strategic Plan, we focused on understanding what matters most to the people of Fife and how best to respond to the changing needs of our communities. Our approach brings together evidence, practical insight, and lived experience, while ensuring our work remains aligned with wider national policy direction. It reflects what we have learned from delivering services, the challenges we face now, and the opportunities to work differently to support people to live well.

As part of this work, we also looked closely at the needs of Fife's seven localities to support locality planning and ensure the Strategic Plan reflects diverse community priorities. The plan has been shaped by extensive engagement and consultation, and we remain committed to continuing that dialogue with the people we support. Throughout the document, you will find references to supporting evidence and links to further information.

Many of our health, social work and social care challenges are closely linked to broader societal issues. This includes demographics such as the ageing population, but also poverty and our social culture. This means that while there is some local variation, Fife tends to reflect what we see across Scotland and beyond. National policy guides the services required now and, in the future, and within Fife we adopt and adapt these approaches to meet local needs.

## Transforming Health & Social Care in Scotland

### Health & Social Care Service Renewal Framework

Prevention  
People  
Community  
Population  
Digital



**Workforce**  
Sustainable  
Flexible Models

### Population Health Framework

Prevention  
Access  
Quality  
Person-led



**Digital**  
Ethical Data Use  
Integrated Care Records  
System Efficiency

### Hospital Based Care



### Community Base Support



## National Policy Drivers and Frameworks

Fife's strategic priorities align with the principles, priorities and outcomes in key national frameworks. There are many primary connections, although most priorities and enablers have multiple connections, for example prevention is linked to several national health and wellbeing outcomes.

Throughout the Strategic Plan, you will see colour coded bullets appearing beside our priorities and framework for delivery areas (click on the links to read the four national frameworks).



– [National Health and Wellbeing Outcomes](#)



– [Public Health Priorities for Scotland](#)



– [Health and Social Care Service Renewal Framework](#)



– [Scotland's Population Health Framework](#)

We use these codes consistently throughout the Plan to show how each of our strategic priorities and our Framework for Delivery (FIT) align with national outcomes, how our local priorities connect to national expectations, and how our objectives support the wider direction set by the Scottish Government.

## Local Policy Drivers

In Fife, the strategic direction for health, social work and social care is shaped by two key policy frameworks: the Plan for Fife (2017–2027) and the NHS Fife Population Health and Wellbeing Strategy (2023–2028). Together, these documents articulate a shared vision for improving the lives of Fife's residents through integrated, equitable and sustainable services.



You can find more information about the Plan for Fife [here](#)



You can read the full NHS Fife Population Health and Wellbeing Strategy [here](#)

## Our Strategic Needs

Fife is one of the largest Health and Social Care Partnership areas in Scotland serving a population of 371,340. Over 86,000 people have some form of long-term health condition and over 40,000 care for someone in an unpaid capacity. Understanding need is key to planning future services and determining our priorities for the next three years.

### People are living longer

Like the rest of the UK, Fife is experiencing a demographic shift - more people are living longer and healthier lives. Within the next five years, the peak of the post-war generation will reach 65, marking a new chapter where many will continue to age well and contribute actively to their communities.

As people live longer, the need for health, social work and social care services will grow. During the lifetime of the Strategic Plan, we anticipate a near 10% rise in demand for care at home services and a potential 15% increase in emergency admissions for older adults.

This increase is underway and will continue for the next 10 to 15 years. It presents both a challenge and an opportunity to innovate, plan ahead, and ensure services evolve to support people's wellbeing as they age.

The increasing prevalence of a range of diseases and other health conditions will significantly drive demand too. For example, dementia is expected to rise by around 10% over the period of the Strategic Plan and prevalence of lung cancer by 17%. A similar picture is seen across a range of health conditions.

### Mental health is critical

Across Fife, one in three people will experience mental health problems of some kind each year. Some issues, such as anxiety or depression, can affect people of any age. Symptoms can last for a short time, they may come and go, be triggered by experiences or circumstances, or they can be lifelong.

People with lifelong mental illness are more likely to die 15 to 20 years prematurely because of physical health problems. In Fife, almost 40% of adults aged 16 and over have a limiting long-term physical or mental health condition or illness.

## The Key Metrics

|  |  |  |  |
|--|--|--|--|
| <b>Population</b><br><b>371,340</b>                  | <b>Unpaid Carers</b><br><b>44,189</b>  | <b>People Receiving Care at Home</b><br><b>2,800</b> | <b>People with long term illness disease or condition</b><br><b>86,893</b> |
| <b>Male</b> <b>76.7</b><br><b>Female</b> <b>81.1</b> | <b>Life Expectancy</b><br><b>58.6</b><br><b>Healthy Life Expectancy</b><br><b>54.5</b> | <b>People in Long Term Care</b><br><b>2,500</b>      | <b>People with Mental Health Issue</b><br><b>44,189</b>                    |

## Fife compared to Scotland

Many health issues can be influenced by the right access to information, care and support. They are also shaped by wider factors such as education, environment, and social conditions. In some areas, Fife experiences higher demand for services compared to the national average. For example, hospital admissions related to drug use are 51% higher than the Scottish average, and alcohol-related admissions are 21% higher.

Across Scotland, people who live in the most deprived areas are 12 times more likely to have a drug misuse death compared to people in the least deprived area. Over recent years the number of drug related deaths in Fife has stabilised, but the rate of drug related deaths in the 15 to 24 year old age group is still higher than the national average.

Smoking, particularly during pregnancy, is another area where Fife's rates are higher than the national average. Reducing smoking can help improve long-term health outcomes for both parents and children. There is also growing evidence that conditions like dementia may be influenced by lifestyle and environmental factors, with up to 40% of cases potentially avoidable through early intervention,

healthier living, and reducing preventable risk factors.

In recent years Fife has seen a decrease in the number of children living in poverty. Around 15% of children are now living in absolute poverty (without basic needs) and 18% are living in relative poverty (below the general standard of living).

However, across a wide range of health metrics, Fife is similar to the rest of Scotland and in some instances, we are doing better. Cancer registrations are 6% lower and slightly more babies and Primary 1 children are of healthy weight, a key determinant of future health.

Overall, the number of people in Fife will stay roughly the same, the increased number of older people being offset by mainly fewer children. This will have implications for both the care workforce and unpaid carers, who might increasingly be older, less healthy and may require more support. The risk is that in the future there will be a smaller pool of people available to care for those who need it, relative to the number of people needing care.

In many ways the Fife population is like Scotland in miniature. Overall, we tend to be roughly average across most population and health metrics. However, these 'average' outcomes tend to hide significant variation across Fife, even at a fundamental level. For example, average life expectancy varies between Fife localities by as much as 4.6 years for females and 3.7 years for males. While cancer registrations are 13% higher in South West Fife and Cowdenbeath localities than in Dunfermline and North East Fife localities. In some instances, the difference can be stark, with hospital admissions for alcohol related reasons almost twice the rate in Glenrothes than in St Andrews.

To a high degree the differences we see across Fife are driven by demographic factors such as deprivation, suggesting that solutions lie in wider society. This reinforces the need for our close collaboration with Fife's community planning partners.



**“There’s significant variation in health outcomes across Fife”**

Examining the needs of Fife in this way leads to a strong indication of what our priorities need to be.

Demand is likely to continue increasing while our resources are unlikely to increase enough to meet it. Even unpaid care, a key aspect of community care, is unlikely to be able to keep up. This is not a sustainable situation and staying the same is not an option. This leads to the conclusion that demand itself needs to be reduced through even greater focus on prevention and early intervention. Fife already has the first Prevention and Early Intervention Strategy in Scotland and building on this progress will be key. Prevention therefore continues to be a strategic priority for us.

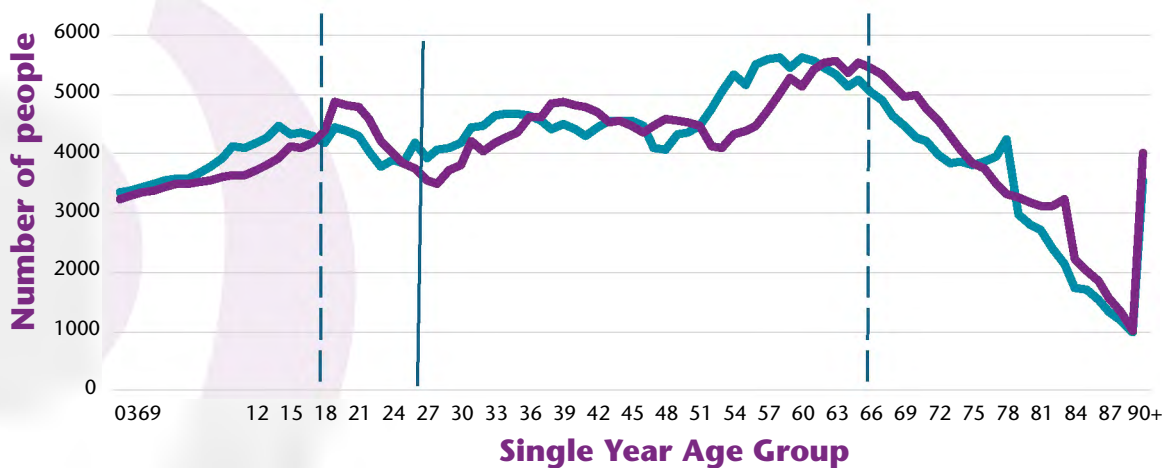
As emphasis shifts from hospital centred care to community-based models which are more sustainable and better care options, our models of care need to be transformed. We cannot ignore the very real differences in need in different parts of Fife, and we must be responsive to this and shape our care around those differences. It is

important that we have a Communities strategic priority to address these local differences and recognise the need for different care models.

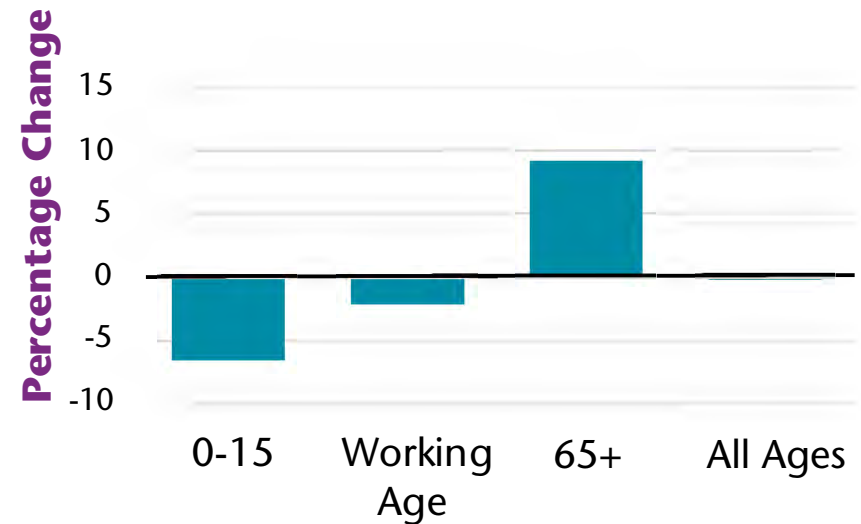
It is not possible to prevent everything which drives demand for services, but we can help by making access to care more efficient and the care itself more effective. A significant national driver to achieve this is greater use of Digital technologies and approaches. Engagement with individuals, carers and families has shown that even where a service is available, people may not know about it or how to access it, digital approaches can be a major contributor to improving this.

As Fife's population ages and the number of people living with long term conditions grows, these changes will place increasing pressure on health, social work and social care services. The diagram below shows how this pressure is projected to rise by 2030.

## The Key Demographic Change



Change in population Age Structure in Fife by individual ages. (blue is current, purple is 2030)



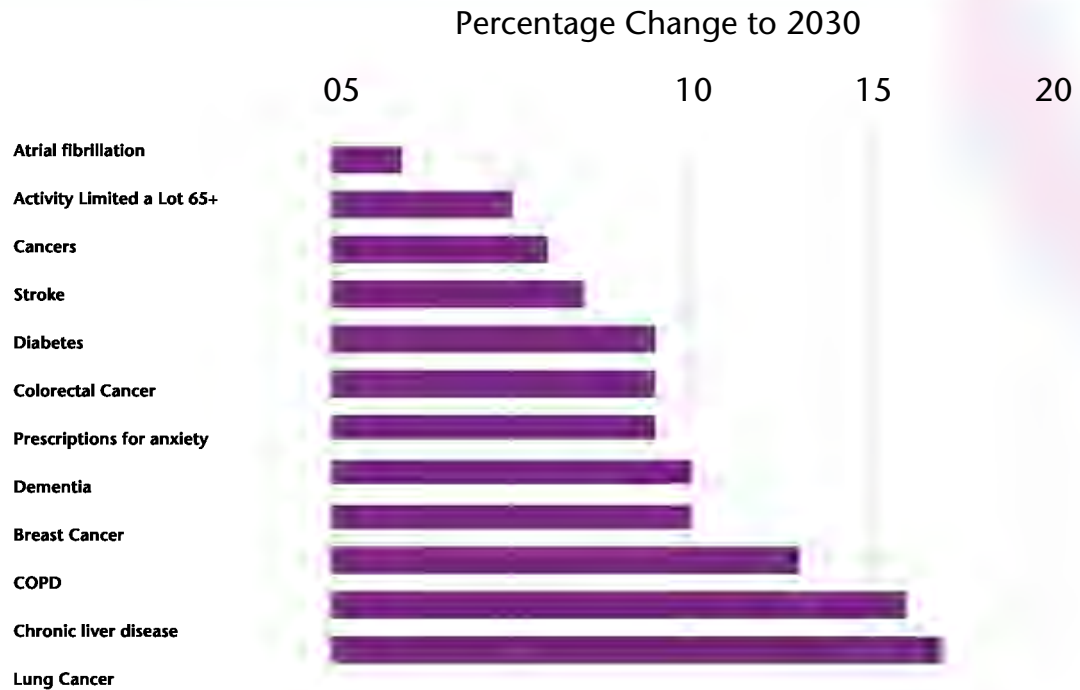
Percentage Change in Broad Age Groups by 2030

## Pressure on Services to 2030

### Burden of Disease in Fife

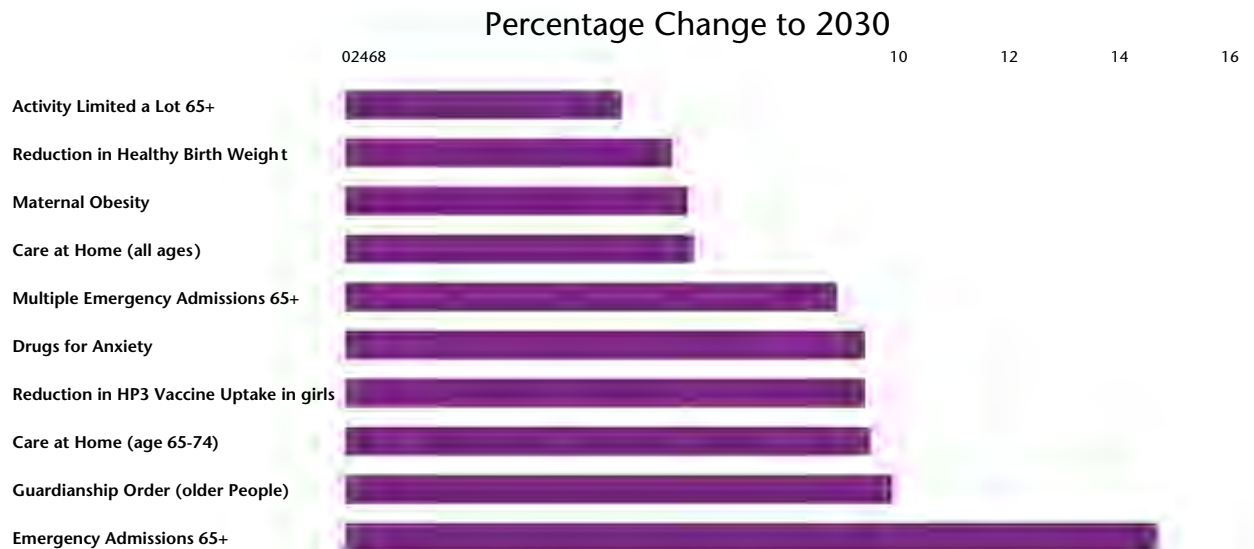
Over the period of the Strategic Plan a wide range of diseases and conditions are likely to increase markedly.

This is mainly driven by the increase in people over 65.



### Service Challenges

Over the period of the Strategic Plan a wide range of services will experience significantly increased demand or in factors which affect later health and demand for services.



# Our Promise

To deliver our strategic priorities, we must ensure our workforce feels connected, informed, and empowered. This starts with inclusive engagement, creating spaces where voices are heard, contributions valued, and everyone can help shape the journey.

Our commitment also extends to the people we care for and support, patients, carers, residents and service users. Their voices matter, and through our workforce we will ensure every interaction is grounded in respect. Meaningful engagement requires communicating in ways that meet different needs, encouraging people to take part, and valuing a wide range of perspectives.

We are committed to being open and transparent with our workforce, partners and the public. People deserve honesty, and we will communicate clearly, share challenges openly, and celebrate progress together. When people are informed and actively involved in shaping change, integration becomes a shared journey that strengthens connections, enables better decisions and improves outcomes for the people of Fife.

We are committed to ensuring our services are safe and sustainable for both our workforce and the people of Fife. Sustainability in this context means creating conditions where staff feel supported and where people experience care that meets their needs. By promoting priorities that reflect what matters to our staff and the people we support, we can build services that are resilient, responsive and capable of meeting future needs.

This promise is not ours alone. It is one we fulfil together. Our staff are the golden thread that runs through this plan, and their continued passion, integrity, and commitment are what will bring it to life. Together, we will make this plan real. Together, we will make a difference.



# Mainstreaming Equality

Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. The Strategic Plan 2026 to 2029 will ensure that we continue to work effectively with partners, local communities, and individuals, to challenge sources of inequality such as discrimination, harassment and victimisation, and to promote equality of opportunity for all.

Our equality outcomes are:

1. Accessible information, services and support.
2. Safe and inclusive communities.
3. Equality data that informs service design, delivery and evaluation.
4. Lived experience, participation and co-production.
5. Workforce training, awareness and diversity.

Further information about our equality outcomes, and our commitment to integrate equality into the day-to-day working of the Partnership is available on our website: [www.fifehealthandsocialcare.org/about-us/equalities](http://www.fifehealthandsocialcare.org/about-us/equalities)



# Our Strategic Priorities

Our strategic priorities provide a clear focus for the changes we need to make over the next three years. They bring together the key areas where action will have the greatest impact and help us target our efforts where they matter most. By setting out these priorities, we are creating a shared direction for our staff, partners and communities, guiding how we plan, invest and deliver improvements across Fife.



People in Fife have the knowledge, support, and confidence to live healthier, more independent lives, for longer.

Work together with communities and our partners to support people, carers, and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and connection.

Inclusive and innovative digital care that enhances wellbeing, independence, and connection.

Our three strategic priorities, **Prevention, Communities and Digital**, each have their own focus, but they are strongly connected. Progress in one area supports the others, and together they give us a joined up, co-ordinated approach to improving health and wellbeing across Fife.

- **Prevention** helps people get support earlier, enabling them to stay well for longer. This is only possible when communities are strong and connected, and when people can access simple digital tools and information that make support easier to find and use. By doing this, we can reduce avoidable demand on hospital based and statutory services.
- **Communities** provide the foundations for wellbeing, offering early support, reducing isolation, and enabling people to live independently at home. Strong community networks make prevention possible, while digital tools help people stay connected, informed and supported.
- **Digital** tools make it easier for people to manage their own wellbeing and for staff to share information safely. They help support to be offered earlier, strengthen community based care by helping services work smoothly together, and contribute to prevention by making information and advice quicker to access.

Together, these priorities create a single, aligned approach: supporting people earlier, closer to home, and with the right tools to stay well, connected and independent.

Within each priority, we have set out the priority areas we will focus on over the next three years. These priority areas are intentionally high level, providing clear direction while recognising the complexity of delivering change across our system. They do not represent everything the Partnership will do; rather, they highlight the areas where we will concentrate our collective effort while continuing to provide a wide range of statutory and non statutory services every day.

The detailed actions that will take these priority areas forward are set out in the Strategic Delivery Plan 2026–2029 and the Annual Delivery Plans, which together describe how our strategic intent will be translated into coordinated, partnership wide improvement.



# Priority 1: Prevention



**Our Aim: People in Fife have the knowledge, support, and confidence to live healthier, more independent lives, for longer.**

Prevention and early support are essential for sustainable health, social work and social care and for achieving the best outcomes for people in Fife. Many of the biggest health challenges such as preventable diseases, poor mental wellbeing, and substance related harm can be tackled through early action.

Rates of smoking, obesity, inactivity, loneliness, and unmet mental health needs vary across local areas, and access to GPs (local doctors) and dental care remains a concern for many. Health inequalities across Fife mean that some communities experience higher risks and poorer outcomes, so tackling these inequalities is central to our approach. Many people in Fife experience mental health distress, are at risk of harm from substance or alcohol use, or are affected by self-harm or suicidal thoughts, and these individuals need a timely, compassionate response to prevent crises and improve outcomes.

Families and communities also shape health and wellbeing. By supporting individuals, carers and families together, we can build resilience across generations, promote healthy lifestyles, and reduce the risks of poor outcomes in the future.

Everyone has a part to play. We want to empower people to actively manage their health and wellbeing by providing clear, targeted information and having meaningful conversations about the factors that impact their lives. This includes practical guidance on what they can do to support their own physical and mental health. At the same time, we will ensure robust, joined-up systems and processes are in place to protect adults at risk of harm. By making services easier to

navigate and ensuring that wherever people turn, they can access the right care, in the right place, and at the right time, we will create a safer, more supportive environment for everyone.



## What people told us

People want quicker access to the right help and clear information and guidance to support healthier choices and manage health conditions with confidence. They have also told us that the health, social work and social care system can be difficult to navigate, and it is not always clear where to go for support. People want a simpler, more consistent experience, wherever they turn, whether through their GP (local doctor), community pharmacy, school, or other community services, they can get the support that they need without delay.



## What we will focus on

Our focus is on supporting individuals to take an active role in their own health and wellbeing, making self-care part of daily routines. By helping people build resilience and protective factors, we can make it easier to manage life's challenges and reduce the chances of becoming unwell. We will prioritise early action, strengthen care including local doctors, community pharmacy, dentists, and ophthalmology (eye health) and improve connections between services to ensure joined-up support.

We will foster a prevention-first culture across Fife, where individuals, carers, families, communities, employers and services share responsibility for health and wellbeing. Working collaboratively, we will tackle the wider social and environmental factors that shape health, including housing, income, employment and opportunities for physical activity. Through strong collaborative leadership with our third and independent sector partners, we will embed prevention at the core of everything we do and drive system-wide change that delivers lasting impact.



There are different ways people can protect their health and wellbeing at every stage of life:

- Primary prevention – staying well: Make choices that reduce health risks, such as being active, eating and sleeping well, and keeping up with vaccinations.
- Secondary prevention – spotting problems early: Notice changes in your health, attend health checks and screenings, and seek advice promptly to prevent conditions from worsening.
- Tertiary prevention – managing conditions confidently: Follow care plans, take treatments as advised, and use support to manage long-term conditions and maintain independence.

Building resilience also means creating a compassionate safety net, where people in distress, including those affected by self-harm or suicidal thoughts, are supported quickly and without judgement. By ensuring early, empathetic support, we can prevent conditions from worsening and help people regain control of their lives.

A stronger, more joined-up primary care system supports people in all of this, helping them prevent illness, detect problems early, and confidently manage their health over the long term.



## Our Priority Areas:

- **Provide targeted information** and have good conversations with people about factors impacting their wellbeing and what they can do to support their own physical and mental health.
- **Ensure joint systems and processes** are in place to protect adults at risk of harm.
- **Deliver person-centred, strengths-based social work and social care practice** that promotes independence, protects vulnerable individuals, and supports people to live safely and well within their communities.
- **Support people to achieve their best mental health and wellbeing** through the delivery of our Fife Mental Health and Wellbeing Strategy.
- **Continue to strengthen Primary Care Services** improving equitable access, quality and peoples experience of care.
- **Prevent and reduce harm caused by alcohol and drug use.**
- **Reduce the number of suicide deaths in Fife** whilst tackling the inequalities which contribute to suicide.
- **Build knowledge and confidence in responding to self-harm** across a range of settings, ensuring people receive an effective and compassionate response.
- **Embed the principles of healthy and active ageing** across health, social work and social care services, ensuring older people are supported to live well, maintain independence, and experience coordinated, person-centred care aligned with the Ageing and Frailty Standards.

## The positive change we aim to deliver

People will feel confident managing their own health and wellbeing, supported by accessible services and clear information. Communities will be healthier, more connected, and experience fewer preventable illnesses. We will see increased participation in prevention programmes, reduced variation in outcomes across communities, and fewer hospital admissions for conditions that could be prevented or managed in the community. Primary care will be stronger, easier to access, and better integrated, helping people prevent illness, detect problems early and manage conditions effectively.





# Priority 2: Communities



**Our Aim: To work together with communities and our partners to support people, carers, and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and connection.**

Fife is experiencing growing pressure on hospital services as more people live longer with complex or long term conditions. Our shared ambition is for people to live well at home or in a homely setting for as long as possible, because home is where most people feel safest, most independent, and best connected to their community.

Strengthening support at home and within communities will help reduce unnecessary admissions and ensure smoother transitions when hospital care is needed. Locality planning and strong community engagement are central to this change, ensuring that local insight, assets and priorities shape how support is designed and delivered.

Supporting unpaid carers is also vital, recognising the essential role they play and ensuring they have the right help to sustain both their wellbeing and their caring role.

None of this can be achieved by one organisation alone: strong collaboration across health, social work, social care, housing, the independent and third sectors, and our local communities is essential to building a resilient, joined up system focused on what matters most to people.



## What people told us

People want support that promotes independence, provides earlier help at home, and reduces delays after hospital stays. They value care that is compassionate, tailored to their individual needs, and delivered with dignity and respect. Carers have told us they want to be recognised, respected, and supported, with better access to information, more coordinated services, and regular breaks. Young carers in particular want equal opportunities to enjoy childhood, education, and social life. Communities have said they want to feel connected and supported, with services that help people stay part of community life and reduce isolation. They also want to be included and valued in shaping services, with confidence that their voices will influence decisions.



## What we will focus on

We are transforming care in Fife by shifting from hospital led services to community based support that promotes independence, recovery, and wellbeing. This involves planning and delivering care locally, using evidence and lived experience to shape priorities and guide how we use our resources.

We will work collaboratively with people, carers, families, and partners to design services that are inclusive, coordinated, and compassionate. Carers will be supported from the earliest stages of their caring journey, with timely information, flexible support, and access to breaks that protect their own health and wellbeing.

Community engagement will be embedded in all aspects of planning and improvement to ensure that diverse voices influence decisions.

Our workforce will be skilled, confident, and supported to work in new ways, and our partnerships across health, social work, social care, the independent sector, and the third sector will continue to strengthen. This will help ensure services remain responsive, integrated, and aligned to the needs of local communities.



## Our Priority Areas:

- **Support unpaid carers** so they can stay healthy and well while balancing and maintaining their caring role.
- **Listen to people's voices and experiences**, and make sure they shape the way care and support is planned and delivered.
- **Work alongside communities**, drawing on local insight and evidence to shape priorities and address challenges.
- **Strengthen community led support** so more people can connect with local support and take action to improve their life in ways that matter to them.
- **Ensure timely and equitable access to independent advocacy** for people who need support to understand choices and express their views.
- **Embed multi-agency approaches, optimise discharge pathways, and strengthen community-based alternatives to hospital care.**
- **Ensure that people experiencing care in adult and older people's care homes get the most out of life**, and experience connection which enriches their day-to-day lives and meets their individual needs.
- **Actively advance equality, eliminate discrimination, and improve outcomes for people from all backgrounds** by embedding inclusive practice, listening to lived experience, and targeting actions where they are needed most.
- **Provide coordinated care and support** for people living with dementia and their families.

## Our Priority Areas cont.

- **Shape integrated, rights-based supports and services** that empower neurodivergent people and people with learning disabilities to live well and participate fully in their communities.
- **Improve access to person-centred assessment and interventions** including prehabilitation, rehabilitation and reablement.
- **Work with partners** to ensure children and young people are loved, safe, respected and realise their full potential.
- **Strengthen local support** so that people at the end of life receive compassionate, person centred care aligned with their wishes.
- **Strengthen awareness, understanding, and compliance with the Armed Forces Covenant Duty** across the Partnership and ensure services meet the needs of the Armed Forces Community.

## The positive change we aim to deliver:

More people will live independently at home, connected to their communities, with care that reflects their needs and aspirations. Carers will feel valued and supported, able to sustain their caring role while maintaining their own wellbeing. Communities will see their voices influencing decisions, with services that are transparent, equitable and shaped by local needs and experiences. Resources will be used more effectively, with fewer delays, smoother transitions, and hospital care used only when it is the right option. Services will be more resilient, collaborative, and outcomes focused, improving health, wellbeing and quality of life for people across Fife.



# Priority 3: Digital



**Our Aim: Inclusive and innovative digital care that enhances wellbeing, independence, and connection.**

Digital technology is changing the way people live, connect, and access care. From virtual consultations and wellbeing apps to smart home technologies and wearable devices, they offer new ways to stay connected and safe at home. Some examples of how digital tools can make a difference in daily life include:

- A person being offered online doctor and consultant appointments (via NearMe), saving on travel time and costs.
- An older adult using a tablet to stay connected with family, or motion-sensitive lighting and fall detectors to feel safer at home.
- A person with dementia using digital prompts, wellbeing sensors, or robotic pets to support comfort and routine.
- Someone with Chronic Obstructive Pulmonary Disease (COPD) using a remote monitoring device to track symptoms and avoid unnecessary hospital visits.
- A person experiencing poor mental health accessing online support or guided self-help resources.
- A person with sensory impairments using voice-activated technology to support communication and independence.

These examples show how digital tools can promote wellbeing, independence, and connection, helping people live well at home and in their communities.

For our workforce, digital innovation enables better, more coordinated care. Shared digital records, secure systems, and real-time information allow staff to spend more time supporting people and less time repeating or chasing information. Digital platforms help health, social work, social care, and community teams to work together seamlessly, ensuring consistent, person-centred support around the individual.

Digital transformation is not just about technology, it is about enabling people to live well, supporting staff to deliver high-quality care, and ensuring services remain sustainable for the future. We also know that not everyone has the same access to or confidence with technology. That is why digital inclusion, accessibility, and choice are central to our approach. Digital care will never replace face-to-face care, but it will give people and professionals more options to connect, share, and make decisions together.

Fife Council and NHS Fife remain responsible for delivering core digital infrastructure and systems, while our role is to set outcomes, shape digitally enabled models of care, and influence prioritisation with national programmes, ensuring strong governance and ambition.

## What people told us

People value the flexibility and convenience that digital tools bring to their health and care experience. Virtual consultations, online support, and health apps make it easier to manage wellbeing and stay connected.

However, some people need more support to use technology confidently. They told us they want clearer information about what digital services are available and how these can help. People also highlighted the importance of not having to repeat their story when working with different teams. They want systems that allow care plans and information to be shared easily and securely, helping professionals work together and reducing stress for individuals and carers.

People emphasised that digital solutions should be co-designed with those who use them, and that non-digital options should always remain available, so no one is excluded.

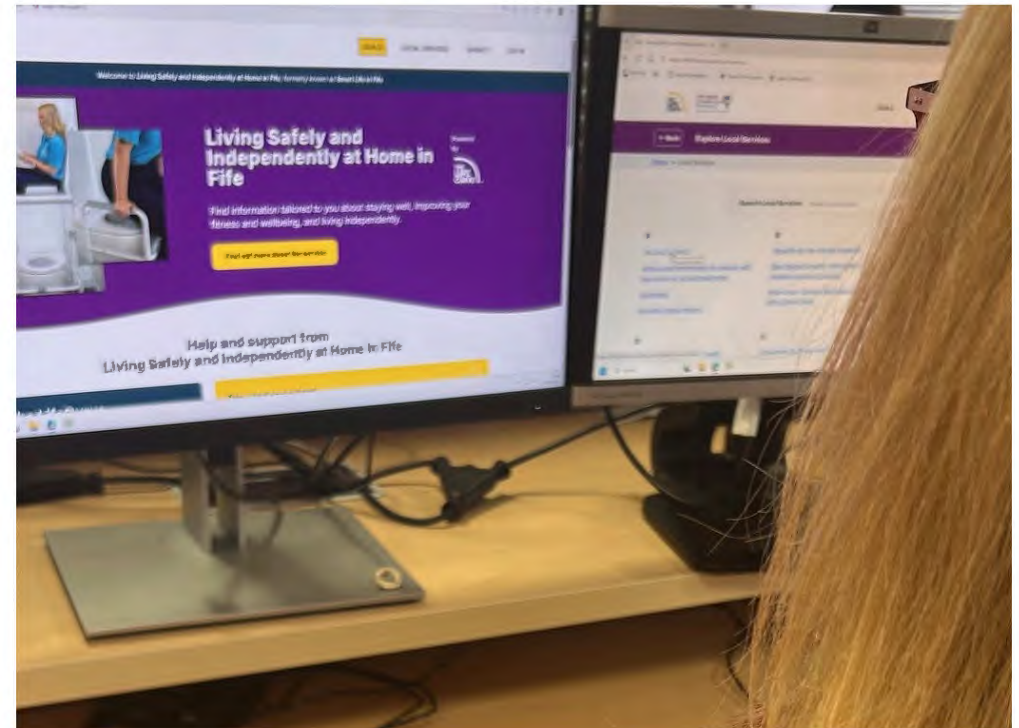


## What we will focus on

We are committed to creating a digital-first health, social work and social care system that is inclusive, ethical, and person-centred. Our focus is on using proven technologies to improve daily life, support recovery, and empower people to manage their wellbeing.

We will strengthen digital infrastructure to enable better data sharing across teams and services, so people only need to tell their story once. We will expand access to digital therapies, remote monitoring, and smart technologies that support prevention and early intervention.

Fife Council and NHS Fife remain responsible for delivering core digital infrastructure and systems, while our role is to set outcomes, shape digitally enabled models of care, and influence prioritisation with national programmes, ensuring strong governance and ambition.



## Our Priority Areas:

- **Enhance Hospital at Home Services** by expanding remote monitoring, virtual consultations, and integrated care platforms, enabling people to receive hospital-level care safely at home or in a homely setting.
- **Strengthen digital foundations across Primary and Preventative Care** to enable seamless, connected services, expand access to digital tools for prevention and long-term condition management, and improve how citizens engage with their health information.
- **Improve access to online self-help resources and therapies**, supporting people to manage their mental health and wellbeing.
- **Strengthen equitable access to digital and technology-enabled care**, helping people to live independently and safely at home.
- **Develop and test enhanced digital support for people living with dementia**, aligned with Scotland's Dementia Strategy, focusing on tools that enhance safety, connection, and wellbeing.
- **Design and implement integrated digital care pathways** to enhance information sharing, care planning and future care planning.
- **Build digital confidence across our workforce and communities** by providing inclusive training and support, while embedding cyber security awareness and safe digital practices, ensuring everyone can access and benefit from digital health and social work and social care services securely and confidently.
- **Test and evaluate new digital approaches to supporting carers.**
- **Embed a Strategic Planning Framework** which systematically links our strategic direction to our delivery planning and performance reporting.

## The positive change we aim to deliver:

Digital transformation will make care across Fife more joined-up, flexible, and responsive to individual needs. People will have greater choice and control over how and when they access support, with digital tools enabling more personalised and timely care.

For people living with long-term conditions, apps, wearables, and virtual clinics will support prevention and self-management, helping individuals stay well and avoid unnecessary hospital visits. Those receiving Hospital at Home care will benefit from remote monitoring and virtual consultations, improving recovery outcomes and reducing the need for inpatient stays.

People living with dementia will be supported through tailored digital tools that promote safety, connection, and wellbeing. In sheltered housing, Smart Life in Fife and the LifeCurve tool will help identify risks early and support independence.

Carers will benefit from digital tools that improve access to information and peer support, helping them feel more confident and connected. Integrated digital platforms will also make it easier for individuals and advocates to plan ahead, share preferences, and support timely, person centred decision making.

Staff across health, social work and social care will be equipped with the right technology and skills to deliver high-quality services, supported by real-time information and streamlined systems that reduce duplication and improve coordination.

Most importantly, more people will share in the benefits of digital health, social work and social care. By focusing on what matters to people and involving them in designing digital solutions, we will reduce inequalities, improve outcomes, and build a more connected, confident, and equitable system for Fife.

# Framework for Delivery

A clear delivery framework gives us a shared, consistent way of working across health and social care in Fife. It aligns teams around the outcomes we want to achieve, supports coordinated and person centred care, and strengthens how we plan, prioritise and improve services. Our Framework for Delivery supports our goal of being FIT for the future, built on three pillars: Financial Sustainability, Integrating Further, and Transforming Services. These pillars guide how we join up services, optimise resources and embed innovation to deliver high quality, resilient care that improves outcomes for individuals, families and communities. By setting out how we work together and make decisions, the framework promotes good practice, encourages innovation and ensures we deliver high quality, joined up support for the people we support.

## Financial Sustainability



Financial sustainability is central to the Strategic Plan, aligned with the Partnership's Medium Term Financial Strategy. Rising demand, an ageing population, and increasing costs within constrained budgets require us to transform services, invest in sustainable workforce models, and adopt prevention-focused, digitally enabled approaches.

We will build strong partnerships by collaborating across sectors, sharing resources, and adopting fair procurement practices to encourage shared responsibility and deliver better outcomes. We are committed to fostering openness, mutual learning, and strategic commissioning as the foundation of effective partnership working.

Environmental sustainability supports financial resilience. Greener practices and digital solutions enhance long-term viability. Service transformation and integration will help us meet demand and adapt to change.



## Integrating Further



We are changing the way services work by placing integration at the centre of how we support people's health and wellbeing. This means looking at the whole person, not just their medical needs, and focusing on prevention, early help and what matters most to them. Our commitment to being FIT for the future will guide how we design and deliver care. Integration is about creating a system where people, professionals and partners work together seamlessly to deliver better outcomes.

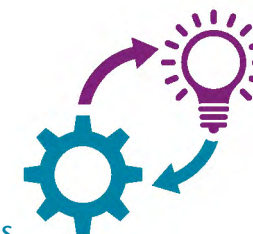
Integrated Care Teams bring together professionals and specialist services from different organisations to support individuals and improve their health and wellbeing. This approach enables earlier, shared decision making and ensures smoother, more person centred transitions, such as from hospital to home or from children's to adult services. We will continue to strengthen integration through new partnerships, multiagency projects and closer collaborative working in local communities.



Aligning with the principles of the No Wrong Door approach, we will ensure that people and families are at the heart of service design and delivery, able to access the right support at the right time, wherever they first seek help. For those with complex needs such as dementia, learning disabilities, mental ill health, addiction or long term conditions, a Team Around the Person model will provide coordinated, specialist support focused on prevention, early intervention and relationship-based care.

These changes will deliver care that is coordinated, compassionate and tailored to individual needs. Families and carers will feel included and supported, individuals will not need to repeat their story, and transitions between services will be smoother. Services will be more flexible, responsive and focused on outcomes that matter, helping people maintain independence, wellbeing and connection to their communities.

## Transforming Services



Transformation is about fundamentally changing how we work and goes beyond just improving existing systems. It requires rethinking how services are delivered, how teams collaborate, and how decisions are made. It challenges long standing assumptions, embraces innovation, and creates more responsive, inclusive, and sustainable ways of working that lead to better outcomes for the people we support.

We are reshaping services to be more integrated and community based, strengthening multidisciplinary working, and investing in digital tools that improve access, efficiency, and insight driven decision making. People have told us they want services that are easier to use and focused on what matters to them, and transformation is central to achieving this.

Modernising our physical estate is a key part of this change. We will review and repurpose buildings, so they support new models of care, bring teams together, and offer flexible, accessible spaces for local communities. This will ensure that our physical assets are fit for purpose and aligned to how care needs to be delivered now and in the future.

Our commissioning approach is evolving to focus on outcomes and value. Co-production will be at the centre of this work, bringing together providers, communities, and people with lived experience to shape services that reflect local needs and deliver meaningful impact.

Together, these changes will transform how care is planned, delivered, and experienced, creating a stronger, more joined up system ready for the future.

# How we will Deliver

The Strategic Plan will only be effective if it leads to real, visible change for people and communities. To achieve this, we have a clear and connected delivery framework that links our highest level ambitions to day to day work. This ensures everyone understands their role, resources are used wisely, and progress is transparent. Our approach is flexible and adaptive, allowing us to respond to emerging needs while keeping our focus on improving outcomes.

Delivery of the Strategic Plan will be phased and prioritised within Annual Delivery Plans over the three year period, recognising that not all actions can or should be implemented at once. Our approach to investment and transformation will be shaped by financial sustainability, workforce capacity, and organisational readiness. By sequencing change in a realistic and achievable way, we will ensure that the greatest impact is delivered first, resources are used wisely, and expectations remain grounded in what can be delivered safely and sustainably.

## What People Have Told Us

Delivering the Strategic Plan successfully depends on listening to the people of Fife, the communities we support, our partners across all sectors, and the workforce who deliver care every day. Through our participation and engagement activities, people have told us they want clearer priorities, shared ownership of change, and confidence that their experiences will shape how services evolve. Our communities emphasised the importance of support that is joined up, compassionate and easy to access, while staff and partners highlighted the need for consistent direction, strong collaboration and visible progress.

These insights have shaped our approach to delivery, ensuring that our plans are grounded in lived experience, local knowledge and the expertise of those providing and receiving care. Further detail on what people, communities, carers and partners told us can be found in our Phase 1 and Phase 2 Participation and Engagement Reports, which provide a fuller picture of the voices and perspectives that shape the Strategic Plan.



## What We Will Focus On

We will deliver the Strategic Plan through a robust, partnership wide delivery and monitoring framework. Our Strategic Delivery Plan and Annual Delivery Plans translate our priorities into clear actions, milestones and responsibilities. Progress will be tracked through a single performance and monitoring system, providing realtime visibility, quarterly reviews, a strong focus on outcomes, learning and continuous improvement.

Building on this shared framework, our focus is to ensure that delivery is achievable, coordinated and meaningful, supported by strong leadership, clear accountability, and an ongoing commitment to listening and adapting. By bringing together evidence, insight and lived experience, we will create a delivery environment that is both ambitious and realistic, ensuring change happens at the right pace and in the right order.



## Our Priority Areas are:

- Translate strategic priorities into measurable objectives and deliverables.
- Monitor progress regularly through quarterly updates and reports, providing visibility of achievements and challenges.
- Align resources and workforce capacity to support delivery and remove barriers to progress.
- Use feedback, data, and insights from people and communities to inform improvement and innovation.
- Embed a culture of reflection, learning, and adaptation, ensuring our approach evolves with changing needs.
- Hold ourselves collectively accountable, celebrating successes and addressing challenges openly.

Achieving meaningful, lasting change requires shared ownership and clarity of purpose. By focusing on measurable improvement, transparent monitoring and continuous learning, we will build a delivery culture that is responsive, confident and outcome driven. This approach ensures that progress is visible, challenges are addressed early, and every action contributes to better experiences and improved wellbeing for the people and communities of Fife.

## The positive change we aim to deliver

This framework for delivery sets out the positive changes we aim to deliver through the Strategic Plan and supporting Delivery Plans. While we cannot predict every outcome, these are the improvements we are working towards by taking a coordinated, evidence informed and partnership led approach. They reflect our ambitions for how care will feel, how services will work together, and how people and communities will experience support as we implement our priorities over the next three years.

## Outcomes, Quality and Impact

Outcomes, quality and impact are central to how we demonstrate delivery of the Strategic Plan. They show the difference our work is making and how well our actions are contributing to the priorities and ambitions we have set. They reflect the improvements we aim to achieve in the experiences of people, communities and staff, and how we will use evidence, insight and lived experience to build a clear picture of progress. This approach enables us to celebrate positive change, understand where further improvement is needed, and ensure delivery remains focused on what matters most.



# Appendix 1 - Glossary

## **Armed Forces Covenant Duty**

The Armed Forces Covenant Duty requires some organisations to actively consider the needs of the Armed Forces Community (including servicing personnel, reservists, veterans, and families) when planning and delivering education, housing, health, social work and social care services. Fife Council, NHS Fife, and Fife Health and Social Care Partnership all uphold the Armed Forces Covenant Duty.

## **Care at Home Services**

Care at Home provide personal care and practical support to help people live independently at home. This can include help with washing, dressing, meals and medication.

## **Delayed discharge**

A delayed discharge happens when a person is still in hospital when they are medically well enough to go home, or to a homely setting such as a care home. Delays can be caused when someone is waiting for alternative care and support to be arranged, or perhaps problems with funding or transport.

## **Demographic Change**

Demographic change means a shift or changes in the local population. For example, the average age of people in a community might become older if people are living longer and fewer babies are born.

## **Digital Inclusion**

Ensuring that everyone has the access, skills, confidence and support needed to benefit from digital tools and technologies.

## Hospital at Home Services

Hospital at Home Services provide people with hospital-level care, such as tests, treatments, and nursing support, in their own home or a homely setting.

## Integrated Care Teams (ICTs)

Multidisciplinary teams that bring together professionals from health, social work, social care and partner organisations to provide coordinated, person centred support.

## LifeCurve

The LifeCurve tool helps show how well a person can manage everyday activities, such as dressing, cooking or moving around safely. It helps identify when someone may be starting to lose independence, so the right support, advice or activities can be offered early to help them stay well at home.

## Life expectancy and healthy life expectancy

Life expectancy is the average number of years a person is expected to live. This may be different for men and women and can vary across different areas of Fife. Healthy life expectancy is the average number of years that a person is expected to live in good, or very good health, rather than with a disability or illness.

## No Wrong Door

A model where individuals can access support through any service or partner, without being redirected or having to navigate multiple entry points. Partners work together to provide seamless and coordinated support.

## Person-Centred Care

An approach that treats people as individuals, focusing on what matters to them and involving them in decisions about their care and support.

## Poverty

Absolute poverty means that a person or family does not have enough money to buy the basic things that they need to live a healthy and safe life. This can include food, clothing, appropriate housing, or basic healthcare and education. Relative poverty is when a person or family has a lot less money than other people in their local area. They will usually have basic items but may not be able to afford things such as having a computer for school work or job applications, being able to afford school uniforms or work clothing, or going on a simple holiday.

## Prehabilitation

Support that helps people build physical and emotional resilience before planned medical treatment, improving recovery and outcomes.

## Primary services

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

## Priority Areas

The highlevel areas of focus within each strategic priority that guide where we will concentrate our work over the next three years.

## Reablement

Short-term, intensive support that helps people regain skills, confidence and independence after illness, injury or a change in circumstances.

## Remote Monitoring

Technology that allows health and care professionals to track a person's health or wellbeing from home, reducing the need for in person appointments.

## Secondary services

Secondary care services offer specialised support for more complex health issues, for example Community Mental Health Teams, Addiction Services and Community Occupational Therapists.

## Smart Life in Fife

Smart Life in Fife is a digital system used mainly in sheltered and supported housing. It brings together simple sensors and alerts to help keep people safe at home. The system helps staff notice early changes in someone's daily routine so support can be given before problems get worse.

## Statutory and Non-Statutory Services

### Statutory Services

Services that organisations are legally required to provide.

### NonStatutory Services

Services that organisations choose to provide because they support wellbeing, independence and prevention, even though they are not legally required.

## Strategic Priorities

The key areas of focus that guide an organisation's direction and decision making. Strategic priorities identify where effort and resources should be concentrated to achieve long term goals and deliver meaningful impact.

## Team Around the Person

A coordinated, multiagency approach where professionals work together with an individual and their family to provide tailored, holistic support.

## Tertiary services

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

# Appendix 2 - Our Localities

## Our Locality Profiles

Delivering meaningful change across Fife means recognising that each locality has its own strengths, challenges and priorities. The earlier strategic needs section highlights the broad picture of need across Fife, and the locality profiles that follow build on this by showing how these patterns vary from place to place.

Each locality profile provides a snapshot in time, shaped by data and insight, to help identify the factors influencing health and wellbeing in that area. Their purpose is to support locality planning, guide decision making, and ensure that services are tailored to the specific needs of each community. We will continue to review and refine these profiles so that our approach remains relevant and responsive as new evidence emerges.

More detailed data and analysis are contained within the Strategic Needs Assessment, which provides a fuller evidence base informing both the Fifewide profile and these locality summaries.

Some services, including statutory and specialist ones, will continue to operate across Fife, working alongside locality priorities to provide joined up support for everyone.

- 1 South West Fife
- 2 City of Dunfermline Area
- 3 Cowdenbeath Area
- 4 Kirkcaldy Area
- 5 Glenrothes Area
- 6 Levenmouth Area
- 7 North East Fife



# City Of Dunfermline



## Profile

Dunfermline, Scotland's newest city, blends deep historical roots with modern growth and ambition. While known for its royal heritage and cultural landmarks, the city also encompasses diverse neighbourhoods, expanding residential areas, and significant economic activity. This combination of tradition, regeneration, and evolving community needs gives Dunfermline a dynamic and multifaceted profile.



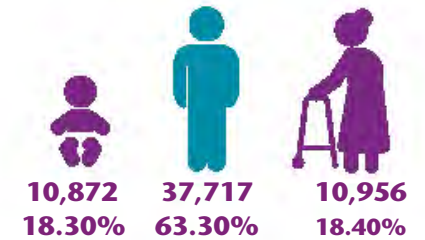
Dunfermline City

Dunfermline faces a range of interconnected challenges including long-term health conditions, economic inactivity, and a growing care burden. Issues around transport and access, alongside the influence of place on wellbeing, highlight the need for joined-up approaches to improve outcomes across the locality.

## Population

Dunfermline Area has a population of 59,545 people. Older people (aged 65+) make up 18.4% of the population, whilst this is slightly lower than the Fife rate of 21.7% and Scottish rate of 20.1%.

Total population:  
**59,545**



The number of elderly people is projected to increase significantly over the next 5 years which will have a substantial impact on services.

## Projected Increased Demand - Dunfermline

Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

- Older Adults (65+): Significant increase and demand
- Long-term care
- Home care services
- Delayed discharge support
- Mental Health: Increase in prescriptions for anxiety
- Social Work Contacts: Adult support referrals
- Emergency Admissions aged 65+

## What the Strategic Assessment Says

- Second best self-reported health and low disability/mental health issues.
- Some areas are in the 10% most deprived areas in Scotland.
- Lowest reported long-term illness, disease or condition (21.3%)
- Access to community health destinations is poorer than other areas.
- City Of Dunfermline boasts the highest economic activity (64.5%)
- Projected growth & ageing population will increase pressure on healthcare facilities.
- Second lowest child poverty.

## How are Needs Different Here?

- Low or average current demand across the suite of Public Health profile indicators.
- Projected increases in demand for numerous 5 year Strategic Tracker Indicators.
- Consistently lower perception of quality of health and care experience.
- Poorer access to Community health destinations.
- Need identified for future primary care capacity (NHS)

## How will we deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and consultation has led to the following areas being highlighted for action in the area.

## City Of Dunfermline Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.



### Active Living and Movement



### Early Intervention & Prevention within the Community



### Support positive mental health and wellbeing



### Support Unpaid Carers

|  |   |  |   |
|--|---|--|---|
| <p><b>We plan to....</b></p> <p>Work together to support those living and working in our communities to move more.</p> | <p><b>We plan to....</b></p> <p>Design and develop a community approach to health and wellbeing such as Community Health Hub.</p> | <p><b>We plan to....</b></p> <p>Work in Partnership to develop and deliver an action to enhance the green spaces at Lynebank Hospital.</p> | <p><b>We plan to....</b></p> <p>Deliver round three of Community Chest Fund and monitor projects funded in round one and round two.</p> |
| <p><b>Key Strategic Link:</b><br/>Prevention</p>   | <p><b>Key Strategic Link:</b><br/>Prevention</p>  | <p><b>Key Strategic Link:</b><br/>Communities</p>  | <p><b>Key Strategic Link:</b><br/>Communities</p>   |

All data and projections are correct at time of publication but may be subject to change as new information becomes available.

# Cowdenbeath



## Profile

Cowdenbeath is often seen through the lens of its mining heritage and central town identity, but the area encompasses a wider mix of surrounding villages and semi-rural communities. With strong local character, evolving demographics, and pockets of social and economic challenge.

Cowdenbeath faces some of the most significant health challenges in Fife. High levels of long-term illness, mental health conditions, and intensive unpaid care reflect deep-rooted inequalities

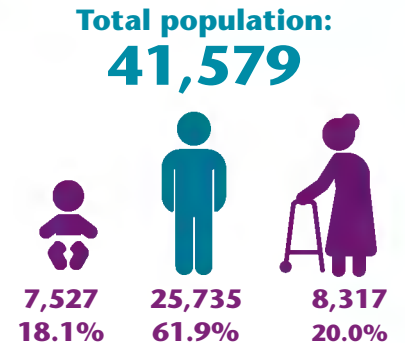


Cowdenbeath

Cowdenbeath faces key challenges including long-term conditions, mental health, and economic inactivity, alongside the growing burden of unpaid care.

## Population

Cowdenbeath Area has a population of 41,579 people. Older people (aged 65+) make up 20% of the population, whilst this is slightly lower than the Fife rate of 21.7% and Scottish rate of 20.1%, the number of elderly people is projected to increase significantly over the next 5 years which will have a substantial impact on services.



## Projected Increased Demand - Cowdenbeath

Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

- Older Adults (65+): Significant increase and demand
- Long-term care
- Home care services
- Delayed discharge support
- Mental Health: Increase in prescriptions for anxiety
- Emergency Admissions aged 65+

## How are Needs Different Here?

- Worse health overall in Fife and Low perception of Health and Care experience.
- Lower life expectancy and higher early deaths.
- Higher Drug and Alcohol indicator PH profile indicator rates.
- High A&E attendance rates and Highest preventable admissions rate in Fife.
- Projected increases mainly relating to poorer health in over 65s.
- High level child poverty.
- Reduced access to healthy food, primary care, pharmacy & healthy eating establishments.

## What the Strategic Assessment Says

- Greenspace that are available are of high quality.
- Highest levels of long-term illness (24.5%) and mental health conditions (13.3%).
- Community Support is available for carers and older adults. Economic Activity is Lower than Fife average (59%).
- High levels unpaid care (13.2%) with 3.8% providing 50+ hours – both of which are higher than the Fife average
- High child poverty levels, second highest level of children in low-income families.

## How will we deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and consultation has led to the following areas being highlighted for action in the area.

## Cowdenbeath Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.



**Support Unpaid carers**



**Support People affected by Drug / Alcohol Harm and Death**



**Support positive health and wellbeing through collaborative working**

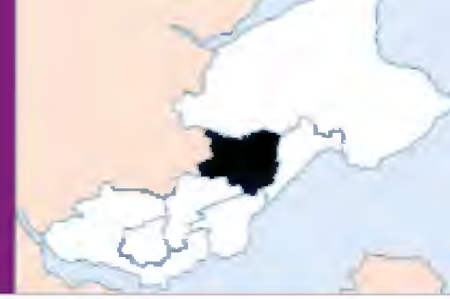


**Active Living and Movement**

|  |   |  |  |
|--|---|--|--|
| <p><b>We plan to....</b></p> <p>Deliver round three of Carers Community chest fund and monitor projects funded in round one and round two.</p> | <p><b>We plan to....</b></p> <p>Continue developing targeted support to communities and people at risk of harmful substances use, using a model that fits the area, e.g. KY club.</p> | <p><b>We plan to....</b></p> <p>Support Lochgelly Doctor practices to link better with Community Led Support (CLS) mental health services to provide holistic support to patients.</p> | <p><b>We plan to....</b></p> <p>Work together to support those living and working in our communities to move more.</p> |
| <p><b>Key Strategic Link:</b><br/>Communities</p>  | <p><b>Key Strategic Link:</b><br/>Prevention</p>  | <p><b>Key Strategic Link:</b><br/>Prevention</p>   | <p><b>Key Strategic Link:</b><br/>Prevention</p>   |

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# Glenrothes



## Profile

While often recognised as one of Fife’s key post-war new towns, Glenrothes is much more than its central urban area. Surrounded by green spaces, woodland walks, and neighbouring villages, the town benefits from a blend of planned infrastructure and natural beauty.

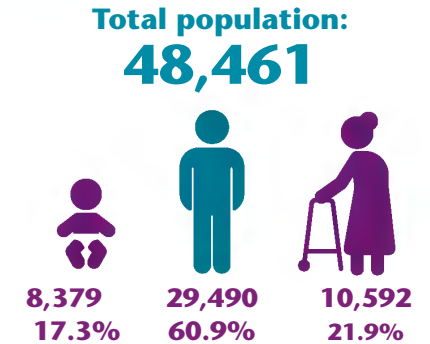


Glenrothes

Glenrothes faces a range of interconnected challenges including long-term conditions, mental health, and the needs of an ageing population. Key issues include the impact of fuel and child poverty, barriers to accessing healthcare, and the wider influences of place, wellbeing, and social deprivation on health outcomes.

## Population

Glenrothes Area has a population of 48,461 people, of whom 10,592 (21.9%) are aged 65 and over. slightly higher than the Fife rate of 21.7% and the Scottish rate of 20.1%.



## Projected Increased Demand - Glenrothes

Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

- Older Adults (65+): Significant increase and demand
- Home care services 65+
- Home care services 85+
- Emergency Admissions
- Mental Health: Rise in prescriptions for anxiety.
- Guardianship & adult support referrals projected to rise.

## How are Needs Different Here?

- Generally poorer health indicators than typical for Fife.
- High rate of early death.
- Higher levels of prescription for mental health reasons.
- Highest alcohol and drugs admissions rates in Fife.
- Highest rate of psychiatric hospitalisations.
- Identified need for new or replacement NHS premises.
- Has projected broad improvement in prevention activities in 5 year tracker.

## What the Strategic Assessment Says

- Good access to green space although some areas have poor quality.
- Health is slightly worse than Fife average and has continued to worsen over the last decade.
- Good interconnectivity between neighbourhoods and areas for pedestrians
- 25% have a long-term illness, disease or condition.
- Good accessibility for the area overall. 3 train stations making public transport more accessible
- Highest fuel poverty risk in Fife and high child poverty in comparison to Fife.
- Areas within Glenrothes are in the 10% most deprived areas in Scotland
- Higher proportions of lower income families than for Fife as whole

## How will be deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and consultation has led to the following areas being highlighted for action in the area.

### Glenrothes Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.



**Supporting people affected by drug and alcohol harm**



**Active Living and Movement**



**Mental Health & Wellbeing**



**Supporting Unpaid Carers**



**Prevention & Early Intervention**

| We plan to....   | We plan to....   | We plan to....   | We plan to....  | We plan to....  |
|--|--|--|---|---|
| Develop targeted support to communities and people at risk of harmful substance use. | Work together to support those living and working in our communities to move more. | Identify Partners to deliver a Mental Health and Wellbeing event for the public to attend. | Deliver round three of Community Chest Fund and monitor projects funded in round one and round two. | Deliver a Falls programme in Glenrothes to support people at risk of falling. |
| <b>Key Strategic Link:</b><br>Prevention   | <b>Key Strategic Link:</b><br>Prevention   | <b>Key Strategic Link:</b><br>Prevention   | <b>Key Strategic Link:</b><br>Communities   | <b>Key Strategic Link:</b><br>Prevention                                      |

All data and projections are correct at time of publication but may be subject to change as new information becomes available.

# Kirkcaldy



## Profile

Kirkcaldy, once a centre of industry and trade, is now a diverse town balancing heritage with modern development. Its coastal location, varied neighbourhoods, and strong transport links contribute to its strategic importance within Fife.

Alongside opportunities for regeneration and growth, Kirkcaldy faces challenges around health inequalities, economic inactivity, and community wellbeing.

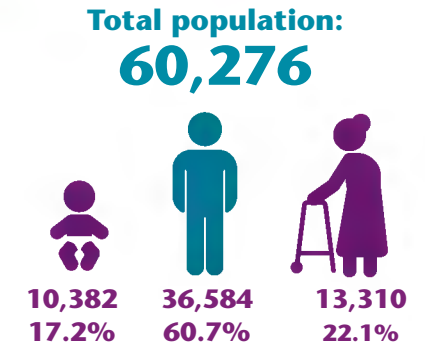


Beveridge Park, Kirkcaldy

Kirkcaldy's focus area reflects key challenges including high levels of long-term conditions, an ageing population, and rising fuel poverty. Social isolation and limited access to primary care services further impact wellbeing, alongside growing mental health needs and the importance of place in shaping health outcomes

## Population

Kirkcaldy Area has a population of 60,276 people. Older people (aged 65+) make up 22.1% of the population, slightly higher than the Fife rate of 21.7% and the Scottish rate of 20.1%.



## Projected Increased Demand - Kirkcaldy

Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

- Older Adults (65+): Significant increase and demand
- Home care services 85+ & 65+
- Long Term Care
- Emergency Admissions 65+
- Mental Health: Increase in prescriptions for anxiety
- Social Work Contacts: Adult support referrals

## How are Needs Different Here?

- Generally poorer health indicators than typical for Fife.
- High rate of early deaths.
- Relatively high alcohol and drug admissions with raised alcohol related mortality.
- Highest rate of A&E attendance in Fife and high Emergency admission rate.
- Relatively high psychiatric hospitalisation rate.
- NHS Fife has identified need for future primary care capacity.
- Projected demand increases tend to relate to over 65 care.

## What the Strategic Assessment Says

- Good access to green space although some areas have poor quality.
- Overall long-term health is decreasing over time and long-term illnesses are increasing.
- Good accessibility for the area overall. 3 train stations making public transport more accessible.
- Highest level of fuel poverty risk based on ability to pay for fuel.
- 39.3% are one person households which can lead to social isolation.
- Parts of Kirkcaldy and Burntisland are in the 10% most deprived areas in Scotland.

## How will we deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and consultation has led to the following areas being highlighted for action in the area.

## Kirkcaldy Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.

| <br>Support Unpaid carers                   | <br>Community Led Support  | <br>Active Living and Movement | <br>Support People at Risk of Homelessness  | <br>Supporting Mental Health & Wellbeing  |
|--|---|---|--|--|
| <b>We plan to....</b><br>Deliver round three of Community Chest Fund and monitor projects funded from round one and round two. | <b>We plan to....</b><br>Support the Ageing Population in Kirkcaldy with Long Term Conditions by working together to improve the population's knowledge of living well and increase opportunity to uptake Community Led Support Services. | <b>We plan to....</b><br>Work together to support those living and working in our communities to move more.       | <b>We plan to....</b><br>Work collaboratively to support the Immunisation Programme across all age groups within Kirkcaldy, targeting areas of low uptake with public and staff information sessions and outreach opportunities. | <b>We plan to....</b><br>Raise the profile of mental health self-help resources and continue to support Professionals accessing MH resources within our community. |
| <b>Key Strategic Link:</b><br>Communities  | <b>Key Strategic Link:</b><br>Prevention  | <b>Key Strategic Link:</b><br>Prevention  | <b>Key Strategic Link:</b><br>Prevention   | <b>Key Strategic Link:</b><br>Prevention   |

All data and projections are correct at time of publication but may be subject to change as new information becomes available.

# Levenmouth



## Profile

While most associated with the town of Leven, the area has a host of picturesque coastal villages and rural areas. This gives it a more complex profile than is often appreciated.

Levenmouth faces the most acute health inequalities in Fife and has the worst health outcomes in Fife.



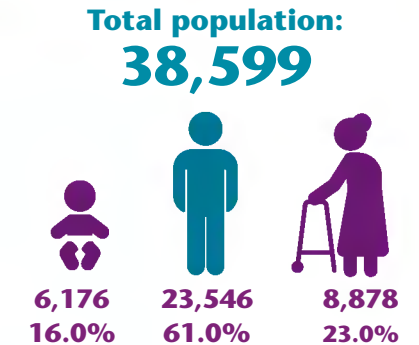
Coastal Villages of Wemyss

High rates of long-term conditions, mental health issues, and intensive unpaid care define the area's health and social care landscape. These are deep-rooted challenges faced by the community and are rooted in high levels of deprivation.

Other challenges include physical health, financial resilience, low education, providing care, ageing population which creates healthcare pressures.

## Population

Levenmouth Area has a population of 38,599 people. Older people (aged 65+) make up 23% of the population, higher than the Fife rate of 21.7% and the Scottish rate of 20.1%.



## Projected Increased Demand - Levenmouth

Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

- Older Adults (65+): Significant increase and demand
- Home care services 65+ & 85+
- Local Authority Guardianships
- Emergency Admissions
- Mental Health: Increase in prescriptions for anxiety

## How are Needs Different Here?

- Significant levels of deprivation driving a whole range of poorer outcomes.
- Generally high satisfaction with experience of health and care.
- Highest rate of long term conditions and High rate of cancer registrations.
- Highest rates in Fife for mental health related prescriptions, set to increase.
- Among the highest alcohol related admissions and highest alcohol related deaths.
- Highest drug related hospital admissions.
- Highest rate of emergency and preventable admissions and delayed discharge.
- Public transport access for health poorer than other mid Fife localities.

## What the Strategic Assessment Says

- Coastal Villages attract tourism and footfall to the area.
- Poorest overall health in Fife. Highest levels of long-term illness.
- Much of the area is small towns allowing reasonable access to key services and facilities within a 10-minute walk.
- Public transport access for employment, health and retail is poor compared with neighbouring Glenrothes and Kirkcaldy.
- Levenmouth is below Fife on all place and wellbeing outcomes.
- Large number of unpaid carers slightly higher than Fife.

## How will be deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and consultation has led to the following areas being highlighted for action in the area.

### Levenmouth Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.



**Positive health and wellbeing**



**Active Living and Movement**



**Support Unpaid Carers**



**Access to medical advice**

| We plan to....  | We plan to....  | We plan to....   | We plan to....   |
|---|---|--|--|
| <p>Raise awareness of social prescribing by developing and delivering a session for the practice centre staff.</p> <p>This will be accompanied by a roadshow round the practices to engage with staff and the public.</p> | <p>Work together to support those living and working in our communities to move more.</p> | <p>Deliver round three of Community Chest Fund and monitor projects funded in round one and round two.</p> | <p>Create and develop a pathway with a medical centre to support people on long term sick.</p> |
| <b>Key Strategic Link:</b><br>Prevention  | <b>Key Strategic Link:</b><br>Prevention  | <b>Key Strategic Link:</b><br>Prevention   | <b>Key Strategic Link:</b><br>Communities  |

All data and projections are correct at time of publication but may be subject to change as new information becomes available.

# North East Fife



## Profile

North East Fife is defined by its mix of coastal towns, rural villages, and historic centres, including the university town of St Andrews. The area combines natural beauty, cultural heritage, and academic influence, alongside pockets of rural isolation and economic disparity.

North East Fife, on average, has the highest levels of good health in Fife (81.9% of people reported that they are in good health)



Pittenweem, North East Fife

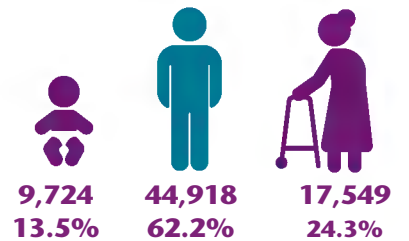
North East Fife faces a unique set of challenges shaped by its ageing population, rural isolation, and limited access to healthcare. Economic inactivity and digital connectivity gaps further impact wellbeing, alongside the distinct needs of its military population. These factors highlight the importance of place-based approaches to improving health and wellbeing across the region.

## Population

North East Fife Area has a population of 72,191 people. Older people (aged 65+) make up 24.3% of the population, higher than the Fife rate of 21.7% and the Scottish rate of 20.1%, the number of elderly people is set to increase significantly over the next 5 years which will have a substantial impact on services.

Total population:

**72,191**



## Projected Increased Demand - NEF

Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

- Older Adults (65+): Significant increase & demand
- Home care services 85+
- Long Term Care
- Emergency Admissions
- Mental Health: Rise in prescriptions for anxiety

## How are Needs Different Here?

- Lower demand for health & care services than elsewhere in Fife.
- Relatively high delayed discharge rates.
- Highest rate of unscheduled bed days in Fife.
- Particular challenges of rurality, lone living and low broadband cover.
- Increased demand due to personnel at Leuchars Military Base which is expected to rise.
- Age structure skewed by University of St Andrews with high numbers of students.
- Projected increases in demand tend to relate to the over 65 population.
- Military Families: Increased demand for GP/dental registration, mental health services, continuity of care & special educational support.

## What the Strategic Assessment Says






- Best overall health in Fife.
- Largest land area in Fife, leading to rural isolation and access challenges.
- Lowest child poverty and lowest relative poverty.
- High portions of older people living alone and experiencing rural isolation.
- Highest level of Thriving Neighbourhoods.
- Lowest fixed broadband coverage, contributing to social isolation and digital access issues.
- Lowest level of Low Income Living.
- Leuchars garrison population expected to grow to 2,700 by 2029, increasing demand.

## How will we deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and consultation has led to the following areas being highlighted for action in the area.

### North East Fife Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.

| <br><b>Active Living and Movement</b> | <br><b>Support Unpaid carers</b>            | <br><b>Support Mental Health &amp; Wellbeing</b>   | <br><b>Positive Health &amp; Wellbeing</b>   | <br><b>Support positive mental health &amp; wellbeing</b>   |
|--|--|---|---|--|
| <b>We plan to....</b><br>Work together to support those living and working in our communities to move more.              | <b>We plan to....</b><br>Deliver round three of Community Chest Fund and monitor projects funded from round one and round two. | <b>We plan to....</b><br>Raise the profile of Mental Health self-help resources; continue to support people and our GPs/ professionals accessing mental health resources within NEF Locality. | <b>We plan to....</b><br>Deliver a Community Garden in partnership with FC, NHS Fife, HSCP and Skeith GP Practice within an NHS Greenspace, providing Green Prescribing supporting the local community. | <b>We plan to....</b><br>Work in partnership to reduce health inequality across NEF, supporting the delivery of the Tackling Loneliness campaign. Review Leuchars anticipated personnel increase in alignment with the Armed Forces Covenant Duty. |
| <b>Key Strategic Link:</b><br>Prevention   | <b>Key Strategic Link:</b><br>Communities  | <b>Key Strategic Link:</b><br>Prevention  | <b>Key Strategic Link:</b><br>Prevention  | <b>Key Strategic Link:</b><br>Communities  |

All data and projections are correct at time of publication but may be subject to change as new information becomes available

# South West Fife



## Profile

South West Fife is shaped by its industrial heritage, coastal setting, and a mix of urban and rural communities. The area includes key towns such as Rosyth and Inverkeithing, which have strong transport links and proximity to major infrastructure. Alongside opportunities for regeneration and growth, South West Fife faces challenges around health inequalities, economic transition, and community wellbeing.



Culross, South West Fife

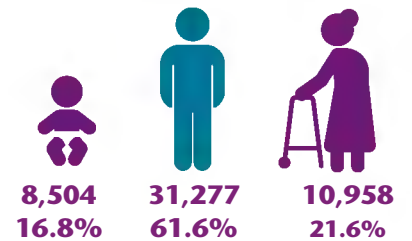
South West Fife's focus area reflects key challenges including an ageing population, economic inactivity, and a growing care burden. Some areas have limited transport and access, alongside place-based wellbeing concerns, compounded by the distinct needs of specific communities and gaps in digital connectivity—highlighting the need for targeted, inclusive approaches to improve health and quality of life.

## Population

South West Fife Area has a population of 50,739 people. Older people (aged 65+) make up 21.6% of the population, this is on par with Fife rate of 21.7% and slightly higher than the Scottish rate of 20.1%, the number of elderly people is projected to increase significantly over the next 5 years which will have a substantial impact on services.

Total population:

**50,739**



## Projected Increased Demand - SWF Villages

Based on projected calculations to 2030, it is anticipated that demand for services will increase in across the locality in the following areas.

- Older Adults (65+): Significant increase and demand
- Home care services 85+
- Community alarms
- Emergency Admissions
- Mental Health: Rise in prescriptions for anxiety
- Guardianship and adult support referrals

## What the Strategic Assessment Says

- Lowest fuel poverty in Fife.
- 23.9% have long-term illness, disease or condition.
- Health is better than Fife average.
- Greenspace provision & quality below average in most areas.
- Lower levels of unpaid care compared with Fife overall.
- High levels of rural communities resulting in lower accessibility to key services.
- Good transport links in larger towns.
- Access to transport is limited in more rural parts of the area.

## How are Needs Different Here?





- Generally, a picture of good health and care outcomes, with corresponding relatively lower demand for services.
- Tends to have among the best projections for preventative measures.
- Highest level of cancer registrations in Fife.
- One of the highest rates of delayed discharge in Fife.
- A more mixed picture of satisfaction with Health and Care experience.
- Projected increases tend to relate to over 65 population.

## How will we deliver services based on the unique needs of the area?

A series of Locality Group Core meetings and has led to the following areas being highlighted for action in the area.

## South West Fife Local Priorities

These areas have been identified as current priorities in the local area however, these will evolve over time as new data and intelligence emerges. Business as usual services in the area will continue to be provided.

|   |   |   |   |
|---|---|---|---|
|  <p><b>Support Unpaid Carers</b></p> <p><b>We plan to....</b><br/>Deliver Community Chest Fund round 3 and monitor projects funded from round one and round two.</p> <p><b>Key Strategic Link:</b><br/>Communities</p> |  <p><b>Active Living and Movement</b></p> <p><b>We plan to....</b><br/>Work together to support those living and working in our communities to move more.</p> <p><b>Key Strategic Link:</b><br/>Prevention</p> |  <p><b>Community Led Support/ Partnership working</b></p> <p><b>We plan to....</b><br/>Increase uptake of Community Led Support services from primary care by working collaboratively with GP practices to promote and raise awareness of services.</p> <p><b>Key Strategic Link:</b><br/>Prevention</p> |  <p><b>Support Mental Health &amp; Wellbeing</b></p> <p><b>We plan to....</b><br/>Increase uptake of social prescribing and early intervention by working collaboratively to promote and raise awareness of Mental Health resources and services by running a health and wellbeing event.</p> <p><b>Key Strategic Link:</b><br/>Prevention</p> |
|---|---|---|---|

All data and projections are correct at time of publication but may be subject to change as new information becomes available.

# Appendix 3 - Legislation and References

This is a link to the Fife Health and Social Care Partnership website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)

The Public Bodies (Joint Working) (Scotland) Act 2014 is available here: [www.legislation.gov.uk/asp/2014/9/contents/enacted](http://www.legislation.gov.uk/asp/2014/9/contents/enacted)

The National Health and Social Care Health and Wellbeing Outcomes are available here:  
[www.gov.scot/publications/national-health-wellbeingoutcomes-framework/](http://www.gov.scot/publications/national-health-wellbeingoutcomes-framework/)

The Public Health Priorities for Scotland are available here: [www.gov.scot/publications/scotlands-public-health-priorities/pages/1/](http://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/)

This is a link to the Plan for Fife 2017 to 2027: [www.fife.gov.uk/kb/docs/articles/about-your-council2/council-performance/a-new-plan-for-fife](http://www.fife.gov.uk/kb/docs/articles/about-your-council2/council-performance/a-new-plan-for-fife)

The NHS Fife Population Health and Wellbeing Strategy 2023 to 2028 is available here:  
[www.nhsfife.org/news-updates/campaigns-and-projects/population-health-and-wellbeing-strategy/](http://www.nhsfife.org/news-updates/campaigns-and-projects/population-health-and-wellbeing-strategy/)

This is a link to the Scottish Government's Health and Social Care Service Renewal Framework:  
[www.gov.scot/publications/health-social-care-service-renewal-framework/documents/](http://www.gov.scot/publications/health-social-care-service-renewal-framework/documents/)

Scotland's Population Health Framework is available here: [www.gov.scot/publications/scotlands-population-health-framework/](http://www.gov.scot/publications/scotlands-population-health-framework/)

[Strategic Plan Phase 1 Participation and Engagement Report](#)

[Strategic Plan Phase 2 Engagement Outcomes report](#)

[Strategic Needs Assessment 2025](#)

[Health and Social Care Evidence Review](#)



|                           |   |              |                             |
|---------------------------|---|--------------|-----------------------------|
| <b>Meeting:</b>           | Integration Joint Board                                       | <b>Date:</b> | 25 <sup>th</sup> March 2026 |
| <b>Report Title:</b>      | Strategic Plan 2023 – 2026: Year Three Annual Report (2025)   |              |                             |
| <b>Agenda Item No:</b>    | 8.2   |              |                             |
| <b>Responsible Owner:</b> | Vanessa Salmond<br>Head of Strategic Planning and Performance |              |                             |
| <b>Report Author:</b>     | Lesley Gauld, Team Manager – Strategic Planning               |              |                             |

## Executive Summary

The Year Three Annual Report (2025) provides a comprehensive update on the delivery of the Strategic Plan for Fife 2023 to 2026, outlining the significant progress made across all five strategic themes: Local, Sustainable, Wellbeing, Outcomes, and Integration.

In 2025, the Partnership delivered substantial progress across its planned programme of work. Of the 61 strategic actions set for the year:

- 43 actions (70%) were fully completed
- 16 actions (26%) were partially completed
- 2 actions (3%) were either closed or delayed.

Across the full 2023 to 2026 strategic planning cycle, 188 strategic actions were planned. By January 2026:

- 166 actions (88%) have been delivered
- 17 actions (9%) will be carried into 2026-2027
- 5 actions (3%) have been closed.

This sustained progress demonstrates the Partnership's commitment to improving health and social care outcomes for the people of Fife.

Overall, the Strategic Plan 2023-2026: Year Three Annual Report provides assurance that the Partnership is successfully delivering its strategic priorities, monitoring performance, and continuing to deliver safe, effective and sustainable services.

| Recommendations             |                                     |   |
|-----------------------------|-------------------------------------|---|
| This paper is presented to: |                                     |   |
| Seek a Decision             | <input checked="" type="checkbox"/> | The Integration Joint Board is asked to review the report, and provide final approval for publication of the Strategic Plan 2023-2026 Year Three Annual Report.   |
| Provide Assurance           | <input checked="" type="checkbox"/> | This report provides assurance that Fife Health and Social Care Partnership has successfully progressed the implementation of the Strategic Plan 2023 to 2026, and is effectively monitoring the performance of the actions in the Year Three Delivery Plan 2025. |

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

| Situation/Background (Purpose of Report)   |
|--|
| <p>Fife Integration Joint Board (IJB) approved the <i>Strategic Plan for Fife 2023 to 2026</i> on 27<sup>th</sup> January 2023. The Strategic Plan is available here: <a href="http://www.fifehealthandsocialcare.org/about-us/publications">www.fifehealthandsocialcare.org/about-us/publications</a>.</p> <p>The Strategic Plan is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to further improve health and social care services in Fife. The delivery plans do not include all of the actions being taken by Fife Health and Social Care Partnership, they include a high-level summary which focusses on the delivery of the strategic priorities identified in the Strategic Plan, and the principal priorities in the relevant supporting strategies. The Year Three Delivery Plan was approved by the IJB in March 2025 and is available on our website here: <a href="http://www.fifehealthandsocialcare.org/fifes-strategic-plan-year-two-annual-report-2024-and-year-three-delivery-plan-2025">www.fifehealthandsocialcare.org/fifes-strategic-plan-year-two-annual-report-2024-and-year-three-delivery-plan-2025</a>.</p> <p>The Year Three Delivery Plan included 61 separate actions. This Annual Report for 2025 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing (these will be carried forward into 2026-2027). The report is structured using the same format as the Strategic Plan 2023-2026 and previous Annual Reports for Year One (2023) and Year Two (2024) to provide consistency and enable cross-referencing.</p> <p>This means that the 2025 actions are all grouped by strategic theme:</p> <ul style="list-style-type: none"> <li>• Local</li> <li>• Sustainable</li> <li>• Wellbeing</li> <li>• Outcomes</li> <li>• Integration</li> </ul> <p>The tables for each strategic theme are organised alphabetically by strategy and include:</p> <ul style="list-style-type: none"> <li>• the long-term objective: ‘Where do we want to be in 2026’</li> <li>• the specific activities that were planned: ‘In 2025, we will’</li> <li>• a progress update (January 2026)</li> <li>• RAG status.</li> </ul> |

| Where do we want to be in 2026  | In 2025, we will:   | Update January 2026   | RAG Status |
|---|---|---|------------|
| <b>Carers Strategy</b><br>All commissioned partners will have been reviewed within a three-year period and reported on their performance in line with Service Level Agreement (SLA) expectations. | Utilise the results of the commissioned providers review that took place in 2024/2025 to underpin a refreshed approach that ensures providers plans are fully connected to our Carers Strategy Delivery Plan for 2025/2026. | Completed.<br>The reviews were completed in Quarter 3 and reported in Quarter 4. This information will be used to plan the commission strategy for carers support in 2026 and beyond. | ●          |

The RAG Status column identifies the actions which have been fully completed (Green), partially completed (Amber) and any that have been Closed or Delayed (Red).

For any action that was not completed as planned, the reasons(s) for noncompletion have been included in each update, along with any changes to planning or delivery methods that are required.

| Strategy                                     | Reason for change or delay   | Changes applied |
|--|--|-----------------|
| <b>Commissioning Strategy</b>                | The public consultation on the Commissioning Strategy planned for 2025 has not been progressed. This is due to ongoing consultations associated with the refresh of the Partnership's Strategic Plan for 2026–2029. This approach was taken to avoid any potential confusion and to ensure that full attention is directed towards the Strategic Plan consultation.  | Action Closed.  |
| <b>Alcohol and Drug Partnership Strategy</b> | Service redesign within Children's Services to create an earlier intervention and prevention statutory model has caused delays in the recommissioning of the third sector provision. However, this delay has allowed the new model to be tested and to provide valuable information for fuller identification and examination of gaps in provision needed from the third sector partners.<br>The commissioning process will commence during 2026/2027. | Action Delayed. |

**\*Please note that this report does not replace the Annual Performance Report 2025 to 2026 which is a statutory requirement and will be progressed through the Partnership's governance process to the Integration Joint Board in July 2026.**

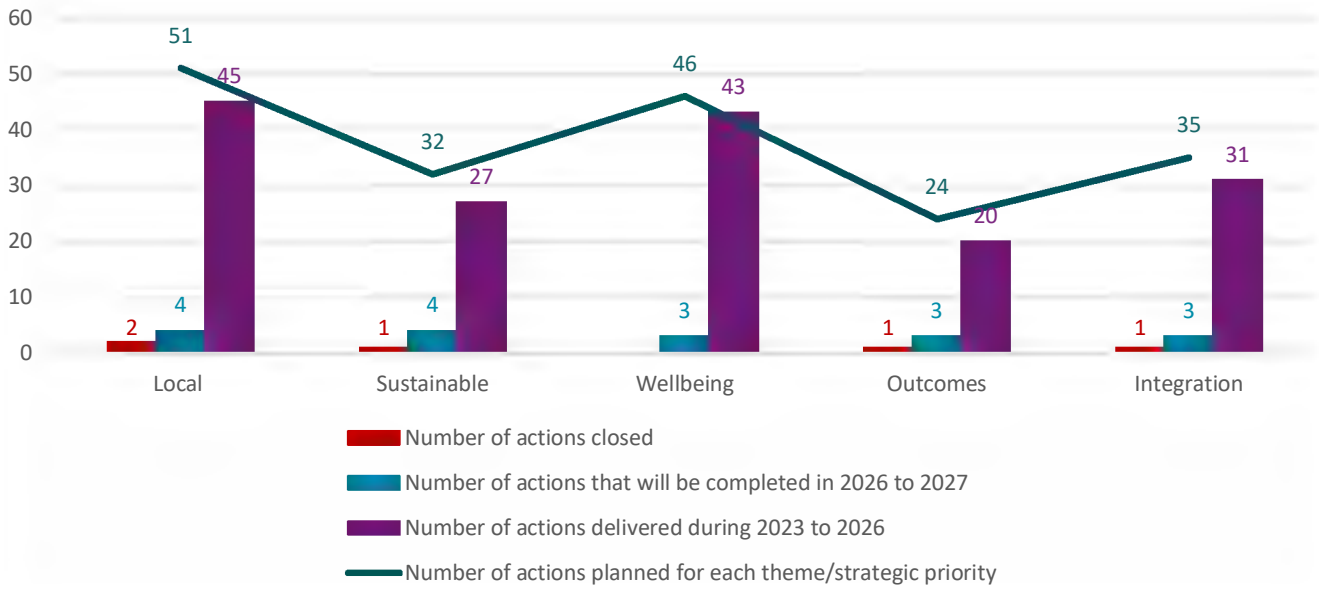
### Assessment (Key Points/Issues and Risks)

The Year Three Annual Report outlines the significant progress made in delivering the Strategic Plan 2023 to 2026. During 2025, the Partnership progressed the 46 actions carried forward from Year Two (2024) and completed 70% of the 61 new strategic actions that were planned for 2025. This is an update on the actions planned for 2025:

- 43 actions were fully completed (70%)
- 16 actions were partially completed (26%)
- 1 action was closed and 1 action was delayed.

Overall, there were 188 strategic actions planned for the strategic planning cycle 2023 to 2026. During the last three years 166 actions (88%) have been delivered, 17 actions (9%) will be carried forward and completed during 2026 to 2027, and 5 actions (3%) have been closed.

### Strategic Themes and Actions 2023-2026



Moving forward, a new Strategic Plan has been developed for 2026 to 2029. The new Plan sets out what we want to achieve over the next three years and the approach that we will take to deliver better outcomes for people, and to build a stronger, more sustainable future for health and social care in Fife. The draft Strategic Plan 2026-2029, along with supporting documentation, will be considered by the Integration Joint Board in March 2026.

### Related Documents/Appendices

Appendix 1: Strategic Plan 2023-2026 Year Three Annual Report (2025) (Summary Version)

The full version of the Year Three Annual Report (2025) is available here:

[https://www.nhsfife.org/umbraco/sharepreview/W6tZr\\_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmlXq-kdO-DN9D\\_PZJqc8DCi](https://www.nhsfife.org/umbraco/sharepreview/W6tZr_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmlXq-kdO-DN9D_PZJqc8DCi)

### Assurance Levels

| Level:                                       | Descriptor:  |
|--|--|
| Moderate <input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

### Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|  | Route To                            | Following                           | Date       | Amendments to report following meeting |                          |   |
|--|-------------------------------------|-------------------------------------|------------|--|--------------------------|---|
|  |                                     |                                     |            | Yes                                    | No                       | Summary of amendments   |
| <b>HSCP/IJB</b>                        |                                     |                                     |            |  |                          |   |
| Senior Leadership Team (SLT)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 16/02/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | It was suggested a summary version of the report is created to present to Committee/IJB.  |
| Local Partnership Forum (LPF)          | <input type="checkbox"/>            | <input type="checkbox"/>            |            | <input type="checkbox"/>               | <input type="checkbox"/> |   |
| Strategic Planning Group (SPG)         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 04/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | Summary report presented with link to full detailed report on-line. No changes/amendments to report advised. Supported to proceed to IJB for formal approval.         |
| Audit & Assurance (A&A)                | <input type="checkbox"/>            | <input type="checkbox"/>            |            | <input type="checkbox"/>               | <input type="checkbox"/> |   |
| Quality & Communities (QCC)            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 04/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | Summary report presented with link to full detailed report on-line. No changes/amendments to report advised. Supported to proceed to IJB for formal approval.         |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> | Summary report presented with link to full detailed report on-line. No further changes/amendments to report advised. Supported to proceed to IJB for formal approval. |
| Integration Joint Board (IJB)          |                                     | <input checked="" type="checkbox"/> |            |  |                          |   |

## Implications/Impacts

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

|                               |                                     |   |
|-------------------------------|-------------------------------------|---|
| <b>Service Users/Carers</b>   | <input checked="" type="checkbox"/> | <p>This Annual Report has no implications or impact for service users and carers because the report is for performance reporting purposes only.</p> <p>Implications and/or impacts for service users and carers are considered during strategic planning (for example the Carers Strategy) and through service planning and service delivery.</p>   |
| <b>Localities/Communities</b> | <input checked="" type="checkbox"/> | <p>Delivery of the Year Three actions has continued to strengthen support within localities, ensuring that improvement activity remains responsive to the needs of communities across Fife.</p> <p>Ongoing engagement with locality planning groups has also helped maintain strong connections with partners and local stakeholders.</p>   |
| <b>Quality of Care</b>        | <input checked="" type="checkbox"/> | <p>The Partnership's Performance Framework ensures appropriate oversight for all of the activities related to the Strategic Plan and the Annual Delivery Plans.</p> <p>The Partnership's Strategic Planning Group has a principal role in the implementation of the Strategic Plan and has regularly reviewed quality and performance across the 2023 to 2026 strategic planning cycle.</p> |
| <b>Workforce</b>              | <input checked="" type="checkbox"/> | <p>Any implications or impacts for the Partnership's workforce have been managed through the Workforce Strategy.</p>  |

|   |   |  |
|---|---|--|
| <b>Legal</b>  | ☒ | Under the Public Bodies (Joint Working) (Scotland) Act 2024, the Strategic Planning Group has a lead role in the development and implementation of the Strategic Plan, including performance monitoring and assessment of progress.  |
| <b>Financial</b>  | ☒ | All financial activities are managed through the Partnership's Medium Term Financial Strategy.   |
| <b>Performance</b>  | ☒ | The Strategic Plan Annual Reports provides an assurance mechanism for the Strategic Planning Group and other key stakeholders to proactively monitor performance and the effective implementation of the Strategic Plan 2023-2026.   |
| <b>Climate</b><br><a href="#">Climate Fife 2024 Strategy and Action Plan</a>            | ☒ | Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impacts are expected from this Annual Report.   |
| <b>Communication and Engagement</b>   | ☒ | A robust engagement process was completed in 2022 with a wide range of activities that informed the final version of the Strategic Plan.<br>In addition, for each of the supporting strategies, an assessment was completed during the development process to identify any specific requirements for participation and engagement. This process produced a bespoke engagement plan for each strategy and ensured that key stakeholders were identified, and included in all relevant engagement activities.  |
| <b>Risk &amp; Mitigation</b>  | ☒ | All of the strategic risks and identified control measures, which relate to the delivery of the Strategic Plan are managed through the Strategic Risk Register.  |
| <b>Equalities and Human Rights, including children's rights and health inequalities</b> | ☒ | An Equality Impact Assessment for the Strategic Plan 2023 to 2026 is available on the Partnership's website here: <a href="https://www.fifehealthandsocialcare.org/media/ytjhbns/eqia-strategic-plan-for-fife-2023_2026.pdf">https://www.fifehealthandsocialcare.org/media/ytjhbns/eqia-strategic-plan-for-fife-2023_2026.pdf</a><br><br>An Equality Impact Assessment is not required for the Year Three Annual Report (2025) because this report is for performance reporting purposes only.<br>Equality responsibilities for the Year Three Delivery Plan (approved by the IJB in March 2025) were considered during the development of the individual strategies and delivery plans. These Equality Impact Assessments are published on our website here: <a href="http://www.fifehealthandsocialcare.org/publications">www.fifehealthandsocialcare.org/publications</a> . |



# Strategic Plan 2023 – 2026 Year Three Report (2025) Summary Version

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The Senior Leadership Team with the Kirkcaldy and Leven Adult and Older Adult Social Work Teams



Additional clinic space opens at St Andrews Community Hospital – September 2025

## Section 1

### Foreword

Over the past year, we have worked closely with partners and communities across Fife to advance the Strategic Plan 2023 - 2026 and deliver the key improvements outlined in the Year Three Delivery Plan.

During 2025, we focused on enhancing care quality by investing in service improvements and ensuring services are well-organised, effective, and efficient (**better care**). We addressed health inequalities by promoting healthier lifestyles from early years and encouraging prevention, anticipation, and self-management (**better health**).

Despite rising demand and reduced financial resources, we maximised value by collaborating with partners, including the third and independent sectors, and prioritising resources where they achieve the greatest long-term impact, such as prevention and early intervention (**better value**). This Annual Report 2025 provides an update on the 61 actions in the Year Three Delivery Plan as of January 2026.

As we conclude this strategic planning cycle, I want to extend my sincere thanks to our colleagues, partners, and communities across Fife for their dedication and collaboration. Your commitment has been instrumental in delivering meaningful improvements and shaping services that truly make a difference.

Together, we have navigated challenges and achieved significant progress, and I am confident that the same spirit of partnership will drive us forward as we embark on the next three-year Strategic Plan (2026 – 2029). By continuing to work collectively, we will build on our successes, embrace innovation, and create a future where everyone in Fife can live healthier, more independent lives.

Thank you for your ongoing support - we look forward to achieving even more together in the years ahead.



Vanessa Salmond

Head of Strategic Planning and Performance

Fife Health and Social Care Partnership

## Strategic Plan 2023 – 2026 Year Three Annual Report (2025)

The full version of the Annual Report is available online using this link: [https://www.nhsfife.org/umbraco/sharepreview/W6tZr\\_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmIXq-kdO-DN9D\\_PZJqc8DCi](https://www.nhsfife.org/umbraco/sharepreview/W6tZr_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmIXq-kdO-DN9D_PZJqc8DCi)

### Summary Version

The Summary Version includes:

1. An overview of the strategic actions that were planned for 2025 and successfully delivered.
2. Details of the strategic actions that were delayed or closed during the full strategic planning cycle 2023-2026.
3. Details of the strategic actions that are partially completed and will be carried forward into the next strategic planning cycle 2026-2029.



Locality Planning Stakeholder Event – January 2026



Fife Wide Engagement Forum - July 2025

Further information is available on our website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)

## 1. Overview

This Year Three Annual Report (2025) for the Strategic Plan 2023 - 2026, provides an update on the strategic actions that have been successfully delivered over the last year. The report is structured around five key themes: Local, Sustainable, Wellbeing, Outcomes, and Integration, and focuses on personalised care, financial viability, early intervention, equality, and collaboration.

This graph shows the status of the 2025 actions by strategic theme.



This graph includes an update for each of the 61 actions (updated in January 2026).

Green = Completed

Amber = Partially Completed

Red = Closed or Delayed\*

\*Some actions will be carried forward in 2026, others have been updated or replaced with new, more relevant actions (for example in response to national changes).

Graph 1: The status of strategic actions by each strategic theme.

In summary:

- 43 actions were fully completed (70%)
- 16 actions were partially completed (26%)
- 1 action was closed and 1 action was delayed.

## 2. Strategic Actions Delayed or Closed

Some of the strategic actions that were originally planned have been reviewed and updated, others have been combined or postponed until additional funding or resources are available. Over the last year, one strategic action planned for 2025 was closed and one strategic action was delayed.

| Strategy                                     | Reason for change or delay   | Changes applied |
|--|--|-----------------|
| <b>Commissioning Strategy</b>                | The public consultation on the Commissioning Strategy planned for 2025 has not been progressed. This is due to ongoing consultations associated with the refresh of the Partnership's Strategic Plan for 2026–2029. This approach was taken to avoid any potential confusion and to ensure that full attention is directed towards the Strategic Plan consultation.  | Action Closed.  |
| <b>Alcohol and Drug Partnership Strategy</b> | Service redesign within Children's Services to create an earlier intervention and prevention statutory model has caused delays in the recommissioning of the third sector provision. However, this delay has allowed the new model to be tested and to provide valuable information for fuller identification and examination of gaps in provision needed from the third sector partners.<br>The commissioning process will commence during 2026/2027. | Action Delayed. |

### 3. Strategic Actions Partially Completed and Carried Forward

Sixteen of the strategic actions planned for 2025 have been partially completed, these actions will be carried forward into the next strategic planning cycle, 2026-2029. A summary of the actions planned for 2025, grouped by supporting strategy, is included here.

| Strategy/Project/Group                     | Number of Actions Planned | Number of Actions Completed | Number of Actions Partially Completed | Number of Actions Delayed or Closed |
|--|---------------------------|-----------------------------|---------------------------------------|-------------------------------------|
| Alcohol and Drug Strategy                  | 5                         | 2                           | 2                                     | 1                                   |
| Advocacy Strategy                          | 3                         | 3                           |                                       |                                     |
| Carers Strategy                            | 3                         | 3                           |                                       |                                     |
| Childrens Services Plan                    | 7                         | 4                           | 3                                     |                                     |
| Commissioning Strategy                     | 7                         | 6                           |                                       | 1                                   |
| Dementia Delivery Plan                     | 6                         | 1                           | 5                                     |                                     |
| Home First Strategy                        | 6                         | 4                           | 2                                     |                                     |
| Mental Health and Wellbeing Strategy       | 8                         | 5                           | 3                                     |                                     |
| Prevention and Early Intervention Strategy | 3                         | 3                           |                                       |                                     |
| Primary Care Strategy                      | 3                         | 3                           |                                       |                                     |
| Strategic Planning Group                   | 3                         | 3                           |                                       |                                     |
| Workforce Strategy                         | 7                         | 6                           | 1                                     |                                     |
| <b>Totals</b>                              | <b>61</b>                 | <b>43</b>                   | <b>16</b>                             | <b>2</b>                            |

Table 1: The number of strategic actions completed and/or partially completed in 2025

Further details for all of these strategic actions are available in the full report here:

[https://www.nhs.uk/umbraco/sharepreview/W6tZr\\_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmIXq-kdO-DN9D\\_PZJqc8DCi](https://www.nhs.uk/umbraco/sharepreview/W6tZr_EX9C-sYdBFvM9-L4Wd5d4o4Bk2AoHSrT45PqSujZ6QKZ9B1RYbmZkKH2WAT4fAXPAjPmIXq-kdO-DN9D_PZJqc8DCi)

## Conclusion

Over the last three years, the Strategic Plan 2023–2026 has provided a strong framework for improvement, collaboration, and transformation across health and social care in Fife. Throughout this period, we have learned valuable lessons about what drives meaningful change, and these insights are shaping the way we move forward. A key shift in our approach is the increasing focus on prevention - ensuring that funding, resources, and service redesign are directed towards helping people stay well for longer. Sustainability has also become central to all planning and delivery, recognising the need to balance rising demand with finite resources while continuing to provide high-quality, person-centred support.

Innovation will play a vital role in this next strategic planning cycle. We will continue to expand our use of digital tools and technologies, including emerging innovations such as artificial intelligence, to enhance access, improve efficiency, and support more personalised care. Alongside this, we will strengthen our commitment to locality planning, ensuring that decisions are informed by local needs, priorities, and the lived experiences of communities. This approach is essential to enable more flexible, responsive models of care.

As we look ahead, we will build on these achievements with renewed focus and purpose. By strengthening prevention, investing in sustainability, extending digital innovation, and empowering local communities, we will continue to work together to enable the people of Fife to live healthier, more independent lives.





# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                           |   |              |            |
|---------------------------|---|--------------|------------|
| <b>Meeting:</b>           | Integrated Joint Board  | <b>Date:</b> | 25/03/2026 |
| <b>Report Title:</b>      | 2025/6 Winter Vaccination Uptake  |              |            |
| <b>Agenda Item No:</b>    | 8.3   |              |            |
| <b>Responsible Owner:</b> | Lisa Cooper, Head of Primary and Preventative Care  |              |            |
| <b>Report Author:</b>     | Olivia Robertson, Senior Manager, Primary and Preventative Care Services<br>Karen Nolan, Clinical Services Manager, Immunisation Programme<br>Dr Esther Curnock, Consultant in Public Health Medicine |              |            |

## Executive Summary

The Winter Vaccination Programme 2025–26 was delivered in line with Joint Committee on Vaccination and Immunisation (JCVI) and Chief Medical Officer (CMO) direction, including early delivery of the childhood programme and co administration of flu and COVID 19 vaccines for eligible cohorts.

Positively, early uptake of the primary school flu programme in NHS Fife was achieved ahead of peak influenza activity and is likely to have contributed to a delayed and lower peak of flu cases in Fife compared with other mainland Boards.

Flu uptake among older adults and care home residents either met or exceeded national expectations, while uptake among working age clinical risk groups and health and social care staff showed modest improvement but remains below desired levels and aspirations.

The programme was delivered within the agreed financial envelope but was resource intensive; planned learning from this year will inform further workforce planning, effective delivery models and joint engagement approaches for future vaccination programmes.

## Recommendations

|                             |   |   |
|-----------------------------|---|---|
| This paper is presented to: | Clearly outline below what the Board/Committee are being asked to do: - |   |
| Provide Assurance           | <input checked="" type="checkbox"/>                                     | This paper presents assurance that the Winter Vaccination Programme supports the Partnership's strategic priorities for prevention, protection of vulnerable groups, and reduction of winter pressures across health and social care  |
| For Noting                  | <input checked="" type="checkbox"/>                                     | The IJB is asked to note that both the Public Health and Wellbeing Committee and the Quality and Communities Committee supported the position, recognising the positive impact of early delivery of the primary school flu immunisation programme on flu incidence in Fife. The committees also noted the <b>limited assurance</b> provided and endorsed the lessons learned being taken forward to inform planning for 2026/27 delivery. |

## Directions

## Situation/Background (Purpose of Report)

This report provides an update on vaccine uptake within the eligible cohorts for Winter 2024/25 COVID-19 and flu campaign within NHS Fife

As set out in the CMO direction<sup>1</sup>, the key objectives for the Winter Programme 2025-26 were:

1. To protect those in society who remain at higher risk of severe flu and COVID-19, in order to prevent severe illness, hospitalisation and death.
2. To minimise additional pressure on the NHS and social care services, during the winter period, as a result of flu and COVID-19 infection.
3. To increase uptake across the entirety of the programme, but with a particular focus on improving uptake in the clinical at risk flu groups, and flu vaccination for health and social care workers, where we saw significant reductions in uptake in winter 2024/25.

The following groups were offered both COVID-19 **and** flu vaccination:

- Residents in care homes for older adults
- All adults aged 75 years and over
- Those aged 6 months and over who are immunosuppressed

In addition, the following groups were offered flu vaccination only:

- Those 6 months to under 65 with eligible flu-only clinical risk groups (including pregnancy)
- All children aged 2-5 years not yet at school
- All primary and secondary school pupils
- All aged 65 to 74 years
- Unpaid carers
- Household contacts of those with immunosuppression
- Poultry workers & bird handlers
- Frontline health & social care workers
- Non-frontline NHS workers
- Those experiencing homelessness; substance misuse; prisoners

To note, the eligibility for COVID-19 vaccination was identical to those vaccinated in Spring 2025, but was narrower than in Winter 2024/25 (removal of those aged 65 to 74, those in a clinical risk group but not immunosuppressed, and frontline health and social care workers). Eligibility for the COVID vaccination programme for Spring 2026, Winter 2026-27, and Spring 2027 is anticipated to be the same as Winter 2025-26 based on JCVI advice issued in July 2025<sup>2</sup>.

In October 2023, the JCVI advised that from winter 2024-25, the seasonal flu programme for children and pregnant women should start in September, as early as planning and supply allows, and that the adult flu programme should optimally run in October and November. The CMO directed that within Scotland the Winter 2025-26 childhood programme should start from early September (vaccine supply dependent), with the adult

<sup>1</sup> [Winter programme 2025 – Seasonal flu and COVID-19 vaccination](#)

<sup>2</sup> [JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK](#)

programme starting from 15/09/25. Co-administration for those eligible for flu & COVID-19 vaccines should start from 29/09/25. Boards were asked to complete the vast majority of the adult programme by early December, and to endeavour to meet the WHO flu coverage target of 75% uptake among those aged 65+ by that point. The COVID-19 programme offer ended 31/01/26, and the flu programme offer ends 31/03/26.

## Assessment (Key Points/Issues and Risks)

See appendix 1 for full vaccine uptake data tables.

### a) Childhood Flu

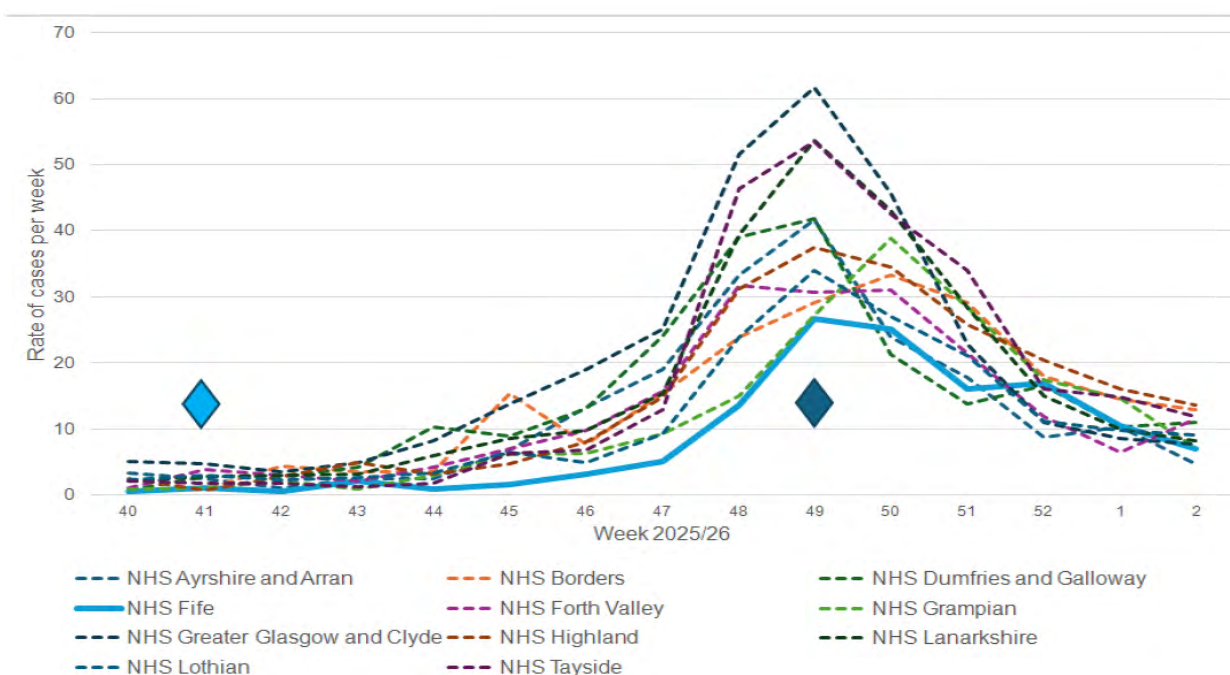
The childhood programme commenced on 08/09/25 and was delivered through a mix of school visits and community clinics (primarily 2 to 5 year clinics, but mop-up clinics for primary and secondary school children were also promoted). Outreach clinics supported by Scottish Ambulance Service were also arranged.

As at 25/01/26, uptake of flu vaccine among pre-school children (aged 2-5 years) in Fife was 39.2% (Scotland 50.4%) which was 5.4% lower in Fife than end-of-season data the previous winter. Uptake among primary school children in Fife was 65.9% (Scotland 66.8%) which was similar to the previous season. Uptake among secondary school children in Fife was 40.7% which was slightly improved from the end-of-season uptake in Fife in Winter 2024-25 of 38.2%, but remains below the Scottish average (Scotland 51.9%).

As per the JCVI and CMO direction, one of the aims was to deliver the childhood programme as early as possible. This is because the vaccine delivered in the childhood is a live vaccine where protection lasts longer than the vaccine offered to adults. In addition, children are understood to contribute to transmission of flu virus in the wider population.

Figure 1 below shows laboratory confirmed influenza cases per 100,000 by health board by week (mainland boards only). It is notable that NHS Fife saw a delayed start to flu season clinical activity and a lower peak of activity compared with other mainland health boards (Fife peak week 49 at 26.7 per 100,000; Scotland week 49 peak at 43.4 per 100,000). One potential explanation for the delayed start and lower peak in Fife is that whilst our end-of-programme primary school vaccine uptake is very similar point to the rest of Scotland, we achieved a high uptake of the cohort much earlier than other boards. Within Fife we achieved 60% coverage by 09/10/25 (week 41), i.e. prior to the October holiday, whereas at Scotland level 60% coverage among primary school children was not reached until 01/12/25 (week 49), by which time flu infections were already peaking. Further epidemiological data suggests that early flu activity in the rest of Scotland was being driven by very high rates in the 5 to 14 age group which fits with this hypothesis. Additional epidemiological data relating to winter flu & COVID-19 activity is shown in appendix 2.

**Figure 1: Influenza cases per 100,000 by health board by week (data to week 2 2026)**



## Related Documents/Appendices

Appendix 1 Full Vaccine Uptake Tables

## Assurance Levels

| Level:   | Descriptor:  |
|--|--|
| Limited<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide limited assurance in relation to management of this risk. There are significant concerns over the adequacy and effectiveness of controls and actions in proportion to the risk and assurances are limited |

## Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|                                     | Route To                            | Following                | Date   | Amendments to report following meeting |                          |   |
|-------------------------------------|-------------------------------------|--------------------------|--------|--|--------------------------|---|
|                                     |                                     |                          |        | Yes                                    | No                       | Summary of amendments   |
| <b>HSCP/IJB</b>                     |                                     |                          |        |  |                          |   |
| Quality & Communities (QCC)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4/3/26 | <input type="checkbox"/>               | <input type="checkbox"/> | The committee supported the limited assurance provided noting the lessons learned that will taken forward in planning for 26/27 delivery. |
| Integration Joint Board (IJB)       |                                     | <input type="checkbox"/> |        |  |                          |   |
| <b>NHS Fife</b>                     |                                     |                          |        |  |                          |   |
| Public Health & Wellbeing Committee | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2/3/26 | <input type="checkbox"/>               | <input type="checkbox"/> | PHWBC supported the limited assurance, noting the lessons learned that will be taken forward in planning for 26/27 delivery.              |

## Implications/Impacts

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

|                        |                                     |  |
|------------------------|-------------------------------------|--|
| <b>Quality of Care</b> | <input checked="" type="checkbox"/> | NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife. An immunisation quality matters assurance group meets regularly to provide assurance regarding safe delivery of the Immunisation programme. Care Opinion, complaints and compliments are accurately recorded and shared with team members.                                 |
| <b>Workforce</b>       | <input checked="" type="checkbox"/> | Workforce during this programme involved the use of extra hours and Bank. Finance colleagues have been involved in this discussion and there was a financial envelope to support this usage. There was significant pressure on the staff this year due to a variety of factors. Resourcing levels did not fully align with programme requirements, and we were unable to address this gap early enough to mitigate the |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
|   |                                     | impact Work is ongoing to ensure learning from this and that risk is mitigated in future.  |  |
| <b>Financial</b>  | <input checked="" type="checkbox"/> | The programme continued to work closely with finance colleagues to track and report on expenditure. There are no additional costs, and any risks were identified throughout the delivery stages of this campaign and will be managed, mitigated, and reported accordingly.   |  |
| <b>Performance</b>  | <input checked="" type="checkbox"/> | Performance committees acknowledge limited level of assurance noting lessons learned from 25/26 will inform 26/27 delivery plans   |  |
| <b>Climate</b><br><a href="#">Climate Fife 2024 Strategy and Action Plan</a>            | <input checked="" type="checkbox"/> | No direct impact on Board climate targets. Improvement work continues to ensure vaccine waste is minimised and to adjust patterns of working to maximise efficiencies in staff travel. Access to public transport is always factored into assessments for identifying suitable community vaccine clinic locations. |  |
| <b>Communication and Engagement</b>   | <input checked="" type="checkbox"/> | Communications are linked with the national direction, applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from previous vaccination programmes to ensure effective, timely and targeted communications                              |  |
| <b>Risk &amp; Mitigation</b>  | <input checked="" type="checkbox"/> | Workforce risks remain due to fluid nature of the immunisation programme. Lessons learned and joint planning/coordination with nursing directorate will inform workforce planning for next winter.   |  |
| <b>Equalities and Human Rights, including children's rights and health inequalities</b> | <input checked="" type="checkbox"/> | No Impact/Not Required   | There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper. |
|   | <input checked="" type="checkbox"/> | Full EQIA has been completed and is available on request   |  |

## Appendix 1: Summary of Vaccine Uptake

Vaccination uptake surveillance data from Discovery ( [Discovery Landing Page: Landing Page - Tableau Server](#)) as at the 25<sup>th</sup> of January 2026.

### a) Flu Surveillance Data

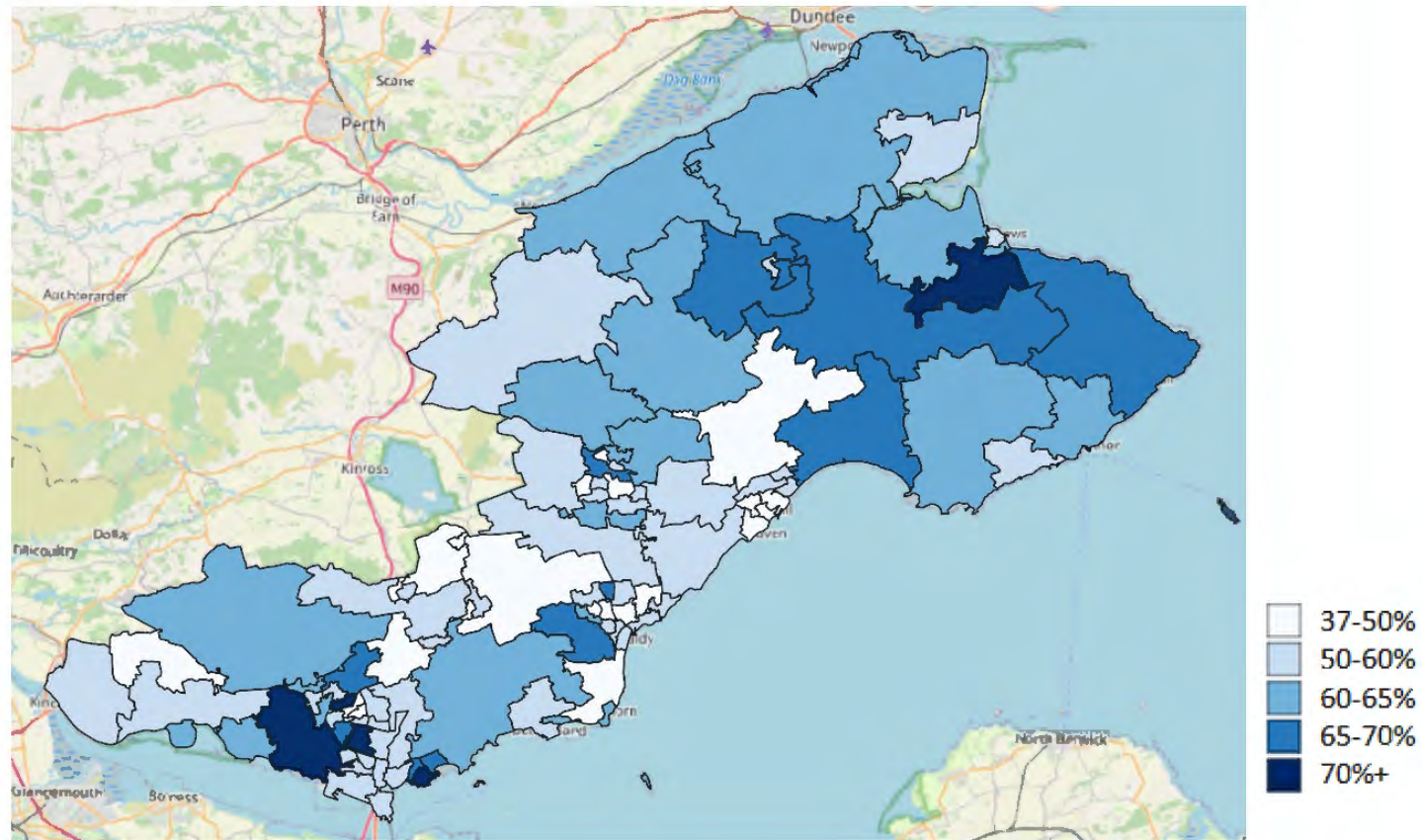
| Flu Immunisation                 | Eligible | Vaccinated | Fife Winter 2025/26 Uptake (%) | Scotland Winter 2025/26 Uptake (%) | Change in Fife from Winter 2024/25 |
|----------------------------------|----------|------------|--------------------------------|------------------------------------|------------------------------------|
| <b>Adults</b>                    |          |            |                                |                                    |                                    |
| Age 65 to 74                     | 46,392   | 31,485     | 67.9%                          | 68.8%                              | ↓ -2.1%                            |
| Aged 65+                         | 88,534   | 65,462     | 73.9%                          | 74.3%                              | ↓ -1.3%                            |
| Aged 75+                         | 42,142   | 33,977     | 80.6%                          | 80.7%                              | ↓ -0.6%                            |
| At risk age 18 to 64             | 61,570   | 22,546     | 36.6%                          | 38.7%                              | ↑ 3.7%                             |
| Weakened immune system           | 9,696    | 5,519      | 56.9%                          | 58.1%                              | ↓ -5.7%                            |
| Older people care home residents | 2,300    | 1,896      | 82.4%                          | 83.5%                              | ↑ 0.5%                             |
| Total                            | 166,647  | 91,168     | 54.7%                          | 55.4%                              | ↑ 1.2%                             |
| <b>Staff</b>                     |          |            |                                |                                    |                                    |
| All health care workers          | 11,357   | 4,336      | 38.2%                          | 41.8%                              | ↑ 4.9%                             |
| All social care workers          | 12,559   | 1,970      | 15.7%                          | 18.2%                              | ↑ 1.0%                             |
| <b>Children</b>                  |          |            |                                |                                    |                                    |
| At risk age 6 months to 2 years  | 642      | 179        | 27.9%                          | 39.9%                              | ↓ -15.7%                           |
| Pre-school                       | 8,168    | 3,198      | 39.2%                          | 50.4%                              | ↓ -6.7%                            |
| Primary school                   | 26,283   | 17,324     | 65.9%                          | 66.8%                              | ↑ 0.9%                             |
| Secondary school                 | 26,051   | 10,597     | 40.7%                          | 51.9%                              | ↑ 2.5%                             |
| Total                            | 60,986   | 31,244     | 51.2%                          | 58.2%                              | ↑ 0.2%                             |

*Note: Denominator data for at-risk 6 months to 2 years in 2025/26 is >4x bigger than previous seasons, whilst eligibility criteria have not changed – further investigation is ongoing with Public Health Scotland data intelligence team.*

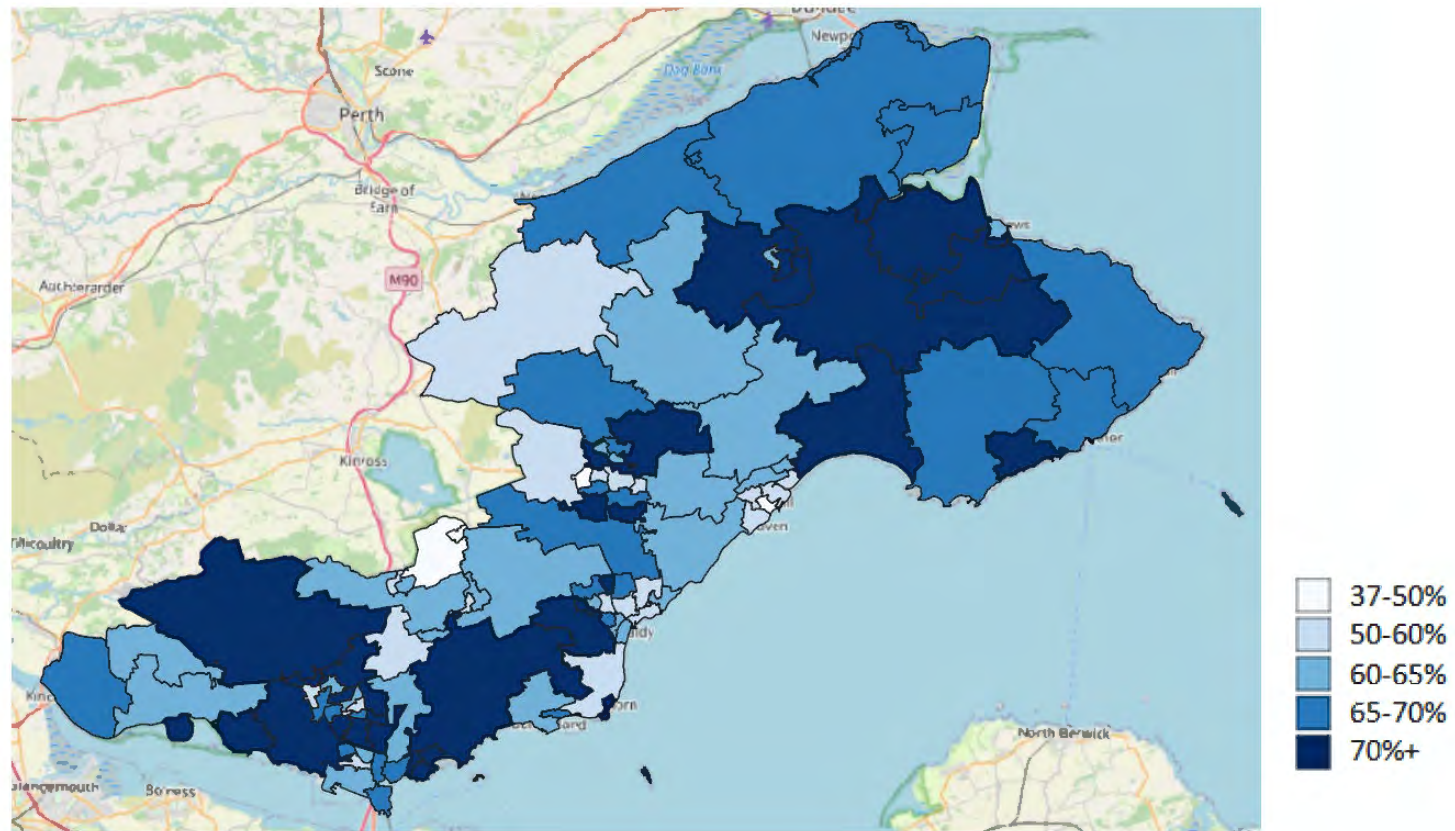
b) COVID Surveillance Data

| COVID Immunisation               | Eligible | Vaccinated | Fife Winter 2025/26 (%) | Scotland Winter 2025/26 (%) | Change in Fife from Winter 2024/25 |
|----------------------------------|----------|------------|-------------------------|-----------------------------|------------------------------------|
| <b>Adults</b>                    |          |            |                         |                             |                                    |
| Total                            | 52,473   | 34,751     | 66.2%                   | 65.4%                       | ↑ 18.0%                            |
| Aged 75+                         | 42,142   | 31,069     | 73.7%                   | 73.4%                       | ↓ -4.0%                            |
| Older people care home residents | 2,300    | 1,840      | 80.0%                   | 79.7%                       | ↓ -0.1%                            |
| Weakened immune system           | 13,359   | 6,016      | 45.0%                   | 45.7%                       | ↓ -3.0%                            |

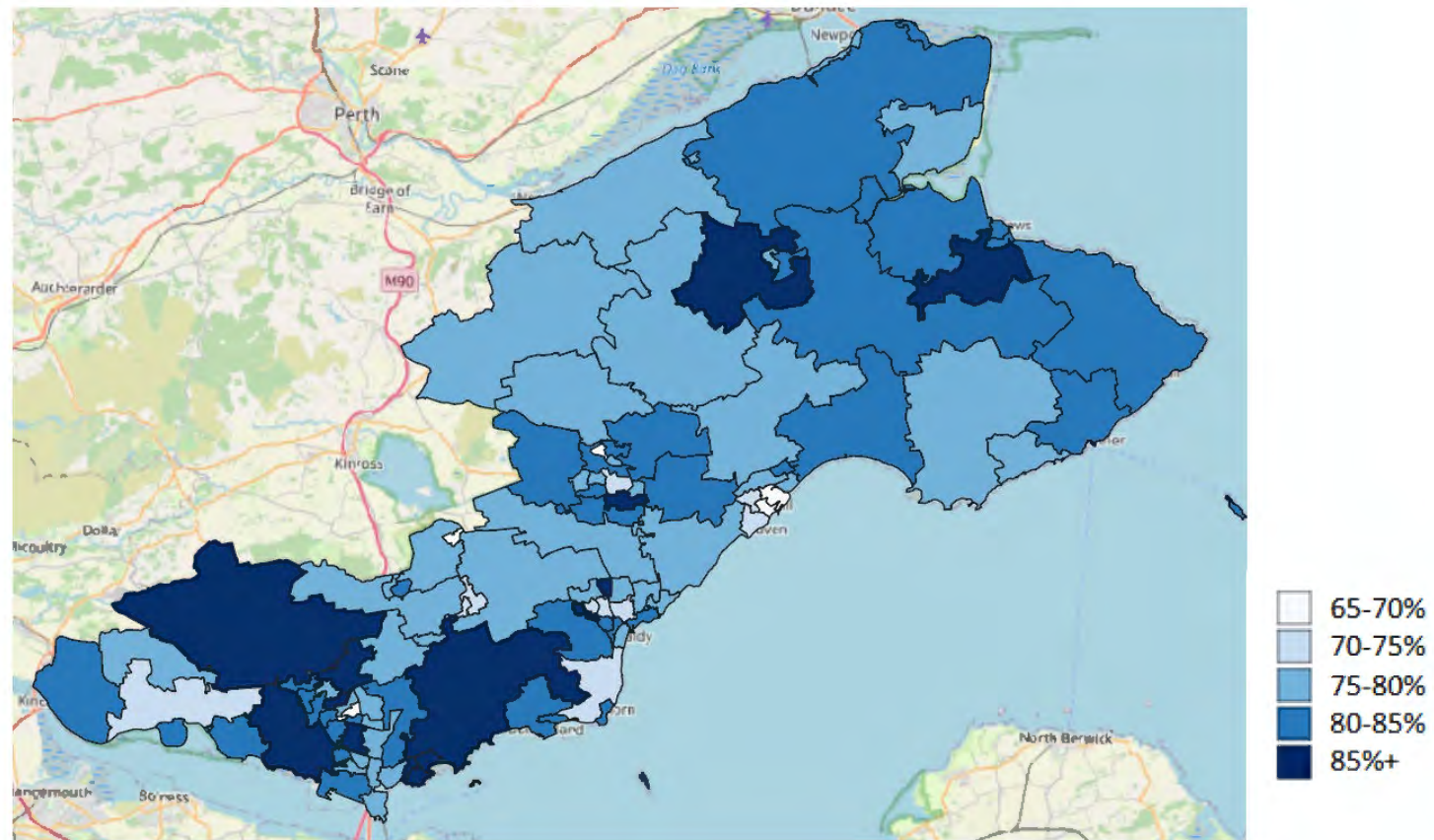
c) Flu uptake 2025/26 by intermediate zone: All eligible cohorts



d) Flu uptake by Intermediate Zone: 65 to 74 year cohort



e) Flu uptake by intermediate zone: 75+ year cohort



(Note: legend categories differ from figure 1c & 1d)

f) Distance from vaccination venue

| <b>Clinic Flu Vaccinations</b> |                                 |                      |                               |                    |
|--------------------------------|---------------------------------|----------------------|-------------------------------|--------------------|
| <b>Distance from Pharmacy</b>  | <b>Vaccinations (Appointed)</b> | <b>% (Appointed)</b> | <b>Vaccinations (Drop-in)</b> | <b>% (Drop-in)</b> |
| 0 to 0.25 miles                | 1081                            | 1.65%                | 189                           | 1.62%              |
| 0.25 miles to 0.5 miles        | 2837                            | 4.33%                | 462                           | 3.96%              |
| 0.5 miles to 1 mile            | 7973                            | 12.17%               | 1223                          | 10.48%             |
| 1 to 2 miles                   | 15629                           | 23.85%               | 2276                          | 19.50%             |
| 2 to 5 miles                   | 12991                           | 19.82%               | 2181                          | 18.69%             |
| more than 5 miles              | 25023                           | 38.18%               | 5341                          | 45.76%             |

| <b>Community Pharmacy Flu Vaccinations</b> |                     |          |
|--|---------------------|----------|
| <b>Distance from Pharmacy</b>              | <b>Vaccinations</b> | <b>%</b> |
| 0 to 0.25 miles                            | 1679                | 17.50%   |
| 0.25 miles to 0.5 miles                    | 1694                | 17.66%   |
| 0.5 miles to 1 mile                        | 1381                | 14.40%   |
| 1 to 2 miles                               | 1248                | 13.01%   |
| 2 to 5 miles                               | 1324                | 13.80%   |
| more than 5 miles                          | 2266                | 23.62%   |

## Appendix 2: Influenza Epidemiology 2025-26

Figure 1: Influenza cases per 100,000 by mainland Health Board by week

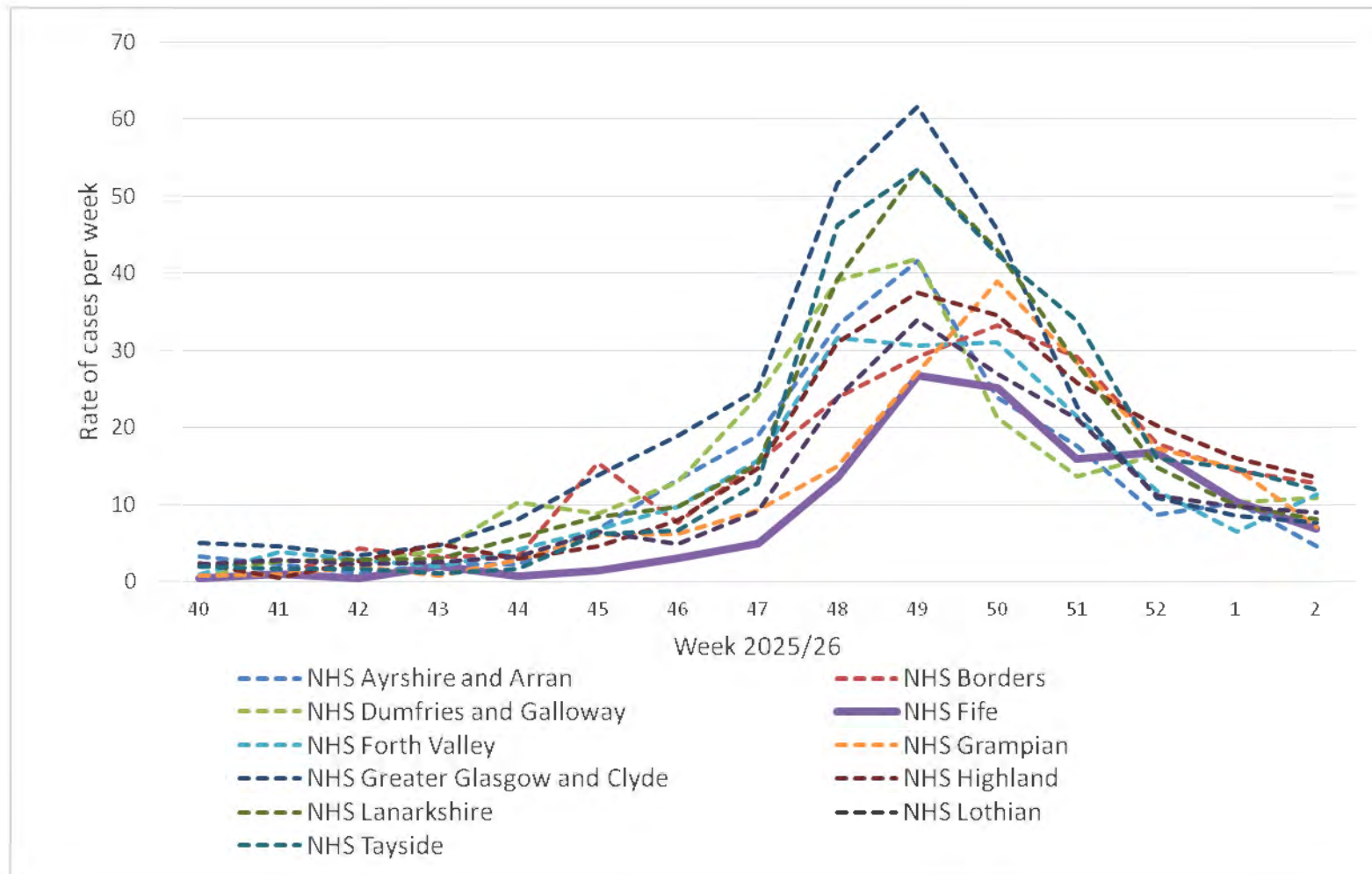


Figure 2: Influenza admissions per 100,000 by mainland Health Board by week

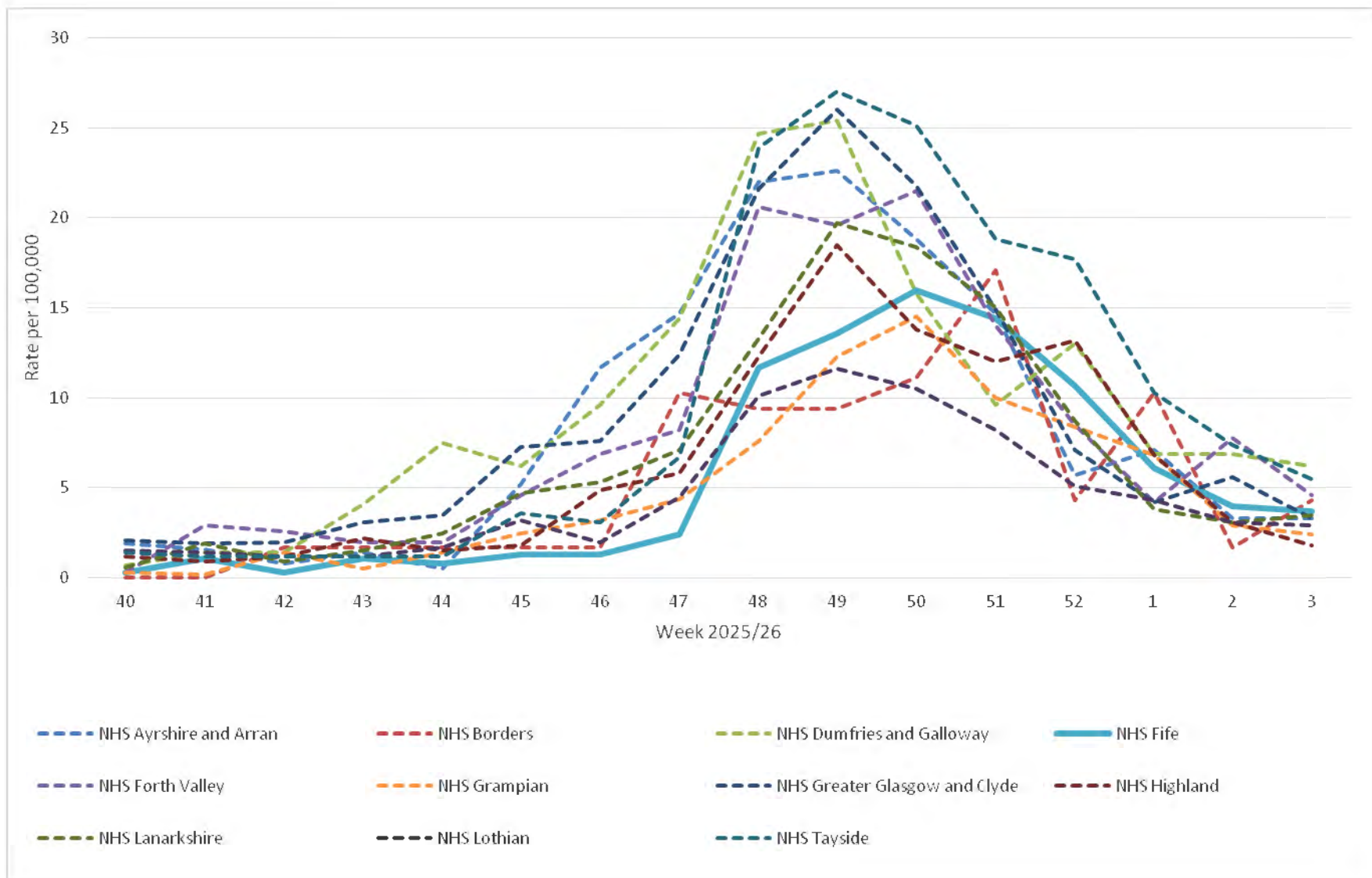


Figure 3: Influenza Test Positivity by age category by week, Scotland

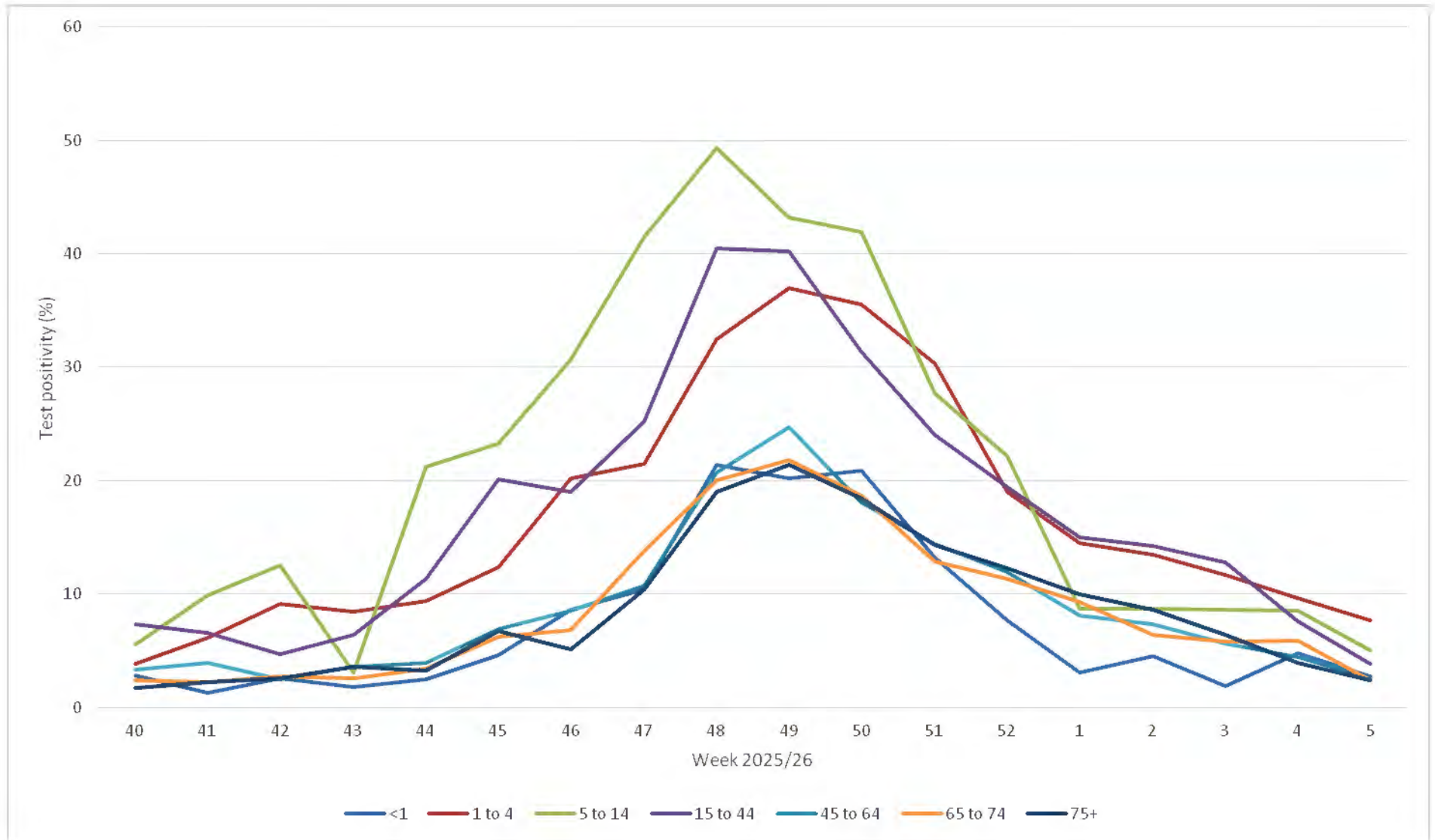
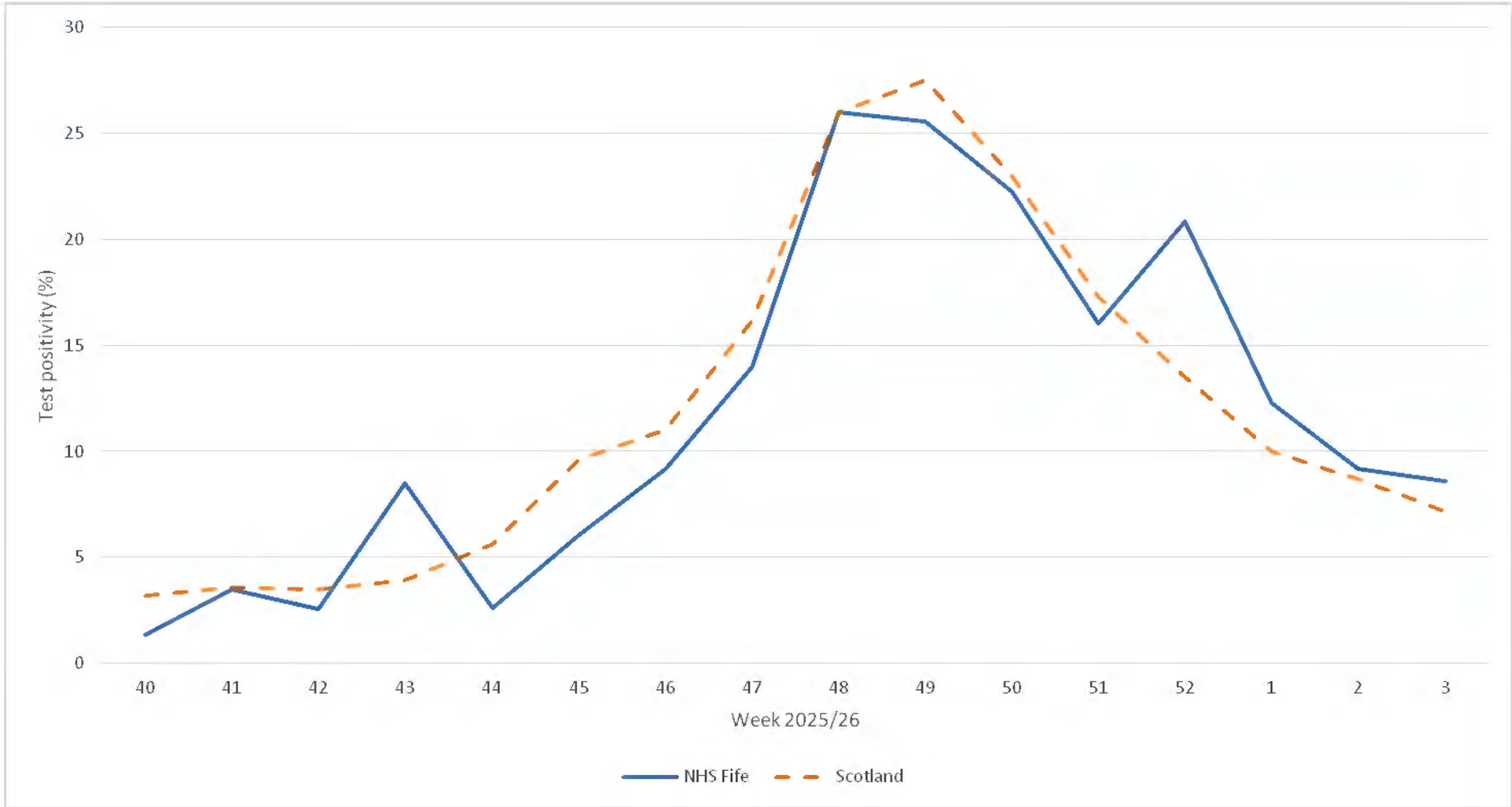


Figure 4: Influenza Test Positivity by week. NHS Fife & Scotland





# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                           |  |              |               |
|---------------------------|--|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board                        | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Finance Update – Month 10                      |              |               |
| <b>Agenda Item No:</b>    | 9.1  |              |               |
| <b>Responsible Owner:</b> | Lynne Garvey, Director of Health & Social Care |              |               |
| <b>Report Author:</b>     | Tracy Hogg, Chief Finance Officer              |              |               |

## Executive Summary

- The projected outturn for Fife Health & Social Care Partnership at 31<sup>st</sup> January 2026 is currently a projected overspend of £10.608m
- This is an adverse movement of £1.993m from the November position
- Savings delivery is projected to be 84%
- Pressure from high demand on our services continues.

## Recommendations

This paper is presented to:-

|   |                                     |  |
|---|-------------------------------------|--|
| Seek a Decision<br><b>Risk Appetite Section<br/>MUST be completed</b> | <input checked="" type="checkbox"/> | Approve the Directions to NHS Fife and Fife Council for additional allocations in year   |
| Provide Assurance   | <input checked="" type="checkbox"/> | IJB are asked to be assured that there is robust financial monitoring in place   |
| For Noting  | <input checked="" type="checkbox"/> | Note the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at January 2026 as outlined in Appendices 1-4 of the report |

## Directions

|              |                                     |
|--------------|-------------------------------------|
| Fife Council | <input checked="" type="checkbox"/> |
| NHS Fife     | <input checked="" type="checkbox"/> |

## Situation/Background (Purpose of Report)

The report details the financial position (projected outturn) of the delegated and managed services. The projected outturn for Fife Health & Social Care Partnership at 31 January 2026 is an overspend of £10.608m.

## Assessment (Key Points/Issues and Risks)

As at 31 January 2026 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £10.608m.

Currently the key areas of overspend are: –

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

These overspends are partially offset by underspends in:-

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

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

There is also an update in relation to savings which were approved by the IJB in March 2025 and use of Reserves brought forward from March 2025.

## Related Documents/Appendices

Appendix 1 - Finance Report at January 2026  
Appendix 2 - Direction to NHS Fife  
Appendix 2a - Direction to Fife Council  
Appendix 3 - Approved 2025-26 Savings Tracker  
Appendix 4 - Fife H&SCP Reserves

## Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

## Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|  | Route To                            | Following                | Date       | Amendments to report following meeting |                          |                       |
|--|-------------------------------------|--------------------------|------------|--|--------------------------|-----------------------|
|  |                                     |                          |            | Yes                                    | No                       | Summary of amendments |
| <b>HSCP/IJB</b>                        |                                     |                          |            |  |                          |                       |
| Senior Leadership Team (SLT)           | <input type="checkbox"/>            | <input type="checkbox"/> |            | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Local Partnership Forum (LPF)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17.03.2026 | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Strategic Planning Group (SPG)         | <input type="checkbox"/>            | <input type="checkbox"/> |            | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Audit & Assurance (A&A)                | <input type="checkbox"/>            | <input type="checkbox"/> |            | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Quality & Communities (QCC)            | <input type="checkbox"/>            | <input type="checkbox"/> |            | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11.03.2026 | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Integration Joint Board (IJB)          |                                     | <input type="checkbox"/> |            |  |                          |                       |
| Other (please specify):                |                                     |                          |            |  |                          |                       |
| Finance Governance Board               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 09.03.2026 | <input type="checkbox"/>               | <input type="checkbox"/> |                       |

## Implications/Impacts

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

|   |                                     |   |
|---|-------------------------------------|---|
| <b>Quality of Care</b>  | <input checked="" type="checkbox"/> | Quality and customer care is a priority for the IJB and work will continue to ensure high quality services are delivered to the people of Fife                          |
| <b>Workforce</b>  | <input checked="" type="checkbox"/> | For all Change & Transformation Plans we will support our workforce with a focus on communication, fairness, consistency, training and health and safety                |
| <b>Financial</b>  | <input checked="" type="checkbox"/> | There will be financial implications for NHS Fife and Fife Council should the Partnership exceed its budget, necessitating the requirement for the Risk Share Agreement |
| <b>Equalities and Human Rights, including children's rights and health inequalities</b> | <input checked="" type="checkbox"/> | <p>No Impact/Not Required</p> <p><i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i></p>  |

**Risk Appetite Consideration for Key Decisions      Appendix 1**

| Key Decision   | What are the risks if we do not take this decision? | What are the risks to taking this decision? | What impact do these risks have for the IJB?* |                      | Corresponding risk appetite** | What benefits are envisaged from taking this decision? | Can we take or accept those risks associated with taking this decision in line with our Risk Appetite?  |
|--|---|---|---|----------------------|-------------------------------|--|---|
| Approve the Directions to NHS Fife and Fife Council for additional allocations in year | Not complying with due Governance                   | None known                                  | <input type="checkbox"/>                      | Strategic Objectives | Open                          | Compliance with Governance                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision |
|  |   |   | <input type="checkbox"/>                      | Legislation          | Averse/Minimalist             |  |   |
|  |   |   | <input checked="" type="checkbox"/>           | Governance           | Cautious/Open                 |  |   |
|  |   |   | <input type="checkbox"/>                      | Quality of Care      | Cautious/Open                 |  |   |
|  |   |   | <input type="checkbox"/>                      | Resources            | Open                          |  |   |
|  |   |   | <input type="checkbox"/>                      | Reputation           | Cautious/Open                 |  |   |

| <b>*Key Risk Impacts</b>  | <b>**Risk Appetite</b> | <b>Comments</b>   |
|---|------------------------|---|
| Impact on the Delivery of Strategic Objectives                    | Open                   | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Compliance with legislation                            | Averse/Minimalist      | We will not break the law but may take some small, considered risks in the application of untested legislation.   |
| Impacts on Governance arrangements                                | Cautious/Open          | We may take some risks in relation to our internal governance arrangements if this will provide a benefit.  |
| Impacts on Quality of Care  | Cautious/Open          | We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.                      |
| Impacts on resources, including financial and workforce resources | Open                   | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Reputation   | Cautious/Open          | We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain. |

A pap



**Fife Health  
& Social Care  
Partnership**



## Finance Report

## Projected Outturn as at 31<sup>st</sup> January 2026



Supporting the people of Fife together



## FINANCIAL MONITORING

### PROJECTED OUTTURN AS AT JANUARY 2026

#### 1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) fall into two categories:

- a) Payments for the delegated in scope functions
- b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st of March 2025. A budget of £741.561m was initially set for 2025-26, a further £14.000m of funding was passported from partners and therefore the increased budget totals £755.561m. Savings of £29.424m require to be made.

A revenue budget of £52.824m for acute set aside was also set for 2025-26.

#### 2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership. A summary of the projected outturn, which is an overspend of £10.608m 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 £4.869m since November (£63.607m since April). This is shown in Table 1 below:

|  |                |
|--|----------------|
| <b>Budget at April</b>                         | <b>741.561</b> |
| Additional funding                             | 14.000         |
| <b>Updated Budget after additional funding</b> | <b>755.561</b> |
| To reserves                                    | -0.782         |
| Direction at M2 / May                          | 10.020         |
| Direction at M4 / July                         | 30.689         |
| Direction at M6 / September                    | 3.838          |
| Direction at M8 / November                     | 0.973          |
| <b>Budget at November</b>                      | <b>800.299</b> |
| RWW  | 0.155          |
| Unscheduled Care                               | 0.312          |
| B5 to B6 25/26 Arrears C&CC                    | 0.127          |
| SG Improving Flow funding                      | 1.371          |
| Resident Doctor pay award                      | 0.097          |
| FHS  | 1.878          |
| Other  | -0.020         |
| Use of reserves                                | 0.949          |
| <b>Budget at January</b>                       | <b>805.168</b> |

Directions for the £4.869m increase in funding since November are included at Appendix 2.

#### 4. Directions

When the budget was approved in March 2025 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. This transfer equates to £8.500m from NHS Fife to Fife Council.

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

Directions will be issued throughout 2025-26 whereby any additional funding made available by partners will require a formal direction from the IJB. See appendix 2 for more detail.

#### 5. Financial Performance Analysis of Projected Outturn as at 31st January 2026

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £10.608m overspend. This is shown in Table 2 below

| Fife Health & Social Care Partnership      |                 |                |                           |                          |                         |                        |                      |  |
|--|-----------------|----------------|---------------------------|--------------------------|-------------------------|------------------------|----------------------|--|
| Provisional Outturn as at January 2026     |                 |                |                           |                          |                         |                        |                      |  |
| Objective Summary                          | Budget November | Budget January | Forecast Outturn November | Forecast Outturn January | Variance as at November | Variance as at January | Movement in Variance |  |
|  | £m              | £m             | £m                        | £m                       | £m                      | £m                     | £m                   |  |
| Community Services                         | 171.130         | 173.083        | 173.216                   | 175.342                  | 2.086                   | 2.259                  | 0.173                |  |
| Hospitals and Long-Term Care               | 71.911          | 71.951         | 74.544                    | 74.077                   | 2.633                   | 2.126                  | (0.507)              |  |
| GP Prescribing                             | 86.395          | 86.394         | 86.313                    | 85.611                   | (0.082)                 | (0.783)                | (0.701)              |  |
| Family Health Services                     | 136.940         | 138.821        | 137.563                   | 139.263                  | 0.623                   | 0.442                  | (0.181)              |  |
| Children's Services                        | 20.267          | 20.312         | 19.767                    | 20.012                   | (0.500)                 | (0.300)                | 0.200                |  |
| Homecare Services                          | 69.221          | 68.847         | 70.839                    | 70.415                   | 1.618                   | 1.568                  | (0.050)              |  |
| Older People Nursing and Residential       | 62.329          | 62.329         | 63.169                    | 63.174                   | 0.839                   | 0.844                  | 0.005                |  |
| Older People Residential and Day Care      | 18.866          | 18.866         | 19.574                    | 19.283                   | 0.708                   | 0.417                  | (0.291)              |  |
| Older People Fife Wide/ Hospital Discharge | 1.707           | 1.707          | 1.698                     | 1.691                    | (0.009)                 | (0.016)                | (0.007)              |  |
| Occupational Therapy & ICASS               | 5.755           | 5.755          | 6.432                     | 6.404                    | 0.677                   | 0.649                  | (0.028)              |  |
| Adults Fife Wide                           | 9.310           | 9.310          | 8.863                     | 7.843                    | (0.447)                 | (1.467)                | (1.020)              |  |
| Adult Supported Living                     | 33.271          | 33.103         | 30.633                    | 31.687                   | (2.638)                 | (1.416)                | 1.222                |  |
| Social Care Fieldwork Teams                | 27.232          | 27.678         | 26.031                    | 25.618                   | (1.201)                 | (2.060)                | (0.859)              |  |
| Adult Placements                           | 77.346          | 78.629         | 81.290                    | 88.065                   | 3.944                   | 9.436                  | 5.492                |  |
| Social Care Other                          | -8.000          | -8.500         | -8.000                    | -8.500                   | 0.000                   | 0.000                  | 0.000                |  |
| Business Enabling/Professional             | 14.971          | 15.066         | 15.335                    | 13.976                   | 0.363                   | (1.090)                | (1.454)              |  |
| Housing                                    | 1.646           | 1.816          | 1.646                     | 1.816                    | 0.000                   | 0.000                  | 0.000                |  |
| <b>Total Health &amp; Social Care</b>      | <b>800.299</b>  | <b>805.168</b> | <b>808.914</b>            | <b>815.776</b>           | <b>8.615</b>            | <b>10.608</b>          | <b>1.993</b>         |  |

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

|                                  | Budget Nov     | Forecast<br>Outturn Nov | Variance<br>as at Nov | Budget<br>Jan  | Forecast<br>Outturn Jan | Variance<br>as at Jan | Movement<br>Nov-Jan |
|----------------------------------|----------------|-------------------------|-----------------------|----------------|-------------------------|-----------------------|---------------------|
| Primary Care & Preventative      | 304.961        | 303.752                 | -1.209                | 306.070        | 303.779                 | -2.291                | -1.082              |
| Complex & Critical Care          | 228.762        | 232.609                 | 3.848                 | 230.297        | 238.092                 | 7.795                 | 3.948               |
| Community Care                   | 231.915        | 235.009                 | 3.094                 | 231.360        | 233.982                 | 2.622                 | -0.472              |
| Professional & Business Enabling | 28.998         | 29.115                  | 0.116                 | 30.836         | 29.411                  | -1.425                | -1.542              |
| Other                            | 5.662          | 8.428                   | 2.766                 | 6.605          | 10.512                  | 3.907                 | 1.141               |
| <b>Total HSCP</b>                | <b>800.299</b> | <b>808.914</b>          | <b>8.615</b>          | <b>805.168</b> | <b>815.776</b>          | <b>10.608</b>         | <b>1.993</b>        |

## 5.1 Financial Analysis

The projected financial position at January is an overspend of £10.608m, an adverse movement of £1.993m from the November reported position. An analysis of the position is noted below;

### Primary & Preventative Care – underspend £2.291m

Primary Medical Services is projecting an overspend of £0.442m. This is mainly due to premises costs, maternity and sickness payments, GP Superannuation costs, and 2c practice costs. However, with increased scrutiny, locum spend has reduced, positively impacting the position and reducing the overspend by £0.181m.

Other Primary and Preventative Care services are forecasting an underspend of £2.733m. This relates to combination of factors, including the current proactive approach to managing expenditure budgets as well as an improvement in Primary Care prescribing due to a reduction in assumed growth from 3.15% to 3% in prescribing.

Movement from November position is favourable movement of £1.082m this is due to a reduction in both prescribing and primary and preventative care services expenditure.

### Complex and Critical Care Services – overspend £7.795m

Mental Health and Psychology services are projecting an overspend of £4.3m, this overspend includes £0.605m non delivery of savings which will remain under review throughout the year. The remaining overspend has remained consistent throughout the year, with increased costs being incurred due higher than anticipated costs for in a specialist in-patient unit in another health board, bed numbers being higher than budgeted levels, supplementary staffing and the use of locums due to difficulties in recruiting substantively. However, the position improved by £0.848m from November mostly due to locum spend reducing, with a reduction in 94 shifts requests.

Learning Disabilities has a projected underspend of £0.958m due to a high level of vacancies due to the national issue in recruiting LD Nurses, this has remained steady this reporting period.

Adults Social care is projecting an overall overspend of £4.495m. This position reflects a combination of overspends and underspends across adult's social care services. Overspends relate to adults' packages, associated transport costs, and delays in delivering savings from Transforming care and Transport initiatives. These pressures

have been partially offset by mitigating management actions. Underspends are primarily driven by vacancies and recruitment challenges within across all teams.

The movement is mainly due to Adults Social care is due to reduction in the forecast delivery of savings, and a reduction in underspend on staffing within supported living.

### **Community Care Services - overspend £2.622m**

Care of Elderly Inpatients and Specialist Inpatients are projecting a £1.1m overspend which relates to continued use of bank and agency and surge beds, this is offset by underspends totalling £1.8m across Community Nursing, Admin and ICASS due to vacancies across the teams.

Care at Home is projecting a £1.568m overspend, this is due to Care at Home hours commissioned exceeding the budgeted position due to continued increased demand from both the hospital and community aligned to the ageing population. The projected overspend has reduced slightly due to the net effect of additional unscheduled care funding offsetting additional cost of packages.

Older People Residential is projecting a £0.417m overspend within Fife Council internal care homes relating to cleaning & catering recharges and agency usage. Discussions will continue to ensure scrutiny and actions taken to reduce spend wherever possible.

Nursing & Residential is projecting a £0.844m overspend relating to an increased number of care home placements resulting in beds in use being greater than budget allows.

Occupational therapy adaptations and equipment is projecting an overspend of £0.649m due to current demand and increasing costs of equipment.

The movement in overspend from the November position is a positive movement of £0.472m and is due to an increase in income recovery and unscheduled care funding.

### **Professional, Business Enabling & Other - £3.907m overspend**

Service Level Agreements and Out of Area treatments are projecting a year end overspend of £4.401m. This consists of slippage in savings delivery due to delays in returning patients to Fife and overspends, which include a surcharge for the delayed discharge of a patient as well as overspends on SLAs with other health boards due to changes in charging model. The level of overspend has reduced from November by £0.334m due to a reduction on charges for an out of area patient.

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

The adverse movement of £1.141 from the November position reflects the reallocation of some budget and savings allocations which were awaiting distribution. These have now been distributed and aligned to the appropriate business unit.

## 6. Savings

Savings approved by the IJB for 2025-26 total £29.424m. £24.768m is currently on track to be delivered (84% delivery).

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

| <b>Saving – non delivery</b>             | <b>July<br/>£m</b> | <b>Sep<br/>t<br/>£m</b> | <b>Nov<br/>£m</b> | <b>Jan<br/>£m</b> |
|--|--------------------|-------------------------|-------------------|-------------------|
| Transport Review                         | 0.250              | 0.25<br>0               | 0.625             | 0.75<br>0         |
| Reprovision of out of area care packages | 1.454              | 1.64<br>4               | 1.920             | 1.92<br>0         |
| Transforming Overnight Care              | 2.915              | 2.91<br>5               | 2.915             | 2.91<br>5         |
| Mental Health Redesign                   | 0.605              | 0.60<br>5               | 0.605             | 0.60<br>5         |
| Community Rehabilitation & Care          |                    |                         | 0.12<br>5         |                   |
| <b>Total</b>                             | <b>5.224</b>       | <b>5.41<br/>4</b>       | <b>6.065</b>      | <b>6.31<br/>5</b> |
| <b>Offset by over delivery</b>           |                    |                         |                   |                   |
| Medicines Efficiency                     |                    |                         | 0.782             | 1.30<br>0         |
| Locum Savings                            |                    |                         | 0.35<br>9         |                   |
| <b>Total</b>                             | <b>5.224</b>       | <b>5.41<br/>4</b>       | <b>5.279</b>      | <b>4.65<br/>6</b> |

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

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

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

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

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

## 7. Reserves

Reserves brought forward to April 2025 were £1.712m. A balance of £1.545m remains at January 2026. These reserves are fully committed and expected to be utilised in year.

Table 4

| <b>Reserves Balances</b> | <b>Balance @<br/>Jan 2025</b> |
|--------------------------|-------------------------------|
| Earmarked Reserves       | 0.574                         |
| Reserves Committed       | 0.971                         |
| <b>Total Reserves</b>    | <b>1.545</b>                  |

Further details of reserves are shown in Appendix 4.

## 8. Recovery Actions

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

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

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

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

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

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

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

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

## 9. Risks

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

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

Discussions continue as new updated financials become available, and we will work closely with SLT and our partners to mitigate the overspend and achieve financial balance.

## **10. Key Actions / Next Steps**

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

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

Delivery of savings is a key priority for the IJB and the Chief Officer will continue to monitor, scrutinise and drive forward delivery of the agreed savings. Weekly Progress Review Update meetings will continue to take place to ensure savings are being progressed – these have increased in frequency to two meetings per week.

Continued scrutiny of all vacant posts through a fortnightly recruitment panel.

The escalation tool is being utilised more frequently for budgets that are at risk of overspending due to demand. A summary of the key metrics, both qualitative and quantitative is being used to take a proactive approach to decision making.

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

**Tracy Hogg**

Chief Finance Officer

27th February 2026



**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

|          |   |  |
|----------|---|--|
| <b>1</b> | <b>Reference Number</b>   | <b>2025.0014 (DRAFT)</b>   |
| <b>2</b> | <b>Report Title</b>   | Additional Funding 2025-26   |
| <b>3</b> | <b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>                                | 25 <sup>th</sup> March 2026  |
| <b>4</b> | <b>Date Direction Takes Effect</b>  | 25 <sup>th</sup> March 2026  |
| <b>5</b> | <b>Direction To</b>   | NHS Fife   |
| <b>6</b> | <b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b> | No   |
| <b>7</b> | <b>Functions Covered by Direction</b>   | All functions as detailed within the table below delegated to NHS Fife by Fife Integration Joint Board   |
| <b>8</b> | <b>Full Text of Direction</b>   | NHS Fife will utilise funding as allocated in table below relevant to each of the services as allocated. |

|    |   |   |
|----|---|---|
| 9  | <b>Budget Allocated by IJB to carry out Direction</b> | For the financial year 2025 to 2026, additional funding of £3.918m is allocated by Fife IJB to NHS Fife as detailed in the table below                              |
| 10 | <b>Performance Monitoring Arrangements</b>            | Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A. |
| 11 | <b>Date Direction will be reviewed</b>                | 30 <sup>th</sup> June 2026  |

|   | <b>3.918</b>         | <b>Total Budget to be spent on NHS Services</b>   |
|---|----------------------|---|
| <b>Portfolio/ Service</b>                     | <b>Budget<br/>£M</b> | <b>Narrative</b>  |
| <b>Primary Care &amp; Preventative</b>        | <b>1.109</b>         | 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.        |
| <b>Integrated Community Care</b>              | <b>(0.181)</b>       | 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                                      |
| <b>Integrated Complex &amp; Critical Care</b> | <b>(0.026)</b>       | Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work  |
| <b>Prof &amp; Business Enabling</b>           | <b>1.743</b>         | 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. |
| <b>Other</b>                                  | <b>1.273</b>         | HSCP allocations awaiting distribution & Board Vol Orgs   |

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**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

|          |   |  |
|----------|---|--|
| <b>1</b> | <b>Reference Number</b>   | <b>2025.015 (DRAFT)</b>  |
| <b>2</b> | <b>Report Title</b>   | Additional Funding 2025-26   |
| <b>3</b> | <b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>                                | 25 <sup>th</sup> March 2026  |
| <b>4</b> | <b>Date Direction Takes Effect</b>  | 25 <sup>th</sup> March 2026  |
| <b>5</b> | <b>Direction To</b>   | Fife Council   |
| <b>6</b> | <b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b> | No   |
| <b>7</b> | <b>Functions Covered by Direction</b>   | All functions as detailed within the table below delegated to Fife Council by Fife Integration Joint Board   |
| <b>8</b> | <b>Full Text of Direction</b>   | Fife Council will utilise funding as allocated in table below relevant to each of the services as allocated. |

|           |   |   |
|-----------|---|---|
| <b>9</b>  | <b>Budget Allocated by IJB to carry out Direction</b> | For the financial year 2025 to 2026, additional funding of £0.951m is allocated by Fife IJB to Fife Council as detailed in the table below                          |
| <b>10</b> | <b>Performance Monitoring Arrangements</b>            | 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. |
| <b>11</b> | <b>Date Direction will be reviewed</b>                | 30 <sup>th</sup> June 2026  |

|   | 0.951          | Total Budget to be spent on Fife Council Services   |
|---|----------------|---|
| Portfolio/ Service                            | Budget £M      | Narrative   |
| <b>Integrated Community Care</b>              | <b>(0.374)</b> | 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                                      |
| <b>Integrated Complex &amp; Critical Care</b> | <b>1.561</b>   | Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work  |
| <b>Prof &amp; Business Enabling</b>           | <b>0.095</b>   | 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. |
| <b>Other</b>                                  | <b>-0.331</b>  | 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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| APPENDIX 3  | 2025-26                       |                           |                        |                         |                 |   |
|---|-------------------------------|---------------------------|------------------------|-------------------------|-----------------|---|
| OPPORTUNITIES   | Total savings to be delivered | Projected to be delivered | Projected non achieved | Projected over delivery | Status from PRU | Narrative - Update from PRU   |
| Medicines Efficiencies  | 1.844                         | 3.144                     |                        | 1.300                   | Green           | Over achievement of £0.786m due to rebates, script switch and medicines wastage.  |
| Locum Savings   | 1.953                         | 2.312                     |                        | 0.359                   | Amber           | Reduction in locum usage from Direct Engagement, recruitment to substantive posts from 'grow your own' initiatives and international recruitment  |
| Transport Review  | 1.000                         | 0.250                     | 0.750                  |                         | Red             | Scoping and review underway of all vehicles, usage/idle time. Review of transport policy and taxi usage underway. Mileage trend analysis ongoing. Corporate review on leasing underway by Fife Council. Transport Hub being developed by NHS  |
| Recovery Plan others  | 0.067                         | 0.067                     |                        |                         | Green           | On track  |
| Nurse Supplementary Staffing                                    | 1.000                         | 1.000                     |                        |                         | Amber           | There was a total of 58 Newly Registered Nurses (NRNs) commence employment in the HSCP. 27 within Community Care Service, 27 Mental Health and 4 within Learning Disabilities. Other successful NRNs have withdrawn and accepted posts in other boards.<br>Significant recruitment efforts continue with return to practice students and Endorsed HNC training. There continue to be plans to reduce surge beds in the new year and extensive transformation which will reduce the requirement for supplementary staffing. A new robust process for escalation and approval for agency staffing is in place and working well. With further development planned to strengthen and support escalation of bank staff shifts. |
| Reprovision of out of area care packages                        | 2.330                         | 0.410                     | 1.920                  |                         | Red             | Delays in reprovision of packages and bringing patients back to Fife have resulted in the projected non achievement of 82% of this saving. Work in underway to review all other patients and find substitute savings  |
| Mental Health Redesign  | 4.192                         | 3.587                     | 0.605                  |                         | Amber           | Plans to repurpose inpatient rehab wards. Capital funding is available for refurbishment and redesign works. Planned reduction in inpatient bed base and further provision of support in the Community. Reduction in surge beds, will reduce bank staff usage.  |
| Assessment and Rehabilitation Centres (ARCs) Redesign           | 0.300                         | 0.300                     |                        |                         | Green           | On track  |
| Transforming Business Administration Project, Digital Programme | 0.495                         | 0.495                     |                        |                         | Amber           | This saving will continue to be tracked and scrutinised via VMF panel. Digital advances will also assist to deliver this saving; this will be reviewed in January.  |

|  |               |               |              |              |            |  |
|--|---------------|---------------|--------------|--------------|------------|--|
| Community Rehabilitation & Care  | 1.000         | 0.875         | 0.125        |              | Green      | One ward has been repurposed and another in the new year. Care has been moved to a community setting                   |
| Review of Respite care   | 1.000         | 1.000         |              |              | Green      | Greater planned use of internal respite units underway which reduces costs of external provision                       |
| Income Generation MOW/Comm Alarms/Rents/ Financial Assessment (0.095 not accepted) | 1.125         | 1.125         |              |              | Green      | On track   |
| Income - Charging for services - to be funded                                      | 0.500         | 0.500         |              |              | Green      | On track - £0.500 was transferred from FC  |
| Nursing & Residential - reprovision of care home beds                              | 2.500         | 2.500         |              |              | Amber      | Continues to be demand led and regular scrutiny at a weekly multi-disciplinary panel continues                         |
| Commissioning of Adult Care Packages   | 2.250         | 2.250         |              |              | Green      | Work continues to review staffing requirements and commissioned care. Dedicated staff member is assisting in progress. |
| Commissioning Centre of Excellence   | 0.068         | 0.068         |              |              | Green      | On track   |
| Group Homes  | 0.050         | 0.050         |              |              | Green      | On track   |
| Transforming Overnight Care  | 5.915         | 3.000         | 2.915        |              | Amber      | Dedicated team reviewing all packages on a locality-by-locality basis.   |
| Home First and Community Care Services Transformations Programme (SHC)             | 1.835         | 1.835         |              |              | Green      | On track to deliver, full year effect of reduction in hours at year end will ensure 100% of this saving                |
| <b>TOTAL</b>   | <b>29.424</b> | <b>24.768</b> | <b>6.315</b> | <b>1.659</b> | <b>84%</b> |  |

| <b>Appendix 4 - Earmarked Reserves</b> | <b>Opening Balance April 2025</b> | <b>Additions in Year</b> | <b>Allocated in Year</b> | <b>Closing Balance at March 2025</b> |
|--|-----------------------------------|--------------------------|--------------------------|--------------------------------------|
|  | <b>£m</b>                         | <b>£m</b>                | <b>£m</b>                | <b>£m</b>                            |
| Mental Health R&R                      | 0.522                             |                          |                          | 0.522                                |
| Anti-Poverty                           | 0.052                             |                          |                          | 0.052                                |
| <b>Total Earmarked</b>                 | <b>0.574</b>                      | <b>0</b>                 | <b>0</b>                 | <b>0.574</b>                         |
| Community Alarms - Analogue to Digital | 0.971                             |                          |                          | 0.971                                |
| Housing - adaptations                  | 0.167                             |                          | -0.167                   | 0                                    |
| <b>Committed Balance</b>               | <b>1.138</b>                      | <b>0</b>                 | <b>-0.167</b>            | <b>0.971</b>                         |
| <b>Uncommitted Balance</b>             | <b>0</b>                          | <b>0.782</b>             | <b>-0.782</b>            | <b>0</b>                             |
| <b>Total Reserves</b>                  | <b>1.712</b>                      | <b>0.782</b>             | <b>-0.949</b>            | <b>1.545</b>                         |



|                           |   |              |          |
|---------------------------|---|--------------|----------|
| <b>Meeting:</b>           | Integration Joint Board   | <b>Date:</b> | 25/03/26 |
| <b>Report Title:</b>      | Revenue Budget 2026-27 and Medium-Term Financial Strategy 2026-2029 |              |          |
| <b>Agenda Item No:</b>    | 9.2   |              |          |
| <b>Responsible Owner:</b> | Tracy Hogg, Chief Finance Officer                                   |              |          |
| <b>Report Author:</b>     | Tracy Hogg, Chief Finance Officer                                   |              |          |

## Executive Summary

- This paper asks the IJB to approve the Annual Budget for next financial year but also gives an indication to the more medium-term position reported in the Medium-Term Financial Strategy.
- In addition to the MTFS, an Investment Framework will be developed which will be co-designed with the Strategic Planning Group, with oversight and accountability provided by the IJB
- There is a funding gap in year 1 of £34.570m
- Savings opportunities towards closing this gap have been identified, and partners have provided indicative levels of additional funding contributions which may be passported, subject to approval, which will assist in closing the remaining gap.

## Recommendations

|  |                                     |   |
|--|-------------------------------------|---|
| This paper is presented to: -                      |                                     | Clearly outline below what the Board/Committee are being asked to do: - |
| Seek a Decision                                    | <input checked="" type="checkbox"/> | Approve the issue of Directions at Appendix 2                           |
| <b>Risk Appetite Section<br/>MUST be completed</b> |                                     |   |
| For Discussion                                     | <input checked="" type="checkbox"/> | Examine and consider the budget for 2026-29 and associated savings      |

## Directions

|              |                                     |
|--------------|-------------------------------------|
| Fife Council | <input checked="" type="checkbox"/> |
| NHS Fife     | <input checked="" type="checkbox"/> |

## Situation/Background (Purpose of Report)

This report provides information on the estimated resources available to the Integration Joint Board (IJB) over the 2026-27 period. This paper asks the IJB to approve the Annual Budget for next financial year but also gives an indication to the more medium-term position reported in the Medium-Term Financial Strategy (MTFS).

The MTFS sets out and ensures that resources are directed effectively to enable delivery of the refreshed Strategic Plan 2026-29 and its key themes of Prevention, Digital and Communities (subject to the Strategic Plan being approved by the IJB on 25 March). The MTFS estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife and highlights any areas of financial pressure. It details plans to bridge the budget gap, including proposals of transformational change, service redesign and achieving efficiencies.

In addition to the MTFS, an Investment Framework (IF) will be developed which will be co-designed with the Strategic Planning Group, with oversight and accountability provided by the IJB. The IF will guide how we target resources towards our key strategic priorities of Prevention, Digital innovation and Community-based support which are the areas that will make the biggest difference to long-term sustainability.

In setting the core revenue budget for 2026-27 members should seek to maintain a 3-year focus recognising the significant financial challenge we face. Whilst there is uncertainty in relation to the figures beyond 2026-27, high-level projections point to a continued budget gap in both 2027-28 and 2028-29. Members are advised to consider the longer-term consequences of any decisions made in setting the 2026-27 budget.

To determine the core revenue budget gap for 2026-27, a comparison of the funding that the IJB is expected to receive with the cost of continuing existing service provision has been made (this assumes that the IJB continues to provide the range of services that it currently does in a similar manner). The cost of continuing is illustrative only as it assumes that the IJB responds to demand and operates in the same way as it does currently.

The model also incorporates new cost pressures which are likely to be incurred during the medium term as well as known inflationary pressures such as pay uplifts, drug costs inflation and the increase in the Living Wage commitment for commissioned services for adult social care.

It should be noted that the Set Aside budget is not included in the revenue budget. Since inception of the IJB the set aside budget has been delegated to but not managed by the IJB. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication. Due to other pressures a tripartite agreement has been reached to pause any transfer, and discussions are still ongoing as to the exact date of transfer.

The Local Authority budget was approved on 26th February 2026.

The NHS budget is subject to approval on 31 March 2026.

The Draft Budget Overview is provided in Appendix 1, this details the budget gap, funding provided by partners and highlights areas of pressure facing the IJB.

## Assessment (Key Points/Issues and Risks)

The IJB is reliant on funding contributions from both Fife Council and NHS Fife, once these contributions are received, they lose their identity to become the 'Fife IJB pound' and it then becomes the responsibility of the IJB to direct both Partner organisations to deliver services to the people of Fife. Per our Integration Scheme - Directions are the means by which the IJB directs NHS Fife and Fife Council on which services are to be delivered using the integrated budget to achieve the agreed outcomes. A balanced budget is required to be set.

Although there are formal arrangements, through the Integration Scheme, to notify the IJB of its annual funding allocations during the 3<sup>rd</sup> quarter and confirmed as early in the 4<sup>th</sup> quarter as is possible, the ability to produce a timely and competent budget is very much contingent on the financial planning and budget setting processes of the partner organisations, as well as the financial settlements from the Scottish Government.

Additional non-recurring allocations are received in year for specific priorities, particularly in relation to health delegated budgets, for areas such as ADP, PCIP etc

The budget gap for the next 3 years is provided below, signifying that the gap is likely to remain over the 3 years modelled. There is a funding gap in year 1 of £34.570m. It should be noted that the figures in the latter two years are less certain and therefore are indicative at this stage. Appendix 1 Draft Budget Overview provides further detail.

| Summary           | 2026-27       | 2027-28       | 2028-29       |
|-------------------|---------------|---------------|---------------|
|                   | £m            | £m            | £m            |
| Budget Pressures  | 814.495       | 839.609       | 863.491       |
| Funding Estimates | 779.925       | 804.249       | 828.810       |
| <b>Budget Gap</b> | <b>34.570</b> | <b>35.360</b> | <b>34.681</b> |

Savings opportunities towards closing this gap have been identified, and partners have provided detail of indicative additional funding contributions, subject to approval, to assist in closing the remaining gap.

Fife Council budget has agreed £5.600m of additional contributions, £2.934m of the total is subject to a joint funding arrangement with NHS Fife.

NHS Fife have proposed £5.600m of additional funding contributions, however this amount remains subject to budget approval on 31 March 2026.

| Opportunities to close Gap                     | 2026-27       |
|--|---------------|
| Previously Approved – not delivered in 2025-26 | 6.544         |
| Increases to Previously Approved Savings       | 6.006         |
| Transformation / Transformation & Efficiencies | 5.908         |
| Service Redesign                               | 0.180         |
| Non-Recurring Efficiencies                     | 4.732         |
| <b>Total Savings</b>                           | <b>23.370</b> |
| Additional Funding Contributions (indicative)  | 11.200        |
| <b>TOTAL</b>                                   | <b>34.570</b> |

Detail of the savings opportunities are included in appendix 4. Closing the MTFS gap cannot be achieved through efficiencies alone. Delivery relies on transformational, system-level change that redesigns how services are organised, accessed and delivered to sustainably shift demand away from higher-cost, reactive models and towards earlier intervention, community-based support and digital-enabled care. Delivery of savings will be closely monitored through our weekly progress reporting update (PRU) meetings, ensuring adequate scrutiny and support.

A reserves policy for the IJB was approved in September 2017. There is no statutory minimum stated in the policy, however, it sets an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. The remaining balance of reserves is fully committed.

The IJB are asked to approve and issue the Direction to NHS Fife and Fife Council, provided at appendix 2a and 2b.

A financial risk register is also included as an appendix to this paper.

Moderate assurance is provided because available evidence indicates a reasonable level of control and oversight, though some evidence is still emerging and further assurance will be strengthened through ongoing reporting and scrutiny.

### Related Documents/Appendices

Appendix 1 - Draft Budget Overview 2026-2027

Appendix 2a - Direction to NHS Fife

Appendix 2b - Direction to Fife Council

Appendix 3 - Medium-Term Financial Strategy & Investment Framework 2026-2029

Appendix 4 - Savings Opportunities 2026-27

Appendix 5 - Financial Risk Register

### Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

### Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|  | Route To                            | Following                | Date                   | Amendments to report following meeting |                          |                       |
|--|-------------------------------------|--------------------------|------------------------|--|--------------------------|-----------------------|
|  |                                     |                          |                        | Yes                                    | No                       | Summary of amendments |
| <b>HSCP/IJB</b>                        |                                     |                          |                        |  |                          |                       |
| Local Partnership Forum (LPF)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17/03/2026             | <input type="checkbox"/>               | <input type="checkbox"/> |                       |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Combined<br>17/03/2026 | <input type="checkbox"/>               | <input type="checkbox"/> |                       |

| Implications/Impacts  |                                     |  |
|---|-------------------------------------|--|
| Description of any +/- implications/impacts and any suggested actions arising           |                                     |  |
| <b>Service Users/Carers</b>   | <input checked="" type="checkbox"/> | Close working with Strategic Planning Group will ensure resources are directed to ensure best value and the greatest impacts for the people of Fife  |
| <b>Localities/Communities</b>   | <input checked="" type="checkbox"/> | Close working with Strategic Planning Group will ensure resources are directed to ensure best value and the greatest impacts for the people of Fife  |
| <b>Quality of Care</b>  | <input checked="" type="checkbox"/> | Any savings have been 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.<br>The impact of any budget changes or savings is monitored by clinical professional leads and service managers through governance processes such as the Quality Matters Assurance Safety Huddle and Quality Matters Assurance Groups (QMAG). Trends around complaints/compliments and adverse incidents are identified, and implementation of relevant learning and action plans are monitored via the Datix system and through QMAG updates. |
| <b>Workforce</b>  | <input checked="" type="checkbox"/> | We will work in partnership with staff side colleagues and trade unions to deliver in line with year 1 of the Medium-Term Financial Strategy 2026-29.<br>An Extraordinary meeting was held which included staff side and trade unions to review and scrutinise individual savings PIDs   |
| <b>Legal</b>  | <input type="checkbox"/>            |  |
| <b>Financial</b>  | <input checked="" type="checkbox"/> | This paper should be read in conjunction with the Medium-Term Financial Strategy 2026-2029, the MTFs sets out the resources available and ensures that they are directed effectively to help deliver the outcomes of the Strategic Plan<br>Appendix 4 - 2026-29 Savings Opportunities provides an overview of the savings brought forward from 2025-26 and new savings proposals for 2026-27   |
| <b>Performance</b>  | <input checked="" type="checkbox"/> | Close working with Strategic Planning Group will ensure resources are directed to ensure best value and the greatest impacts for the people of Fife  |
| <b>Climate</b><br><a href="#">Climate Fife 2024 Strategy and Action Plan</a>            | <input checked="" type="checkbox"/> | There are no direct climate impacts in relation to the report. Any impacts of individual PIDs are captured as impacts and/or risks within Appendix 4 or will be captured as work progresses  |
| <b>Communication and Engagement</b>   | <input checked="" type="checkbox"/> | An extraordinary, combined Committee was held to allow members of IJB and FP&S Committee to review and scrutinise individual savings PIDs  |
| <b>Risk &amp; Mitigation</b>  | <input checked="" type="checkbox"/> | The financial risk register is included within the papers and risks and mitigations relating to individual PIDs are highlighted within the proposals   |
| <b>Equalities and Human Rights, including children's rights and health inequalities</b> | <input type="checkbox"/>            | <b>No Impact/Not Required</b>  |
|   | <input checked="" type="checkbox"/> | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i><br>EQIA's for individual PIDs, where required, are highlighted in Appendix 4. These are available on request.<br>We will carry out an exercise to capture any cumulative effect of proposals in relation to equality impacts once these are agreed.  |

| Key Decision   | What are the risks if we do not take this decision? | What are the risks to taking this decision? | What impact do these risks have for the IJB?*  | Corresponding risk appetite**  | What benefits are envisaged from taking this decision? | Can we take or accept those risks associated with taking this decision in line with our Risk Appetite?  |
|--|---|---|--|--|--|---|
| Approve the Directions to NHS Fife and Fife Council for additional allocations in year | Not complying with due Governance                   | None known                                  | <input type="checkbox"/> Strategic Objectives<br><input checked="" type="checkbox"/> Legislation<br><input type="checkbox"/> Governance<br><input type="checkbox"/> Quality of Care<br><input type="checkbox"/> Resources<br><input type="checkbox"/> Reputation | Open<br>Averse/Minimalist<br>Cautious/Open<br>Cautious/Open<br>Open<br>Cautious/Open | Optimum resource utilisation                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision |

| <b>*Key Risk Impacts</b>  | <b>**Risk Appetite</b> | <b>Comments</b>   |
|---|------------------------|---|
| Impact on the Delivery of Strategic Objectives                    | Open                   | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Compliance with legislation                            | Averse/Minimalist      | We will not break the law but may take some small, considered risks in the application of untested legislation.   |
| Impacts on Governance arrangements                                | Cautious/Open          | We may take some risks in relation to our internal governance arrangements if this will provide a benefit.  |
| Impacts on Quality of Care  | Cautious/Open          | We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.                      |
| Impacts on resources, including financial and workforce resources | Open                   | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Reputation   | Cautious/Open          | We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain. |

## Fife Health and Social Care Partnership Draft Budget Overview

Fife Health and Social Care Partnership (FHSCP) delivers care and support to adults, older people, and families across Fife. Each year, our budget is jointly funded by Fife Council and NHS Fife. This summary explains the key funding changes and financial pressures shaping our budget for 2026–2029.

It is intended to support Members and stakeholders to understand the draft financial position and the main factors driving change over the medium term. The appendix summarises funding uplifts from Fife Council and NHS Fife and the key cost pressures included in the financial model, highlighting where figures remain subject to confirmation.

The table below provides a high-level view of assumed funding increases and inflation/growth costs for 2026–27 to 2028–29, followed by narrative detail on additional funding streams and budget pressures.

|  | 2026-27<br>Budget<br>£m | 2027-28<br>Budget<br>£m | 2028-29<br>Budget<br>£m |
|--|-------------------------|-------------------------|-------------------------|
| <b>Increase in Funding</b>                               |                         |                         |                         |
| Budget Uplift Fife Council                               | 0.000                   | 0.000                   | 0.000                   |
| Budget Uplift NHS FIFE                                   | 11.616                  | 11.848                  | 12.085                  |
| Adult Social Care SG Funding                             | 12.476                  | 12.476                  | 12.476                  |
| <b>Total</b>   | <b>24.092</b>           | <b>24.324</b>           | <b>24.561</b>           |
|  |                         |                         |                         |
| <b>Inflation Increases &amp; Growth Costs</b>            |                         |                         |                         |
| Pay Inflation  | 12.757                  | 9.045                   | 9.274                   |
| Pharmacy/SLA Inflation                                   | 1.823                   | 1.859                   | 1.897                   |
| External providers: living wage and funding requirements | 12.710                  | 12.710                  | 12.710                  |
| <b>Total</b>   | <b>27.290</b>           | <b>23.614</b>           | <b>23.881</b>           |
|  |                         |                         |                         |
| <b>Cost Pressures</b>                                    | <b>31.372</b>           | <b>1.500</b>            |                         |
| <b>Budget Gap (Cumulative)</b>                           | <b>34.570</b>           | <b>0.790</b>            | <b>-0.680</b>           |

### Additional Funding 2026-27

#### Fife Council

In January 2026, the Director of Health and Social Care Finance confirmed that the Scottish Government would provide £160m in additional funding to Local Government to support social care and integration in 2026-27. This reflects the ongoing commitment to providing the Real Living Wage to adult social care workers in the third and independent sectors. The initial allocation did not fully cover the proposed uplift; therefore, an additional £20m was announced in February 2026 to address the shortfall across both Adults and Children & Families Social Care.

A further £7m was confirmed to support inflationary uplifts on Free Personal Care rates.

At its budget meeting on the 26 February 2026 Fife Council agreed the following:-

*The area of greatest financial and service demand pressures continues to be health and social care. This year the Scottish Government has not placed any conditions on the level of funding that councils must pass across to their health and social care partnerships. However recognising the pressures on health and social care, we propose to pass across the equivalent of the financial uplift received by the Council to the Health and Social Care Partnership. This amounts to £2.666m on a recurring basis. We will also invest an additional £2.834m in Health and Social Care this year, subject to a joint funding solution being agreed with our partners NHS Fife, which will bring the total additional investment in Health and Social Care this year to £5.5m*

*Agree an additional contribution of £10.968m to the Fife Health & Social Care (H&SC) Partnership in respect of additional funding contained in the settlement*

*Following pressure from the Convention of Scottish Local Authorities (COSLA) and third sector providers, the Scottish Government has now agreed to meet the full cost of the commitments to pay the Real Living Wage to social care workers which was underfunded in the original Scottish Government budget proposals. This additional £20m will be distributed across Scotland and we propose to passport the relevant allocation for Fife across to the Health and Social Care Partnership for distribution.*

#### **In summary there was agreement**

- To pass on to the Health and Social Care Partnership the equivalent value of the uplift the Council received, recognising the significant financial and service pressures within health and social care. This equates to £2.666m on a recurring basis.
- To contribute a further £10.968m to the Partnership, representing Fife's share of the national settlement for Real Living Wage.
- To passport Fife's allocation from the additional Real Living Wage (RLW) funding (£20m nationally, of which £1.028m relates to Fife)
- To invest an additional £2.834m on a non-recurring basis, subject to a jointly agreed funding solution with NHS Fife.

Fife's share of the £7.000m Free Personal Care (FPC) is c.£0.480m, this is an indicative amount and was not part of the agreed budget, however, indications are that this will be passported in full.

At a tripartite meeting on 3 March 2026, Fife Council agreed to match fund NHS Fife and therefore a further £0.100m will be passported, subject to approval of NHS funding on 31 March 2026.

**Total anticipated for RLW/FPC = £12.486m**

**Total additional contributions towards closing the budget gap = £5.500m**

**Match funding NHS Fife, subject to approval = £0.100m**

**Overall additional contributions from Fife Council = £18.086m**

#### **NHS Fife**

In January 2026, the Scottish Government confirmed the following allocations to NHS Boards

*NHS Boards will receive a 2% uplift on baseline funding in 2026-27. This will provide funding towards the cost of the 2026-27 pay deals and provides a 2% uplift for non-pay to support inflationary pressures.*

*Additional funding will be provided to meet the costs of the 2026-27 pay deals where uplifts exceed 3% in line with public sector pay policy, and full funding has been included for the agreed Agenda for*

*Change pay settlement. Pay funding should cover all staffing including those delegated to Integration Authorities. £150 million of recurring funding has been included to support territorial boards' continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change (AfC) pay deal, including the additional one-hour reduction from 1 April 2026. Together with the £150 million recurring funding issued in 2024-25, this increases total available recurring funding to £300 million for territorial boards.*

*Funding of £32.8 million ensures no Board is further than 0.6% from NRAC parity in 2026-27.*

*Non-recurring sustainability funding of £150 million will be provided to territorial boards on an NRAC basis.*

NHS Fife Share of National Allocations are shown in the table below

|   | NHS Fife Share   |
|---|--|
| A 2% uplift on baseline funding to support pay deals and non-pay inflationary pressures   | £19.575m   |
| Additional funding for pay uplifts exceeding 3%, aligned with public sector pay policy  | £10.337m   |
| £150m recurring funding for continued implementation of 2023–24 AfC pay deal reforms, adding to the £150m recurring issued in 2024–25 (total £300m) | £20.670m   |
| Additional NRAC funding to ensure no Board is more than 0.6% from NRAC parity   | £13.700m   |
| £150m non-recurring sustainability funding distributed on an NRAC basis   | £10.425m in 2026/27 (a reduction from £17.1m in 2025-26) |
| Additional allocations for specific priorities (e.g. Action 15, PCIP)   | values still to be agreed                                |

NHS Fife budget will be presented for approval on 31 March 2026 and therefore figures remain indicative until that time.

#### **In summary funding anticipated to be passported from NHS Fife**

- £11.616m Uplift towards pay and inflation
- £3.000m NRAC funding non-recurring
- £2.600m additional contributions non-recurring
- Agenda for Change funding (value to be confirmed, costs yet to be incurred)
- Recurring elements of Unscheduled Care funding assumed to continue (NHS Fife share £6.252m)

**Total uplift anticipated from NHS Fife = £11.616m**

**Total additional contributions towards closing the budget gap = £5.600m**

**AfC reform funding and recurring elements of unscheduled care TBD**

**Overall additional contributions from NHS Fife =£17.216m**

#### **2026-29 Budget Pressures**

##### **Pay Awards & T&Cs**

- NHS Fife - A 3.75% uplift has been included for NHS pay. Any increase above this level is expected to be funded nationally.
- NHS Fife - Agenda for Change Reform Funding (AfC) is held centrally by NHS and will be

passported as required. There remains a risk the final AfC costs may exceed the allocated funding, creating a financial pressure to the IJB.

- Fife Council - Under public sector pay policy, a 3.5% uplift was agreed as the second year of a two-year deal. Pay funding is not provided by SG.

### **Cost Pressures**

The budget model includes provisions for several significant cost pressures during 2026-29. Including:

- Prescribing and drugs costs (assumes 2% uplift)
- Full-year effect of adult care package commitments
- The budget assumes that all savings not delivered by 31 March 2026 will be carried forward and delivered in 2026-27
- Legacy overspends from 2025-26
- One-off funding from partners in 2025-2026 for social care, demand remains
- Known new pressures affecting 2026-27 expenditure, such as SG Coming Home initiative
- Third and Independent Sector - an uplift to the Real Living wage of £13.45 has been applied, relating to the wage element of the contracted hourly rates. Commissioning and legislative requirements have been reflected within the model, along with the estimated uplift to the National Care Home Contract Rate (NCHC rate). Negotiations on the 2026-27 NCHC rates are ongoing, and any variance from assumptions will affect the budget gap.
- Demographics - No provision has been included for demographic growth. This will be addressed in future planning cycles. Services are expected to redesign within existing resources to meet additional demographic pressures.
- Voluntary Organisations – a paper was considered and agreed at Finance, Performance and Scrutiny Committee on 11 March 2026, proposing that funding awards are based on those awards made in financial year 2025-26 or the amount that was applied for in recent grant applications, whichever is the lesser.
- Charging is not within the gift of the IJB to govern and remains the responsibility of the Local Authority. The paper reflects business as usual uplifts in relation to Meals on Wheels, Community Alarms, Rents and Financial Assessments. This is subject to approval by Fife Council Cabinet Committee early April 2026.
- Safe Staffing Legislation – Workforce tools. These tools have been in place throughout 2025-26, any further pressure in 2026-27 will be held under review, and health checks tools will be used to scrutinise.



# Medium Term Financial Strategy and Investment Framework 2026-29

Appendix 3 – IJB – 25<sup>th</sup> March 2026

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## Foreword

Fife Health & Social Care Partnership (FHSCP) continues to face sustained financial and demographic pressures. Every part of our system is feeling the impact of rising need, increasing complexity, and the cost challenges affecting health and care across Scotland. The refreshed Strategic Plan 2026-2029 remains clear in its vision: **“To enable the people of Fife to live independent and healthier lives.”**

Delivering this ambition requires focused action, collaboration and a clear financial path. This Medium-Term Financial Strategy (MTFS) sets out the scale of the challenge and the steps we must take to maintain financial balance. It also begins the development of our Investment Framework (IF), which will guide how we target resources towards our key strategic priorities of **Prevention**, **Digital** innovation and **Community**-based support which are the areas that will make the biggest difference to long-term sustainability.

None of this can be achieved alone. Our partnership with Fife Council, NHS Fife, the third and independent sector, and our communities will be critical. The choices ahead are not easy, but by working together and maintaining a clear focus on what matters most, we can create a more resilient and person-centred system for the future.

*Tracy Hogg, Chief Finance Officer*

## Executive Summary

The MTFS sets out a realistic assessment of the gap between the rising cost of delivering services and the funding available to us over the period 2026-2029, the pressures we face, and the actions required to maintain recurring financial balance. The MTFS sets the direction for our IF, which will be co-designed with the Strategic Planning Group. This will ensure that investment decisions are aligned to change, ensuring that every pound is directed towards prevention, digital innovation and community-based models of care. Together, these documents will provide a single, coherent framework for financial sustainability and strategic investment over 2026-2029.

Over the next three years, the Partnership faces a projected cumulative gap of £34.5m, driven by continued growth in demand, rising complexity of need, and the national pressures affecting health and social care systems across Scotland. The cost of continuing to deliver services, even with anticipated funding uplifts, does not keep pace with these pressures.

The main cost drivers include pay inflation, rises in provider costs, pharmaceutical pressures, and demographic change, all of which continue to escalate year-on-year. Funding contributions from NHS Fife, Fife Council and national allocations contribute, but are insufficient to fully offset these pressures.

# Introduction and purpose

## Budget Overview

An overview of the three-year budget gap is set out below

|                                  | 2026-27       | 2027-28       | 2028-29       |
|----------------------------------|---------------|---------------|---------------|
|                                  | £m            | £m            | £m            |
| 1. Cost of Continuing            | 814.495       | 839.609       | 863.491       |
| Funding                          | 779.925       | 804.249       | 828.810       |
| <b>Total (cost less funding)</b> | <b>34.570</b> | <b>35.360</b> | <b>34.681</b> |
|                                  |               |               |               |
| Opportunities                    | 23.470        | 23.098        | 24.098        |
| Additional funding contributions | 11.100        | 2.666         | 2.666         |
|                                  |               |               |               |
| <b>Total options</b>             | <b>34.570</b> | <b>25.764</b> | <b>26.764</b> |
|                                  |               |               |               |
| <b>GAP</b>                       | <b>0.000</b>  | <b>9.596</b>  | <b>7.917</b>  |

## Closing the GAP

The MTFS sets out a balanced programme of savings and change to close the gap in 2026-27 and reduce the gap in future years. Critically, this is not achievable through efficiencies alone. Our primary route to recurring balance is the transformation of our services. We will redesign models of care and shift the balance of provision from hospital and bed-based care to prevention and community pathways. We will modernise workforce models and embed digital and technology-enabled care. We will also reshape operational elements of services to improve sustainability, flow and performance. Alongside this, we will deliver targeted efficiencies on a recurring and non-recurring basis to reduce cost, increase productivity and modernise service delivery. Whole-system collaboration across NHS Fife, Fife Council and the wider care market will also be required.

## Investment Framework (IF)

In addition to addressing the financial gap, this MTFS initiates the development of an IF which will be co-designed with the Strategic Planning Group, with oversight and accountability provided by the IJB.

This framework will clarify:

- where investment will be prioritised (prevention, digital innovation, communities)
- the criteria for assessing investment proposals
- the governance required to ensure investment achieves measurable outcomes
- the relationship between investment, transformation and recurring savings
- any potential disinvestment

By combining these two elements, the MTF & IF will provide a single integrated approach, ensuring short-term financial balance while enabling long-term transformation.

## Strategic Context

### Legislative Context

The Integration Joint Board's role and function is set out in the underpinning legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the integration policy can be summarised as being necessary to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge.

Integration Joint Boards (IJBs) were set up to change patterns of behaviour, planning and delivery across health and social care. In large part, this is about challenging the status quo by deliberately setting strategy and planning and then using delegated budgets to direct and commission NHS and Local Authority partner organisations to deliver more joined-up, community-based models. In doing so, this helps to unlock resources currently held in traditional silos.

### National Context

Our Strategic Plan outlines how we aim to deliver the nine National Health and Wellbeing Outcomes, aligning with the key national policy drivers including the Health and Social Care Service Renewal Framework, Scotland's Population Health Framework and Public Health Priorities for Scotland.

Recent national assessments, including COSLA's December 2025 analysis of the £750m annual requirement to maintain social care, and Audit Scotland's February 2026 paper identifying a £449m IJB budget gap, underline the scale of the challenge facing the system across Scotland.

The Scottish Government estimates that the need for health and care services will significantly rise by 2030. More people are living longer, healthier lives, and the demand for our service continues to grow, with higher-than-average demand seen in 2025-26.

Some of the recent legislative or policy changes impacting on integration authorities are:

- Scottish Living Wage
- Primary Care Transformation
- The Health and Care (Staffing) (Scotland) Act 2019
- Set aside budgets
- Health and Social Care Service Renewal Framework
- Scotland's Population Health Framework

### Local Context

The local strategic direction is shaped by two key frameworks, the Plan for Fife (2017-2027) and NHS Fife Population Health and Wellbeing Strategy (2023-2028). The MTFS & IF also links with the Fife Integration Scheme March 2022 (which is due to be refreshed in 2027)

Fife has seven localities with differing needs and wants, and our commissioning approach will be refreshed to ensure the focus is aligned to outcomes and value and delivered on a locality basis. Commissioning will be increasingly outcomes-focused, with contract monitoring and improvement aligned to the Strategic Plan. This will support earlier intervention, independence, joined-up community support and effective use of technology-enabled care. We will commission locally wherever possible, working with our seven local areas to ensure service models reflect local patterns of need, access and community strength. Commissioning activity will continue to embed ethical and sustainable practices, including fair work, community wealth building, climate responsibility, and strong accountability for quality.

The number of older people in Fife is rising, overall, however, the total number of people in Fife will remain static as the number of young people decreases. This will impact on workforce supply challenges. Prevention and early support are essential to reduce demand on our services, helping people stay well for longer.

Shifting the balance of care from hospital-centred care to community-based care which promotes independence, recovery and wellbeing, is a key theme across our transformation work.

## Principles

The MTFS has been developed around a clear set of principles. These principles reflect our statutory responsibilities, our commitment to best value, and the need to make sustainable financial decisions in a constrained environment.

1. **Financial sustainability is non-negotiable.** The IJB must maintain a stable financial footing to meet its statutory duties and protect core services.
2. **Resources will be directed to deliver best value and maximise impact.** Investment decisions will align with the Strategic Plan and national frameworks, ensuring we target resources where they achieve the greatest outcomes for people in Fife
3. **A whole-system approach is essential.** The IJB will continue to work collaboratively with NHS Fife, Fife Council and the wider care market to redesign pathways, modernise delivery, and secure sustainable outcomes
4. **Directions.** Directions will be issued to Partners in line with the Statutory Guidance.
5. **We will protect service quality while delivering recurring savings.** The scale of the financial challenge and the demand on our services requires strong financial management and a focus on recurring solutions rather than in-year fixes. Investment in change will be necessary. It is a requirement that budgets will be balanced on a recurring basis.

6. **Spending is expected to be managed.** Services will be expected to develop recovery plans when overspends emerge, with system-wide escalation only where service impact is materially at risk. A wider approach to recovery using the budget available to the IJB will then be activated.
7. **Workforce.** We will create conditions for change recognising our workforce as our greatest asset.

## Financial Outlook 2026–29

This MTFS document should be read alongside the Draft Budget Overview 2026-27. Together these documents provide the strategic and operational foundations for financial decision-making across the HSCP.

The Draft Budget Overview 2026-27 sets out the detailed financial plan for the year ahead, while the MTFS provides the medium-term context within which those decisions must be made. Used together, they enable

- A transparent financial outlook for the IJB
- The scale of the challenge and the drivers behind it
- The actions required to maintain recurring balance
- The strategic choices that may be required if savings cannot be delivered at the necessary pace
- Informing priorities to support delivery of the Strategic Plan
- Improving strategic financial planning
- Maximising the use of available resources and supporting best value across the medium term
- Detailing high level plans for efficiency, redesign and transformation
- Providing a formal document to support discussion with partners in relation to agreeing and securing funding
- Supporting decision making in the commissioning of services, in partnership with the third and independent sector, to support a shift in the balance of care towards prevention, digital and community-based locality services
- An informed, sustainable and balanced approach to risk
- Progress to be monitored through the IJB governance structures

Together, the MTFS & IF and the Draft Budget Overview 2026-27 will provide a comprehensive financial framework that supports sustainable delivery of health and social care services, ensuring that resources are used effectively, risks are understood, and decisions are aligned to improving outcomes for the people of Fife.

### Reserves

The main purpose of holding a reserve is to create a contingency to cushion the impact of unexpected events or emergencies. The other reason for holding reserves is a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

Since inception Fife HSCP have aimed to hold reserves in line with our policy document. There is no statutory minimum however, our reserves policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. Due to the financial challenge, it will be unrealistic to achieve this ambition. Any balance brought forward to 2026-27 is committed.

### Projected Expenditure & New Resources

The MTFS sets out a detailed assessment of projected expenditure and anticipated funding over the next three years, recognising that cost pressures will continue to materialise as demand grows and complexity increases.

Each year, significant cost pressures arise due to increases in pay, inflation across external providers, and the rising cost of pharmaceuticals. The MTFS confirms this trend will continue across 2026-2029.

Funding uplifts from NHS Fife, Fife Council and national allocations make an important contribution to the financial position but do not fully meet the scale of cost pressures experienced.

Even after applying all identified savings, a cumulative gap continues to emerge across the planning period, highlighting the need for sustained transformation and whole-system working.

The table below reflects the known commitments and income likely to be received in 2026-2029. Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next three financial years are as follows

| Fife HSCP Draft Budget Overview | 2025-26 | 2026-27 | 2027-28 |
|---------------------------------|---------|---------|---------|
|                                 | Budget  | Budget  | Budget  |
|                                 | £m      | £m      | £m      |
| <b>Increase in Funding</b>      |         |         |         |

|  |               |               |               |
|--|---------------|---------------|---------------|
| Budget Uplift Fife Council                               |               |               |               |
| Budget Uplift NHS Fife                                   | 11.616        | 11.848        | 12.085        |
| Adult Social Care SG Funding                             | 12.476        | 12.476        | 12.476        |
| <b>Total Increase in Funding</b>                         | <b>24.092</b> | <b>24.324</b> | <b>24.561</b> |
|  |               |               |               |
| <b>Inflation Increases</b>                               |               |               |               |
| Pay Inflation  | 12.757        | 9.045         | 9.274         |
| Pharmacy, Drugs & SLA Inflation                          | 1.823         | 1.859         | 1.897         |
| External providers: living wage and funding requirements | 12.710        | 12.710        | 12.710        |
| <b>Total Inflationary Increases</b>                      | <b>27.290</b> | <b>23.614</b> | <b>23.881</b> |
|  |               |               |               |
| <b>Cost Pressures</b>                                    | <b>31.372</b> | <b>1.500</b>  |               |
| <b>Budget Gap</b>  | <b>34.570</b> | <b>0.790</b>  | <b>-0.680</b> |
| <b>Budget Gap - Cumulative</b>                           | <b>34.570</b> | <b>35.360</b> | <b>34.680</b> |
| <b>Savings Opportunities Identified</b>                  | <b>23.370</b> | <b>23.098</b> | <b>24.098</b> |
| <b>Additional funding contributions from partners</b>    | <b>11.200</b> | <b>2.666</b>  | <b>2.666</b>  |
|  |               |               |               |
| <b>Net Budget GAP – Shortfall / (Surplus)</b>            | <b>0.000</b>  | <b>9.596</b>  | <b>7.916</b>  |

There are residual gaps in future years, and further work will be required to transform services and close these gaps.

Please refer to Savings Opportunities 2026-27 at Appendix 4 for more detail.

## Transformation (2026–2029)

Closing the financial gap over the period 2026–2029 cannot be achieved through efficiencies alone. The Partnership must deliver transformation: fundamental, system-level change that redesigns how health and social care is organised, accessed and delivered, so that we sustainably shift demand away from high-cost, reactive models and toward earlier intervention, community-based support and digital-enabled care.

In this MTFs, change or redesign is considered transformational where it:

- Redesigns pathways or service models to shift the balance of care toward home and community support
- Changes how workforce, technology and assets are deployed (including multidisciplinary working and digital enablement)
- Delivers recurring impact and improves outcomes/flow (not just short-term cost reduction)
- Requires coordinated delivery across partners and commissioned services

Transformation is the practical route through which we will deliver our Strategic Plan priorities of **Prevention**, **Communities** and **Digital**, and ensure we are **FIT** for the future (Financially sustainable, Integrated and Transformative). This means prioritising programmes that help people to stay well and independent for longer, strengthen support closer to home, and make better use of data, digital tools and technology-enabled care.

Detail is set out in Appendix 4 (Savings Opportunities 2026-27). Delivery will be phased and supported through existing governance routes, with clear ownership, milestones and benefits tracking to maintain a line of sight between transformation activity, recurring savings and the Strategic Plan priorities.

## Decision Making & Governance Framework

To support robust decision making and effective governance for financial sustainability, we need to distinguish between the different types of change being proposed. These range across the spectrum of business as usual, service redesign, transformational change and making difficult decisions.

A strong and transparent decision-making framework is essential to support the IJB in navigating the choices required to achieve financial sustainability. The MTF&IF makes clear that not all changes are equal, distinctions must be made between efficiencies, service redesign, transformational change and, where unavoidable, difficult choices.

- **Business as Usual** - Core services must continue to operate within their allocated budgets. Strong financial governance and disciplined budget management will underpin this expectation.
- **Efficiency** - These changes deliver recurring reductions in cost while maintaining outcomes. This includes programmes to manage demand, streamline processes, reduce duplication and maximise the use of digital tools.
- **Income Generation** - Where opportunities exist to increase income through non-delegated functions or partnership-based charging frameworks, these will be explored in line with statutory responsibilities.
- **Service Redesign** - Redesign focuses on modernising service models, ensuring digital innovation, flexible workforce deployment and best use of assets. These changes improve outcomes and support long-term sustainability.
- **Transformational Change** - Transformation requires system-wide reconfiguration, aligned to the Strategic Plan, to shift the balance of care and reduce future dependency on resource-intensive hospital-based care. These programmes will require leadership capacity, change management support and clear benefits tracking.
- **Difficult Choices** - When all other measures are exhausted, the IJB may need to consider decommissioning or reducing services that no longer represent best value. This will require robust options appraisal, risk and impact assessment and strengthened engagement with communities.

This framework will guide the IJB through prioritisation discussions and ensure that decisions are transparent, evidence-based and aligned to statutory responsibilities.

## Risk Assessment

The MTFS is a financial model based on the best available planning assumptions at the time and accordingly has related risks associated with it. Key risks of this MTFS are:

- **Managing Complex Needs** - The increasing level of complexity of need for some of our service users, including transitions to adult services, means that major care packages or out of area care placements might materialise during the year which we have not budgeted for.
- **Prescribing** - Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally.
- **Workforce** - Turnover savings is included in the budget to reflect the current staffing levels; should these staffing levels change, this could impact on turnover or supplementary staffing.
- **Commissioning** – We will continue to embed ethical and sustainable commissioning approaches, ensuring contracts promote fair work, market resilience and strategic alignment. We will also work to embed outcomes-focused commissioning to drive prevention, independence, community support and digital-enabled care. Links with care providers are strong with our well-established Care Collaborative Group.
- **Transformational change** - This plan requires medium-term, large-scale and whole-system working. This will require change management resource and senior leadership capacity, and partnership working with statutory, third and independent sectors.
- **Decision-making** - There may be impact on the Integration Joint Board from decisions by Partners and vice versa. Regular meetings with Chief Executives and Directors of Finance along with the Chief Officer and Chief Finance Officer will continue to support whole-system working and approach. The frequency in relation to these meetings has been increased recently given the financial challenges that we face.
- **Public Expectations** - Good conversations and a refreshed Participation and Engagement Framework will be essential. This can be strengthened further by a review of Governance arrangements in support of public, community, and locality engagement.
- **Variability** - Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.
- **Set Aside** - Requires to be transferred to the IJB. Current overspends level requires to be addressed prior to transfer.
- **Charging** - Not within the gift of the IJB to govern and remains governed by the Local Authority. Inability to raise funding to levels commensurate with other Integration Authorities is a risk to ensuring a more sustainable approach to delivery of services.
- **Resilience** - Rising demand can result in unpredicted financial pressures.

The Fife Integration Board recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified, and mitigating actions are effective in reducing these risks to an acceptable level. These risks will be defined in the IJB strategic risk register and monitored and reviewed through the finance monitoring statements on a regular basis.

Our financial risk register has been refreshed and can be found as an appendix to the Annual Budget Paper.

## Conclusion

The MTFS & IF provides a clear and credible pathway for the Partnership to remain financially sustainable, integrate further across the whole system, and transform the way health and social care is delivered in Fife. Central to this is our workforce, our greatest asset, and the golden thread connecting every element of change, improvement and delivery. By investing in our people, supporting new ways of working, and enabling digital and community-based innovation, we strengthen our ability to deliver meaningful transformation. Through strong financial management, collaboration with partners and a shared commitment to sustainable reform, we can build a resilient and forward-looking system that improves outcomes for the people of Fife both now and in the years ahead.

# Savings Opportunities 2026-27

Appendix 4 – IJB – 25<sup>th</sup> March 2026



Supporting the people of Fife together



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## Introduction

Over the past few years, our Partnership has been navigating a landscape that's changing faster than anyone expected. Demand has grown, the needs of the people we support have become more complex, and the financial pressures facing health and social care right across Scotland have only intensified. The refreshed Medium-Term Financial Strategy (MTFS) lays out clearly a three-year financial gap of £34.5m that we must address together if we're to protect the services Fife depends on.

But this isn't just a story about numbers. It's about the kind of Partnership we want to be. One that stays focused on people, on doing the right thing, and on working differently so that our system remains strong for the long term. The MTFS describes the road ahead, aligned to our strategic plan, a shift towards prevention, digital innovation and community-based support, and a commitment to modernising how we work so we can meet rising demand in new and more sustainable ways. It also reminds us that financial sustainability isn't optional, it's a responsibility we all share. And at the heart of this effort is our workforce, the people who make change possible every day.

This appendix is the next chapter in that story. Here, we set out the savings opportunities that will help us close the gap for 2026–27 and support the longer-term programme of transformational change described in the MTFS. These proposals aren't about cutting for the sake of cutting, they are part of a bigger shift towards services that are more flexible, more joined-up, and more focused on keeping people well and independent for as long as possible. The proposals were positively supported by our Local Partnership Forum (LPF) and Integration Joint Board (IJB)

Critically, delivering financial sustainability now requires us to move beyond traditional efficiency measures and embrace genuine transformation across our system. Many of the programmes included here, including some previously approved schemes and several efficiency initiatives, represent more than operational improvements. They reflect fundamental redesign of pathways, the modernisation of workforce models, greater use of digital and automation, and a shift in how we use our buildings, assets and specialist services. These are transformational changes because they reshape how care is delivered, strengthen long-term sustainability and improve outcomes, not just in-year savings. Transformation requires a coordinated approach and by recognising the transformational impact of these programmes, we can better demonstrate the scale of change already underway and reinforce our commitment to modernising the way our system works.

The challenges are real, but so is our commitment. By taking these steps now, we're making sure we can continue to deliver the right care, at the right time, in the right place, not just this year, but for the years ahead.



**Lynne Garvey**  
Chief Officer / Director of Fife Health and  
Social Care Partnership



**Tracy Hogg**  
Chief Finance Officer

# Alignment to Strategic Plan

## Vision

To enable the people of Fife to live independent and healthier lives

## Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes

## Measures

Our Strategic Plan outlines measures to address the financial challenge, these include:

- **Ensuring Best Value** - Ensure the best use of resources
- **Whole system working** - Building upon strong relationships with our partners
- **Prevention and early intervention** - Supporting people to stay well and remain independency
- **Technology first approach** – Maximising the use of digital technology to enhance self-management and safety
- **Commissioning approach** – Enhancing locality-based commissioning
- **Transforming models of care** - Supporting people to live longer at home or in a homely setting
- **Prescribing** - Reduce medicines waste and realistic care & prescribing

## IJB Strategic Priorities

The Fife Health and Social Care Partnership Strategic Plan 2026–2029, is a clear and collaborative plan to improve health and wellbeing across Fife. Building on strong foundations, it reflects the voices of our communities, workforce and partners and sets out a shared vision:

**“To enable the people of Fife to live independent and healthier lives.”**

The Strategic Plan responds to a changing landscape of rising demand, demographic shifts and the need for sustainable, personal care. It aligns with national direction, including the Health and Social Care Service Renewal Framework and Scotland’s Population Health Framework-.

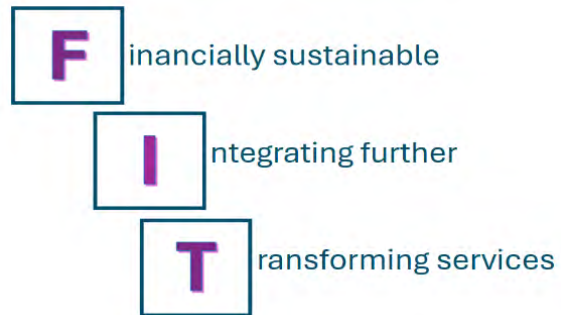
To meet these challenges, we have identified three strategic priorities:



- **Prevention:** People have the knowledge, support and confidence to live healthier, more independent lives for longer.
- **Communities:** Work together with communities and our partners to support people, carers, and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and connection.
- **Digital:** Inclusive and innovative digital care that enhances wellbeing, independence, and connection.

These priorities are supported by our Framework for Delivery, which ensures we are **FIT** for the future; **Financially sustainable, Integrated and Transformative**. This framework guides how we plan, invest and innovate across services, ensuring that care is high quality, resilient and responsive to what matters most to people.

We are committed to:



- **Financial sustainability:** Making best use of resources, investing in prevention and building a system that is economically and environmentally responsible.
- **Integrating further:** Joining up services across health, social work, social care, housing and the third sector to deliver seamless, person-centred support.
- **Transforming services:** Redesigning care models, embracing digital solutions and co-producing services with communities to meet evolving needs.

Delivery will be prioritised and phased over the three-year period, aligned to financial context, workforce capacity and organisational readiness, so improvements are introduced safely, sustainably and where they have greatest impact.





Our three priorities, **Prevention, Communities** and **Digital** are closely connected and designed to work as a single, coordinated approach. Prevention helps people stay well, but it is most effective when strong communities offer early support and when people can easily access information and services. Community-based care is strengthened by digital tools that improve connection, coordination and access. Digital solutions also enhance prevention by making support simpler, faster and more consistent.

Together, these priorities ensure people receive earlier help, closer to home, with the tools and support they need to stay well, connected and independent.

## Statutory Obligation

The IJB must set a balanced budget before the start of the financial year, as required by financial regulations. Fife Council has approved its budget, and an indicative position from NHS Fife has been assumed until its formal approval in March. This pack outlines the saving opportunities for 2026-27 to support the IJB in reaching a balanced budget for formal sign-off. Each savings category aligns with MTFs principles: financial sustainability, Best

Value, whole-system working, and investment in prevention, digital innovation and community-based care. Recurring savings deliver £18.648, non-recurring actions support £4.822m to balance the position.

|  | <b>Category</b>  | <b>Definition</b>   | <b>£m</b>     |
|--|--|---|---------------|
|   | <b>Previously approved Transformation (T) / Transformation &amp; Efficiencies (T&amp;E) / Efficiencies (E)</b> | <p>These are savings that have already been agreed by the IJB as feasible and deliverable and now form part of the recurring MTFS 2026-29 baseline. This category includes programmes approved during 2025-26, savings brought forward from 2025-26 and any uplift applied for 2026-27.</p> <p>Some schemes have been reassessed and are now shown as Transformational or Transformation &amp; Efficiencies where delivery includes efficiencies but is underpinned by a transformed model of care. Efficiencies capture operational improvements and closer control of expenditure.</p>        | 12.550        |
|   | <b>Service Redesign</b>  | Service redesign focuses on reshaping operational elements of services to improve sustainability, flow and performance.   | 0.180         |
|   | <b>Transformation / Transformation &amp; Efficiencies</b>  | <p>Large-scale, system-wide change that reshapes how health and social care is delivered across Fife. It focuses on shifting the balance of care, redesigning whole pathways, modernising workforce models, adopting digital and technology-enabled care, and reducing long-term reliance on hospital-based and resource-intensive services. Transformation changes how the system works, producing recurring and sustainable impact.</p> <p>Transformation &amp; Efficiencies are included where savings delivery includes efficiencies but is underpinned by a transformed model of care.</p> | 5.908         |
|  | <b>Efficiencies – recurring / non-recurring</b>  | Efficiencies capture operational improvements and closer control of expenditure. These can be recurring and non-recurring in nature.  | 4.732         |
| <b>Total</b>   |  |   | <b>23.370</b> |

## Risk Appetite:

The IJB set its Risk Appetite in 2023, this tool may help to support decision making and allow members to weigh up the risks and benefits of the following savings opportunities.

| Key Risk  | Risk Appetite     | Comments  |
|---|-------------------|---|
| Impact on the Delivery of Strategic Objectives                    | Open              | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored   |
| Impacts on Compliance with legislation                            | Averse/Minimalist | We will not break the law but may take some small, considered risks in the application of untested legislation  |
| Impacts on Governance arrangements                                | Cautious/Open     | We may take some risks in relation to our internal governance arrangements if this will provide a benefit   |
| Impacts on Quality of Care  | Cautious/Open     | We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.                      |
| Impacts on resources, including financial and workforce resources | Open              | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Reputation   | Cautious/Open     | We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain. |

## Transformational Change

Transformation refers to fundamental, system-level change that redesigns how services are delivered, organised or accessed, resulting in a sustainably different model of care. Transformation goes beyond incremental efficiencies by changing the underlying pathways, workforce models, technology, or service configuration to deliver long-term improvements in outcomes, value and financial sustainability.

A savings proposal can be considered transformational when it:

1. **Redesigns a pathway, model of care, or service configuration** - shifting from bed-based to community-based models, redesigning teams, restructuring workflows
2. **Changes the way people, technology or assets are used** - digital automation, new staffing models, integrated working, technology-enabled care
3. **Creates recurring, sustainable change** - not just for one year, but reshapes future demand/cost curves
4. **Improves outcomes, experience or system flow** - rather than simply reducing inputs
5. **Requires coordinated change across multiple parts of the system** - multidisciplinary, cross-sector or multi-service impact

As we shift our focus away from traditional, incremental efficiencies toward genuine transformational change, it is recognised that some programmes naturally deliver both, they achieve an efficiency but only because the underlying model of care has been transformed.

In practice, this means we are prioritising programmes that shift demand away from high-cost, reactive care and towards earlier support, community-based pathways and technology-enabled models. The opportunities set out in this pack contribute to that direction by redesigning whole pathways, strengthening multidisciplinary working and modernising business processes so that care is delivered closer to home and with greater consistency.

To support this refreshed transformation focus, we will maintain clear line of sight between each programme and our Strategic Plan priorities of Prevention, Communities and Digital. This will help ensure that the changes we implement deliver measurable improvements in outcomes and experience, as well as recurring savings and reduced reliance on hospital-based and resource-intensive models of care. Delivery will be supported by robust governance and benefits tracking, with risks, dependencies and key milestones monitored through established governance routes.

## Previously Approved:

Savings opportunities approved by the IJB in March 2025 as per of the Medium-Term Financial Strategy are detailed below. These demonstrate a brought forward amount of £6.544m from 2025-26 and an increase of £6.006m in year 2 (2026-27) which contributes to the budget gap.

|   | Savings<br>Indicator | B/F Previously<br>approved<br>£m | Increase<br>2026-27<br>£m | Total<br>£m   |
|---|----------------------|----------------------------------|---------------------------|---------------|
| <b>Opportunities/Savings Identified to close Budget Gap</b> |                      |                                  |                           |               |
| Voluntary Organisation Saving                               | E                    | 0.375                            |                           | 0.375         |
| Transforming Overnight Care                                 | T                    | 2.915                            |                           | 2.915         |
| Transport Review  | T&E                  | 0.729                            | 0.500                     | 1.229         |
| Reprovision of out of area care packages                    | T                    | 1.920                            | 0.047                     | 1.967         |
| Reducing Locum Spend  | T&E                  |                                  | 0.600                     | 0.600         |
| MOW/Comm Alarms/ Rents/ Financial Assessment                | E                    |                                  | 1.110                     | 1.110         |
| Mental Health Redesign                                      | T                    | 0.605                            | 2.199                     | 2.804         |
| Community Rehabilitation & Care                             | T                    |                                  | 1.000                     | 1.000         |
| Transforming Business Administration Project                | T                    |                                  | 0.300                     | 0.300         |
| Integrated Management Teams                                 | T                    |                                  | 0.250                     | 0.250         |
|   | <b>Total</b>         | <b>6.544</b>                     | <b>6.006</b>              | <b>12.550</b> |

## Transformation:

The programmes listed below make up the Transformation / Transformation & Efficiencies total (£5.908m) and are summarised in the quadrants that follow.

These programmes represent a combination of Transformation and Transformation & Efficiencies, reflecting the Partnership's shift toward delivering recurring financial sustainability through fundamental redesign of pathways, workforce models and digital processes. While some savings include an efficiency element, their primary impact is transformational, and they change how services operate, strengthen system-wide resilience, and modernise care delivery in line with the ambitions set out in the MTFS.

| <b>Title</b>   | <b>Description</b>   | <b>£m</b> |
|--|--|-----------|
| <b>Modernising Strategic Functions to enable system wide changes</b> | Modernising planning and performance processes through increased use of digital tools, automated reporting and streamlined workflows, enabling recurring savings while maintaining statutory requirements. This reduces manual effort and duplication, improving decision-making capacity and enabling a more standardised, partnership-wide performance approach. (Digital)                         | 0.060     |
| <b>Medicines Efficiencies</b>  | Improving prescribing practice through enhanced governance, formulary optimisation and strengthened clinical oversight, supported by temporary investment to ensure safe and sustainable delivery. This supports more consistent, evidence-based prescribing and reduces unwarranted variation, with benefits tracked through strengthened governance arrangements. (Medicines)                      | 2.228     |
| <b>Complex &amp; Critical Care</b>                                   | Redesigning the medical workforce model and strengthening multidisciplinary team working to improve service resilience, reduce reliance on external specialist care and create a sustainable long-term staffing structure. The change shifts reliance away from ad-hoc/external cover by creating a stable staffing model and clearer MDT pathways to improve resilience and continuity. (Workforce) | 1.000     |

|                                   |  |              |
|-----------------------------------|--|--------------|
| <b>Sustainable Care Pathways</b>  | Redesigning assessment pathways and short-stay residential capacity to reduce reliance on bed-based care, improve patient flow and support more consistent, person-centred approaches. The change supports a shift from short-stay/bed-based solutions toward earlier assessment, clearer discharge pathways and more consistent community-focused alternatives. (Pathway)               | 0.800        |
| <b>Supplementary Staffing</b>     | Strengthening rostering, workforce planning and adherence to national frameworks to reduce reliance on temporary staffing and support safer, more sustainable workforce models. This embeds a more sustainable workforce model by reducing avoidable premium spend and improving deployment, oversight and escalation. (Workforce)   | 1.000        |
| <b>Fife Equipment Loan Store</b>  | Enhancing recycling processes, rationalising stock and improving governance to ensure equipment is provided efficiently, consistently and in line with best practice. This modernises the end-to-end equipment pathway (ordering, reuse and retrieval) to improve timeliness, reduce waste and strengthen controls. (Equipment/Assets)   | 0.500        |
| <b>Community Rehab &amp; Care</b> | Expanding and embedding the redesigned Rehabilitation at Home model to reduce reliance on bed-based care, improve system flow and support people to recover safely and independently at home. This delivers a sustained shift in the balance of care by expanding home-based recovery and reducing avoidable bed-based stays through a consistent Rehab at Home pathway. (Rehab at Home) | 0.320        |
|                                   | <b>Total</b>   | <b>5.908</b> |

# Transformation and Transformation & Efficiencies

**£5.908m**

## **Performance and Delivery**

- Savings are delivered through a combination of transformational redesign and efficiency improvements, including changes to clinical pathways, digital processes and workforce structures.
- Programmes such as Complex & Critical Care and Sustainable Care Pathways require approval of new workforce models and redesigned patient flow.
- Also includes digital, medicines, rostering, equipment and Rehab at Home savings (see programme list above).
- Delivery risks relate to recruitment, programme mobilisation, and interdependencies between pathway changes, workforce redesign and digital implementation.

## **Quality of Care**

- Transformational elements aim to improve continuity and resilience of care, supporting safer, more person-centred pathways.
- Changes to bed-based assessment, community rehabilitation and staffing models are designed to enhance flow, reduce delays and improve outcomes.
- Digital processes, redesigned pathways and strengthened governance reduce unwarranted variation and support consistent decision-making.
- Risks relate to transitional periods during implementation and the potential need for external specialist treatment if demand increases unexpectedly.

## **Resources Including Workforce**

- Workforce model redesign is central across multiple programmes, particularly the shift to MDT-based delivery in Complex & Critical Care and the strengthened Rehabilitation at Home model.
- Investment in multidisciplinary teams and digital tooling is required to support sustainable delivery.
- Reduced reliance on bank and agency staffing depends on strengthened rostering, national frameworks and improved workforce planning.
- Recruitment challenges could delay implementation and will continue to be monitored through governance routes such as the Professional Standards Oversight Group.

## **Organisational / Reputational and Legal**

- Workforce and pathway redesign strengthens long-term organisational sustainability and aligns with the MTFS ambition for a modern, digitally enabled, community-focused system.
- Reputational risk exists if recruitment challenges or model approvals delay implementation or affect continuity of care.
- Financial and legal exposure remains if reliance on external specialist provision resurfaces.
- Strong governance oversight mitigates these risks, with clear escalation routes and alignment to strategic planning and performance frameworks.

## Service Redesign:

Service redesign focuses on reshaping operational elements of services to improve sustainability, flow and performance

| <b>Title</b>            | <b>Description</b>   | <b>£m</b>                 |
|-------------------------|--|---------------------------|
| Bladder & Bowel Service | <p>A redesigned approach to how continence products are assessed, supplied and delivered across Fife. The aim is to ensure people receive products that are clinically appropriate for their needs, while improving consistency, reducing waste and aligning with national best practice.</p> <p>A programme of work will review the types of products supplied, streamline delivery arrangements and introduce clearer guidance for staff through a Fife-wide Bladder and Bowel Assessment and Management Policy.</p> <p>People will continue to be assessed by trained staff to ensure they receive the right level of support. This approach is designed to deliver a sustainable, safe and equitable service that continues to meet the needs of people who require continence support, with a focus on early intervention and better self-management support.</p> | 0.180                     |
|                         |  | <b>Total</b> <b>0.180</b> |

## Efficiencies:

Efficiencies capture operational improvements and closer control of expenditure. These can be recurring and non-recurring in nature.

| <b>Title</b>               | <b>Description</b>  | <b>£m</b>    |
|----------------------------|---|--------------|
| Fife Council Mobile phones | A review of all Fife Council-issued mobile devices will remove unused connections, standardise contract types and eliminate non-essential smartphones. This will reduce avoidable telecoms spend and improve device management oversight.   | 0.010        |
| Non-recurring              | Non-recurring actions support the MTFs by providing short-term stabilisation while recurring savings and transformation programmes mature. These measures are temporary, flexible and closely monitored in-year to maintain financial balance   | 1.700        |
| Management actions in year | The 2026-27 budget gap is not fully closed through identified savings.<br>This non-recurring balance will need to remain flexible throughout the year. These actions are temporary by design and reflect in-year movements such as slippage, underspends and short-term management actions. As a result, Senior Leadership Team oversight will be essential, with close monitoring and timely interventions required to maintain financial stability as pressures emerge. This balance should be treated as fluid, with SLT reviewing performance, adjusting actions and escalating risks to ensure the Partnership remains within its overall financial envelope | 3.022        |
|                            | <b>Total</b>  | <b>4.732</b> |

## Next Steps:

### **2026-27 Priorities**

Deliver the agreed recurring savings for 2026-27, including previously approved programmes and new proposals.

Progress transformation already underway, notably Community Rehabilitation & Care and Business Administration digital modernisation

Actively monitor non-recurring and management actions, recognising that this balance must remain fluid throughout the year to maintain financial stability

Senior Leadership Team will maintain close oversight, adjusting actions and escalating risks to ensure the Partnership remains within its overall financial envelope

### **2027-29 Forward Look**

Develop and implement the Investment Framework to prioritise transformation from 2027-29, focusing on prevention, digital innovation and community-based models.

Identify the next phase of medium-term transformation and efficiency opportunities required to address future years' gaps.

Strengthen whole-system planning across workforce, demand, capacity and externally commissioned services to support long-term sustainability.

Refresh MTFS assumptions annually to ensure strategic decisions remain aligned to updated risks, pressures and national policy expectations.

These steps will ensure the Partnership remains on a clear pathway toward recurring balance and sustainable service delivery across the planning period.

| No | RISK<br>Threat to achievement of business objective  | Scope/potential consequences of risk  | Assessment of Risk (likelihood x impact)<br>Assume no Controls in Place |        |            | Risk Control Measures in Place   | Are all Controls Operational?<br>Y/N/Partial | Potential Financial Risk Annual Basis | Assessment of Risk (likelihood x impact)<br>With Control Measures |        |            |
|----|--|---|---|--------|------------|--|--|---------------------------------------|---|--------|------------|
|    |  |   | Likelihood  | Impact | Risk Score |  |  |                                       | Likelihood  | Impact | Risk Score |
| 1  | Realigning Budgets   | The approach adopted for 2026-27 has been to realign budgets based on the level of overspends/underspends in previous years. There is a risk that these do not realise the required benefits  | 5   | 5      | 25         | The risk will be held corporately, and future budget gaps may increase should demand increase. There will also be close monitoring of spend and improved grip and control measures put in place. | Partial                                      | Medium                                | 2   | 5      | 10         |
| 2  | Inflationary Upfits  | Assumptions have been included in the budget model in relation to uplifts for externally commissioned services. Level of uncertainty in terms of agreed rate. Potential inflationary impacts due to current situation in Middle East – possible rising fuel costs | 5   | 5      | 25         | Sharing of best practice with both partners and other IJBs. Travel costs may increase, full review of travel and transport underway to ensure aligned to Policy.                                 | Partial                                      | Small                                 | 2   | 5      | 10         |
| 3  | Costs relating to short term investment required to ensure Safe Delivery of services whilst also transforming services | To enable safe delivery of services there may be a requirement to incur double running costs to ensure safe delivery of services  | 3   | 5      | 15         | Options to minimise risk considered such as test of change in locality with the potential to further roll out  | Partial                                      | Small                                 | 1   | 5      | 5          |

|   |   |  |   |   |    |  |         |        |   |   |   |
|---|---|--|---|---|----|--|---------|--------|---|---|---|
| 4 | Closer scrutiny of budgets and potential spend in excess of budgets | Demand is increasing to levels which may continue to outweigh the funding available to deliver services. The escalation tool will ensure management information is available to actively manage the budget.    | 5 | 5 | 25 | Regular tripartite meetings to escalate demand.<br>SLT awareness of budgeted levels of care and grip and control measures implemented using escalation tool  | Partial | Medium | 2 | 4 | 8 |
| 5 | Inability to achieve savings  | Increased risk of delivering budget<br>Savings. £50m savings in last two years, with further £23m in 2026-27.<br>Reducing workforce, reducing resources, further savings may impact on ability to deliver care | 3 | 3 | 9  | Tracking through monitoring process. Services are required to substitute savings to contain expenditure within budget.<br>Progress reporting updates will continue weekly into 2026-27 to ensure scrutiny and support to delivery of savings | Partial | Medium | 2 | 3 | 6 |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                           |  |              |               |
|---------------------------|--|--------------|---------------|
| <b>Meeting:</b>           | Integration Joint Board  | <b>Date:</b> | 25 March 2026 |
| <b>Report Title:</b>      | Annual Review of Best Value 2024-2025                          |              |               |
| <b>Agenda Item No:</b>    | 9.3  |              |               |
| <b>Responsible Owner:</b> | Lynne Garvey, Director of Health and Social Care/Chief Officer |              |               |
| <b>Report Author:</b>     | Tracy Hogg, Chief Finance Officer                              |              |               |

| Executive Summary   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Fife Integration Joint Board (IJB) has a duty to ensure Best Value under the Local Government (Scotland) Act 2003 and agreed a Best Value Framework in 2019.</li> <li>The Best Value Framework sets out the various areas of work where the IJB will seek to demonstrate compliance with the duty.</li> <li>This report provides the annual update for 2024/25, referencing the key areas within the Framework, the evidence in place to demonstrate best value and the actions we are working on to continue to make improvements.</li> <li>The work originally reported through the Ministerial Strategic Group self-evaluation for improvement of Integration has been aligned to and integrated with the Best Value Framework</li> </ul> |  |

| Recommendations                                   |                                     |  |
|---|-------------------------------------|--|
| This paper is presented to: -                     |                                     | Clearly outline below what the Board/Committee are being asked to do: -                                |
| Seek a Decision                                   | <input checked="" type="checkbox"/> | Members are asked to consider and approve the Partnerships Annual Review of Best Value for 2024 – 2025 |
| Risk Appetite Section<br><b>MUST be completed</b> |                                     |  |
| Provide Assurance                                 | <input checked="" type="checkbox"/> | To provide assurance that Fife IJB is fulfilling its statutory duty to secure Best Value               |

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

## Situation/Background (Purpose of Report)

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure Best Value.

The IJB agreed its Best Value Framework in 2019. The Best Value Framework outlines the key areas where the IJB would seek to demonstrate delivery of best value for the delegated functions. An annual assessment of how the IJB has demonstrated best value is reported to Audit and Assurance Committee and to the Board. This report sets out the key areas within the Framework, the evidence in place to support Best Value and the actions we are working on continue to make improvements.

## Assessment (Key Points/Issues and Risks)

The IJB's Best Value Framework sets out the following key areas to demonstrate compliance with the principles of Best Value:

**Management of Resources** (e.g., financial assurance and monitoring of IJB budget resources, medium term financial planning, workforce planning).

**Effective Leadership and Strategic Direction** (e.g., commitment to delivering integration among board and committee members, the Strategic Planning Group, and senior managers, through the Partnership's Strategic Plan 2023/2026).

**Performance Management** (e.g., regular reporting and scrutiny of IJB performance, achievement against health and social care outcomes and progressing integration).

**Joint Working with Partners** (e.g., demonstration of effective approach to joint working with partners to progress integration through Care Home and Care at Home Collaboratives, the Reimagining the Third Sector Project, and development of the Methil Care Village).

**Service Review/Continuous Improvement** (e.g., regular reviews of service activity and scope for integration through projects such as the Home First Programme, Primary Care Improvement Plan, and the Programme Management Office).

**Governance and Accountability** (e.g., demonstration through public performance information such as the Scheme of Delegation, the Financial Regulations, and the Directions Policy).

**Engagement with Community** (e.g., regular engagement and consultation with stakeholders through Locality Planning Groups and the Carers Forum).

A review has been undertaken to look at progress that has been made in each area of the Best Value Framework in 2024/2025 highlighting where we have evidence to demonstrate compliance and where we are working to continuously improve and reach exemplary standards. The report includes cross references to the IJB strategic risks and current audit recommendations. The report also aligns to and integrates the original proposals from the Ministerial Strategic Group (MSG) for improvement of integration as there is no longer a requirement to report these annually to Scottish Government. The areas set out in the MSG assessment are closely aligned to the Best Value Framework and therefore we have sought to merge this work into one report to avoid duplication.

The review is supported by the external audit report relating to the annual accounts which was considered by the Integration Joint Board in September 2025, where the external auditors expressed satisfaction that the IJB has organisational arrangements in place to secure Best Value.

The Annual Review of Best Value 2024/2025 is included at Appendix 1.

## Related Documents/Appendices

## Appendix 1 – Annual Review of Best Value 2024-2025

### Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

### Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|                               | Route To                            | Following                | Date       | Amendments to report following meeting |                                     |  |
|-------------------------------|-------------------------------------|--------------------------|------------|--|-------------------------------------|--|
|                               |                                     |                          |            | Yes                                    | No                                  | Summary of amendments                              |
| <b>HSCP/IJB</b>               |                                     |                          |            |  |                                     |  |
| Senior Leadership Team (SLT)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 23/02/2026 | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Changes to format of table                         |
| Audit & Assurance (A&A)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13/03/2026 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> | Audit and Assurance Committee supported the review |
| Integration Joint Board (IJB) |                                     | <input type="checkbox"/> |            |  |                                     |  |

### Implications/Impacts

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

|  |                                     |  |
|--|-------------------------------------|--|
| <b>Service Users/Carers</b>  | <input checked="" type="checkbox"/> | The Best Value Framework will assist in delivering sustainable health and wellbeing outcomes for service users and carers  |
| <b>Localities/Communities</b>  | <input checked="" type="checkbox"/> | The Best Value Framework will assist in delivering sustainable health and wellbeing outcomes for localities and communities  |
| <b>Quality of Care</b>   | <input checked="" type="checkbox"/> | The Best Value Framework will assist in delivering sustainable health and wellbeing outcomes in relation to quality of care  |
| <b>Workforce</b>   | <input checked="" type="checkbox"/> | The evidence provided in the Annual Review of Best Value is retrospective. Any outstanding improvement actions will be progressed through the HSCP's strategic delivery plans and transformation programmes. Any impact on workforce will be managed in accordance with the Partnerships' Workforce Strategy |
| <b>Legal</b>   | <input checked="" type="checkbox"/> | The Best Value Framework provides a formal process for the IJB to demonstrate compliance with its statutory duty of Best Value   |
| <b>Financial</b>   | <input checked="" type="checkbox"/> | Best Value in the use of resources is a key objective for the IJB. The Best Value Framework seeks to demonstrate compliance and provide assurance for the Board. All financial activities will be managed in accordance with the Medium-Term Financial Strategy  |
| <b>Performance</b>   | <input checked="" type="checkbox"/> | The Best Value Framework will assist in delivering sustainable health and wellbeing outcomes   |
| <b>Climate</b><br><a href="#">Climate Fife 2024 Strategy and Action Plan</a> | <input checked="" type="checkbox"/> | Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.  |
| <b>Communication and Engagement</b>  | <input checked="" type="checkbox"/> | All information provided was collected through discussions with key stakeholders   |
| <b>Risk &amp; Mitigation</b>   | <input checked="" type="checkbox"/> | The Best Value Framework provides a formal process for the IJB to demonstrate compliance with its statutory duty of Best Value   |

|   |                                     |                               |   |
|---|-------------------------------------|-------------------------------|---|
| <b>Equalities and Human Rights, including children's rights and health inequalities</b> | <input checked="" type="checkbox"/> | <b>No Impact/Not Required</b> | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |
|---|-------------------------------------|-------------------------------|---|

### Risk Appetite Consideration for Key Decisions

| Key Decision  | What are the risks if we do not take this decision?             | What are the risks to taking this decision? | What impact do these risks have for the IJB?*  | Corresponding risk appetite**  | What benefits are envisaged from taking this decision? | Can we take or accept those risks associated with taking this decision in line with our Risk Appetite?  |
|---|---|---|--|--|--|---|
| Approval of the Annual Review of Best Value 2024/25 | There is a risk the IJB would be non-compliant with legislation | None known                                  | <input type="checkbox"/> Strategic Objectives<br><input checked="" type="checkbox"/> Legislation<br><input type="checkbox"/> Governance<br><input type="checkbox"/> Quality of Care<br><input type="checkbox"/> Resources<br><input type="checkbox"/> Reputation | Open<br>Averse/Minimalist X<br>Cautious/Open<br>Cautious/Open<br>Open<br>Cautious/Open | Compliance with legislation<br>Mitigating inequalities | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision |

| <b>*Key Risk Impacts</b>  | <b>**Risk Appetite</b> | <b>Comments</b>   |
|---|------------------------|---|
| Impact on the Delivery of Strategic Objectives                    | Open                   | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Compliance with legislation                            | Averse/Minimalist      | We will not break the law but may take some small, considered risks in the application of untested legislation.   |
| Impacts on Governance arrangements                                | Cautious/Open          | We may take some risks in relation to our internal governance arrangements if this will provide a benefit.  |
| Impacts on Quality of Care  | Cautious/Open          | We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.                      |
| Impacts on resources, including financial and workforce resources | Open                   | We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.  |
| Impacts on Reputation   | Cautious/Open          | We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain. |

| WHERE ARE WE NOW?<br><i>What do we have in place now that we can evidence</i>  |   | WHAT ARE WE ACTIVELY WORKING ON/NEXT STEPS?<br><i>Includes details from: Delivery Plans, Management of Strategic Risk Actions, and Audit Recommendations.</i>  |            |                           |   |                          |                      |
|--|---|--|------------|---------------------------|---|--------------------------|----------------------|
| BEST VALUE FRAMEWORK KEY AREAS<br><i>(Includes alignment of the Ministerial Strategic Group proposals for improvement of integration)</i>  | CURRENT EVIDENCE  | WORK ACTIVITY  | DUE DATE   | RAG STATUS                | SLT LEAD                                    | Strategic Risk Reference | Audit Recommendation |
| <b>Management of Resources</b>   |   |  |            |                           |   |                          |                      |
| <b>Financial assurance and monitoring of IJB budget resources, medium term financial planning, workforce planning.</b><br><br><b>Supporting Ministerial Strategic Group proposals for Integrated finances and financial planning</b> | <p>The Medium-Term Financial Strategy (MTFS) is refreshed on an annual basis taking cognisance of any external factors and influences such as cost of living, and funding increase/decrease from both Fife partners and Scottish Government.</p>  | <p>Discussions ongoing re operational responsibility for financial information with good progress being made.</p> <p>Robust scrutiny around the business case deliverables to ensure savings will be generated to close the budget gap is ongoing.</p> <p>Benefits tracking in relation to all other savings will continue to March 2026, on a weekly basis</p> <p>An escalation tool has been developed to address the volatile areas of spend</p>  | March 2026 | On track                  | Chief Finance Officer                       | Finance - Risk 3         | F06/25 ICE 2024-25 6 |
|  | <p>The Medium Term Financial Strategy 2025 - 2028 was submitted to the Integration Joint Board (IJB) on 26th March 2025 with the Budget paper.</p> <p>A one-year budget aligned to the Medium-Term Financial Strategy was approved by the IJB at the meeting on 26 March 2025.</p>  | <p>The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland.</p> <p>This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife until national reforms are clarified.</p> <p>Despite this, strong collaboration continues amongst NHS Fife, Fife Council and Fife Health and Social Care Partnership, particularly in areas such as unscheduled care, capacity and patient flow.</p> <p>The Care Reform (Scotland) Bill was approved by the Scottish Parliament in June 2025 and became the Care Reform (Scotland) Act in July 2025</p>   | March 2026 | Not currently progressing | Chief Finance Officer                       |                          |                      |
|  | <p>The Acute Set Aside services budget was delegated to the IJB but remains operationally managed by NHS Fife. Although there was an overspend of £7.354m on these services, the additional cost was absorbed by the Health Board. As a result, the IJB's financial responsibility remained at the budgeted £58.672m, achieving a break-even position for set aside services</p>  |  |            |                           |   |                          |                      |
|  | <p>Workforce Strategy and Action 2022 – 2025 was designed in alignment with Scottish Government's National Workforce Strategy using the 'Five Pillars'.</p> <p>Year 2 Annual Report 2023-2024 and Year 3 Workforce Action Plan 2024-2025 approved by the IJB in December 2024 - This highlighted:</p> <p>Delivery of innovative initiatives under each of the 5 strategic pillars within the Scottish Governments National Workforce Strategy.</p> <p>Establishment of a robust planning framework aligned to service priorities and performance reporting to IJB, Committees and Local Partnership Forum over the duration of the Workforce Strategy 2022-25.</p> <p>Strong cross-sector collaboration via the Workforce Strategy Group, comprising NHS Fife, Fife Council, Fife College, Trade Unions, Staff-side Leaders and Third/Independent Sector representatives.</p> <p>81% of 48 actions were completed on time. Key wins included £200k+ secured for upskilling, major legislative changes delivered, and stronger recruitment partnerships. Cross-sector collaboration deepened through the Workforce Strategy Group, building on Fife Care Academy.</p> <p>The Year 1 delivery of the 2024–2027 EDI Action Plan strengthened inclusive culture foundations through improved governance, new engagement mechanisms, reverse mentoring, neurodiversity forums, targeted awareness campaigns, published resources, and workforce insights gathered from surveys and lived experience feedback.</p> <p>An Interim One-Year Workforce Plan was submitted to Scottish Government in March 2025 using the 'Annex A' Template as required.</p> | <p>In response to evolving national workforce and financial challenges, the Scottish Government has revised planning requirements. From 2025, HSCP's are no longer required to submit three year workforce strategies. Instead, annual delivery plans will focus on the HSCP Strategic Plan and the emphasis on utilising locality strategic needs assessment data.</p> <p>Year 3 Action Plan was completed and endorsed at the IJB in November 2025. This plan with accompanying annual report was progressed through SLT, LPF, Q&amp;C, SPG, FPS and IJB throughout October and November where the papers were scrutinised and supported by all.</p> <p>The Workforce Action Plan for 2026-27 will be developed following the publication of the HSCP Strategic Plan 2026-2029 and associated Locality Delivery Plans. This will be aligned to our strategic direction and ensure workforce priorities promote the successful delivery of the Strategic Plan, using FIT model to capture innovative, non-business-as-usual priorities. It will be presented to the IJB in May 2026.</p> <p>The Year One Equality, Diversity &amp; Inclusion Action Plan 2024-25 was completed and endorsed by the IJB in November 2025 having gone through all Committees, LPF and SLT for scrutiny and support prior. In the Year Two Plan 2025-26 we are working on:</p> <ul style="list-style-type: none"> <li>• Embedding and learning from successful EDI initiatives, including the Partnership Equality Network (PEN) and the Reverse Mentoring Pilot</li> <li>• Progressing Year 2 objectives of the EDI Action Plan, including expanding learning opportunities, and strengthening inclusive leadership capability</li> </ul> | May 2026   | On track                  | Head of Culture, Engagement and Communities | Workforce - Risk 7       |                      |

| Effective Leadership and Strategic Direction   |  |  |            |          |   |  |          |
|--|--|--|------------|----------|---|--|----------|
| <p><b>Commitment to delivering integration among Board members and senior managers through IJB Strategic Plan.</b></p> <p><b>Supporting Ministerial Strategic Group proposals for Collaborative leadership and building relationships and Effective strategic planning for improvement</b></p> | <p>The Partnership's Strategic Planning Group (SPG) was re-established in July 2022. The SPG reports into the Senior Leadership Team (SLT) on a regular basis. A Work Plan is in place and significant work has been undertaken to give updates using flash reports on progress of strategies etc.</p>   | <p>The SPG will continue to monitor progress and performance of the strategies and associated Delivery Plans.</p> <p>Annual Reports will be progressed through the IJB committees. The refreshed Strategic Plan for 2026/2029 is under development and due to go out to consultation in December 2025</p>  | March 2026 | On track | Head of Strategic Planning and Performance  | Strategic Planning - Risk 9                      | F05/22 1 |
|  | <p>The Strategic Plan 2023 - 2026 was finalised and approved by the IJB on 27th January 2023 along with an annual Delivery Plan which ensures that the priorities set are monitored and reported to relevant IJB committees. An easy read version of the Strategic Plan is available online.</p> <p>There is also a Transformation Plan and PMO (Programme Management Office) reporting on priorities including savings proposals.</p>   | <p>The SPG will continue to monitor progress and performance of the strategies and associated Delivery Plans.</p> <p>Annual Reports will be progressed through the IJB committees. The refreshed Strategic Plan for 2026/2029 is under development and due to go out to consultation in December 2025</p>  | March 2026 | On track | Head of Strategic Planning and Performance  | Strategic Planning - Risk 9                      | F05/22 1 |
|  | <p>The Annual Performance Report 2024 - 2025 was approved by the IJB on 30th July 2025. This is available online together with an easy read version</p>  | N/A  | N/A        |          | Head of Strategic Planning and Performance  | Demographic/Changing Landscape Impacts - Risk 19 |          |
|  | <p>Since 2021 we've delivered regular Extended Leadership Team (ELT) and, from 2023, Integrated Leadership Team (ILT) development sessions—shifting from online to in person—and designed and delivered system leadership programmes now in their 3rd ILT and 2nd ELT cohorts to strengthen collaboration and effective Partnership working.</p>   | <p>In 2026-27, we will deliver further cohorts of the ELT &amp; ILT Leadership Programmes. We will continue to deliver our Coach Approach Training, ELT &amp; ILT Development Sessions, Team Developments Sessions, and support to Integrate Further in support of our Strategic Plan delivery.</p>  | March 2027 | On track | Head of Culture, Engagement and Communities |  |          |
| Performance Management   |  |  |            |          |   |  |          |
| <p><b>Regular reporting and scrutiny of IJB performance, achievement against Health and Social Care outcomes and progressing integration.</b></p> <p><b>Supporting Ministerial Strategic Group proposals for Effective Strategic Planning for improvement</b></p>                              | <p>Meetings held with the NHS Chief Operating Officer and Team with Partnership senior staff on a regular basis, work to support joint performance reporting is underway.</p>  | <p>Discussion/meetings progressed as/when required.</p>  | March 2026 | On track | SLT   |  |          |
|  | <p>Quarterly tripartite meetings including the Director of HSCP and both Chief Executive Officer's are scheduled where progress of the Partnership is a significant standing agenda item.</p> <p>A refreshed Performance Approach has been developed and was agreed by the IJB in September 2025.</p> <p>Performance and the performance framework have been topics covered at both committee and IJB Development Sessions.</p> <p>Performance is reported regularly to Committee and the IJB</p>  | <p>Implementation of the refreshed performance approach is continuing. This focuses on making better and more efficient use of our significant data assets to underpin service improvement and also more clearly links strategies to actions and the required impact, regularly reporting on progress.</p>   | March 2026 | On track | SLT   |  |          |
| Joint Working with Partners  |  |  |            |          |   |  |          |
| <p><b>Demonstration of effective approach to joint working with partners to progress integration through Fife Health and Social Care Delivery Plan.</b></p> <p><b>Supporting Ministerial Strategic Group proposals for Information sharing in relation to frameworks and good practice</b></p> | <p>A multi-agency Working Group was established in February 2023 to support implementation of the Armed Forces Covenant across the Fife partner agencies, and to increase compliance with the Armed Forces Covenant Duty (a statutory requirement under the Armed Forces Act 2021).</p> <p>The AFC Working Group have developed training materials for employees, created a directory of local services in the national Forces Connect App, and published information/support pages on the Partnership's website.</p> <p>Fife Council and NHS Fife have both achieved the Gold award in the MOD's Defence Employer Recognition Scheme.</p> | <p>The Armed Forces Covenant Working Group will continue to provide integrated, multi-agency support for the Armed Forces Community. The Working Group provides annual progress reports to the Integration Joint Board:</p> <ul style="list-style-type: none"> <li>• Annual Report - November 2023</li> <li>• Annual Report - December 2024</li> <li>• Annual Report - January 2026 (covers activities during 2025).</li> </ul> <p>These reports also include a summary of the activities planned over the following year.</p> | March 2026 | On track | Head of Complex and Critical Care Services  | Clinical and Care Governance - Risk 11           |          |
|  | <p>An additional deep dive into the specific recommendations of the Reimagining the Third Sector Programme was completed by December 2024.</p>   | <p>Further work is being undertaken to:</p> <ul style="list-style-type: none"> <li>Review the SLA, and links to the strategic priorities</li> <li>Review of underspends and recovery of funds (i.e funded vacant posts)</li> <li>Review of the reserves</li> </ul> <p>This is now incorporated as "business as usual" going forward</p>  | March 2026 | On track | Chief Finance Officer                       | Contractual/Market Capacity - Risk 21            |          |

|  |  |   |               |          |  |  |          |
|--|--|---|---------------|----------|--|--|----------|
|  | The Care at Home Collaborative continues to thrive as a partnership of Independent and Third sector organisations supported by the Fife HSCP and Scottish Care. Throughout 2024 and into 2025 the Collaborative has maintained high levels of participation and engagement. The Group covers a broad agenda that aligns to the strategic priorities of the IJB and has a 3 year strategy in place<br><br>Events were held in March and July 2024 in Leven and Kirkcaldy with a variety of topics including GIRFE and Cyber security  | The Care at Home Collaborative continues to develop in line with the 3 year strategy.   | March 2027    | On track | Chief Finance Officer                          | Contractual/Market Capacity - Risk 21            |          |
|  | The Care Home Collaborative is structured to represent the best interests of the Fife HSCP, Fife Care Home providers and the people of Fife. A Care Home Collaborative Strategy has been agreed to 2027. 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 Care Home Collaborative continues to develop in line with the 3 year strategy   | March 2027    | On track | Chief Finance Officer                          | Contractual/Market Capacity - Risk 21            | F04/23 4 |
|  | The Commissioning Strategy 2023 - 2026 was approved by the IJB on 26th May 2023. This included a Market Facilitation and Delivery Plan.  | The Annual Report for the Commissioning Strategy was presented to the IJB in July 2025. This highlighted progress with delivery of key actions within the year 1 and year 2 delivery plans.   | March 2026    | On track | Chief Finance Officer                          | Contractual/Market Capacity - Risk 21            |          |
|  | The Prevention and Early Intervention Strategy 2024 - 2027 was approved by the IJB in September 2024. The strategy included a delivery plan over the three years of work, a risk register and an Equality Impact Assessment.   | Work is continuing to deliver the strategy with regular updates provided to the Strategic Planning Group and IJB  | March 2027    | On track | Head of Primary and Preventative Care Services | Demographic/Changing Landscape Impacts - Risk 19 |          |
|  | The Primary Care Strategy was approved by the IJB on 28th July 2023. The annual report for 23/24 was presented to the IJB in September 2024 and the report for 24/25 was presented in November 2025  | The strategy is now in year 3 of implementation with progress being overseen by the Primary Care Governance and Strategy Oversight Group and reported through the NHS Fife and IJB Governance routes  | March 2026    | On track | Head of Primary and Preventative Care Services | Primary Care Services - Risk 26                  |          |
| <b>Service Review/Continuous Improvement</b>   |  |   |               |          |  |  |          |
| <i>Regular reviews of service activity and scope for integration through projects such as Frailty Programme and Mental Health redesign.</i>                                  | The Advocacy Strategy 2023 - 2026 was originally approved by the IJB on 26th May 2023. A summary version (Sway) and an easy read version are also available online. A new Advocacy Contract was awarded in Jan 2024  | The Annual Advocacy Report is progressing through the Governance Structure and highlights progress with the delivery plan since the strategy was approved. This was submitted to the IJB in November 2025   | December 2025 | Complete | Principal Social Work Officer                  | Clinical and Care Governance - Risk 11           |          |
| <i>Supporting Ministerial Strategic Group proposals for Effective strategic planning for improvement and information sharing in relation to frameworks and good practice</i> | The Alcohol and Drug Partnership Strategy for 2024-2027 was approved by the IJB in March 2024. The Alcohol and Drug Partnership Annual Report for 2023/24 was approved by the IJB at its meeting of 26 July 2024. A survey was carried out at this time and submitted to Scottish Government. This provided a checklist of work undertaken in the previous year to improve function and governance, availability of services/interventions and detail on broader themes such as lived/living experience and stigma. Improvements on the Medication Assisted Treatment (MAT) standards were also highlighted in the report.   | Work continues on implementing the Alcohol and Drug Partnership Strategy with regular reporting through the ADP and IJB Governance routes   | March 2027    | On track | Head of Complex and Critical Care Services     | Clinical and Care Governance - Risk 11           |          |
|  | The Carers Strategy 2023 to 2026 was approved by Fife Integration Joint Board in July 2023. The Strategy and supporting Delivery Plan were developed in consultation with unpaid carers across Fife, voluntary sector partners, and colleagues across the Health and Social Care Partnership. Additional resource provided in the Social Work teams to reach out to unpaid carers has resulted in an increase in Carer Support Plans completed throughout 2024/25. The Supporting Carers Framework, setting eligibility criteria in line Scottish Government guidance and aligned to the HSCP Supporting People Framework, was approved by the IJB in March 2025. The Carers Community Chest supported 54 projects over 2024/25 with £400,000 of funding in total. | Ongoing delivery of the Carers Strategy continues to be monitored through the Annual Carers Survey, performance reporting to the Strategic Planning Group, active contract management for all commissioned partners, and internal quality checks. The Carers Strategy Annual Report 2024-25 was endorsed by the IJB in September 2025. A third round of the Carers Community Chest Fund opened in November 2025. 74 applications have been received (including 42 first time bids) requesting £530,167 against a £350,000 budget, with 26 seeking the full potential amount of £10,000, and decisions will be made by the panel in March 2026 for the 2026/27 year. A full review of all externally commissioned Carers Act-funded services was completed in January 2026 to ensure appropriate use of funds, realign services, and confirm value for money, to inform 2026/27 investment, followed by a similar review of internally funded services in 2026/27 as we look to ensure our commissioning of Carers Services aligns with both our Strategic Plan and the revised Carers Strategy, which will be presented to the IJB in July 2026, for the 3-year period to 2029. | March 2027    | On track | Head of Culture, Engagement and Communities    |  |          |
|  | Continued development of the refreshed Mental Health Strategy  | The Strategy was approved by the IJB on 29 September 2025. Work on delivery is now continuing throughout the year with progress being reported to the Strategic Planning Group  | March 2026    | On track | Head of Complex and Critical Care Services     |  |          |

|   |  |  |            |            |  |  |  |                      |
|---|--|--|------------|------------|--|--|--|----------------------|
|   | A new Digital Strategy was approved by the IJB in May 2024.<br><br>The Home Care Associated Services Team have been awarded the Gold Level One Digital telecare Implementation Award in recognition of the progress that has been made on the analogue to digital transition project.  | Work on progress with the delivery of the digital strategy will be reported through the Strategic Planning Group   | March 2027 | On track   | Chief Finance Officer                          | Information Governance and Digital Transformation - Risk 1                             | F06/25 ICE 2024-25 9                         |                      |
|   | Programme Management Office - significant work has been carried out by the PMO with regular reports to the IJB on progress.  |  | March 2027 | On track   | Head Of Strategic Planning and Performance     | Transformation/Change - Risk 20  |  |                      |
|   | The Fife Immunisation Strategic Framework for 2024-27 was presented to the IJB in January 2025 where priorities were outlined and Directions to NHS Fife were approved   | Progress with the Framework will continue to be reviewed and monitored throughout the duration of the Framework  | March 2027 | On track   | Head of Primary and Preventative Care Services |  |  |                      |
|   | An update on Creating Hope for Fife: Fife's Suicide Prevention Action Plan was provided to the IJB in July 2024. This work links to a number of key strategies, including the Mental Health Strategy and the Prevention and Early Intervention Strategy  | The action plan will continue to be monitored through the Fife Mental Health Strategy Implementation Group and HSCP Governance structures  | March 2026 | On track   | Head of Primary and Preventative Care Services |  |  |                      |
| <b>Governance and Accountability</b>  |  |  |            |            |  |  |  |                      |
| <b>Demonstration through public performance information such as Annual Accounts, Governance Statement and Annual Performance Report.</b><br><br><b>Supporting Ministerial Strategic Group proposals for Collective understanding of governance and accountability</b> | The Scheme of Delegation was reviewed and updated in September 2024 and the Publication Scheme was updated in April 2024   | A further update of the Publication Scheme will take place in 2025/26  | March 2026 | On track   | Chief Finance Officer                          | Governance - Risk 24   |  |                      |
|   | Areas for improvement highlighted as complete within the Annual Governance Statement (Published as part of the Annual Accounts 2024/25) include:<br>An escalation tool has been developed to enable informed decision making and highlight areas where budget is likely to be exceeded. Weekly Progress Update Meetings have been implemented to provide regular updates on delivery of savings.<br>Work has progressed to produce management information to allow effective decision making aligned to the actions of budget holders.<br>There is an increased frequency of meetings with partners to ensure there is mutual understanding and consistency of financial practice.<br>Directions was the focus of an IJB session in February 2025 which provided an opportunity for members to gain a collective understanding of the issuing and monitoring of Directions. The revised Directions Policy had been approved by the IJB in May 2024. A report on the current status of Directions is now presented to the Audit and Assurance Committee and the IJB on a quarterly basis<br>The roll out of Liquidlogic has now enabled the reconciliation of the Social care/work system to the financial ledger | Completion of key actions for 2025-2026 from the Annual Governance Statement including:<br>• Review of Code of Corporate Governance Manual.<br>• Review approach to strategic planning process for 2026 onwards including annual reporting<br>• Implementation of the budget escalation tool to enhance financial budgetary controls to allow early reporting to partners<br>• Continuation of review of all strategies supporting the Strategic Plan.<br>• Revised reporting Committee Template (SBAR) to include impacts and implications to enable informed decision making. This will incorporate risk appetite<br>• Progress draft Clinical and Care Governance Strategic Framework for approval.<br>• Implement a reporting Framework on effectiveness of partner bodies arrangements for counter fraud and corruption.<br>Continuous review of Committee and IJB Workplans to ensure alignment with Terms of Reference and remit as per Integration Scheme. | March 2026 | On track   | Chief Finance Officer                          | Governance - Risk 24   | F06/25 ICE 2024-25 1<br>F06/25 ICE 2024-25 2 |                      |
|   | A new governance meeting structure has been implemented with all Terms of Reference agreed.<br><br>A new meeting structure has been established with incorporates meetings with Chair and Vice Chair of IJB meeting both CEO.  | N/A  | N/A        | N/A        |  | Director of Health and Social Care   | Governance - Risk 24                         |                      |
|   | Refresh of Clinical and Care Governance (Quality and Communities) Framework - A Short Life Working Group was convened to refresh the overall Clinical Governance Framework and associated reporting structures and processes and this is now in draft format and will be progressed with partners for final sign off   | Work is underway to progress the Clinical and Care Governance (Quality and Communities) Framework with partners<br>Progressing refreshed arrangements for greater scrutiny of social work and social care governance by the CSWO across Fife Council and the HSCP  |            | March 2026 | On track                                       | Deputy Medical Director/Associate Director of Nursing<br>Principal Social Work Officer | Clinical and Care Governance - Risk 11       | F06/25 ICE 2024-25 8 |

| Engagement with Community  |   |  |            |          |   |  |  |
|--|---|--|------------|----------|---|--|--|
| <p><i>Regular engagement and consultation with stakeholders through Locality Planning Groups and Strategic Plan consultation.</i></p> <p><i>Supporting Ministerial Strategic Group proposals for Meaningful engagement of communities supporting people and carers</i></p> | <p>The Participation and Engagement Strategy 2022 - 2025 was approved by the IJB on 25th July 2022.</p> <p>Development of the Carers Forum, led by Fife Carers Centre, progressed during 2024/25.</p> <p>Additionally, the Carers Providers Forum, led by Fife Voluntary Action, also progressed during 2024/25.</p> <p>In 2024 we introduced the annual carers experience survey and benefitted from 237 responses in the first year.</p> <p>The first meeting of the Fife Wide Public Engagement Forum took place on 29 October 2024 and continued throughout 2025 with sessions focusing on ensuring the voice of Fife's people was helping to shape our strategic priorities in the refreshed plan.</p> <p>The Strategy supports the vision that the Partnership's strategies and transformation programmes are underpinned by the needs of the individuals who access health and social care services.</p> <p>Fife Health and Social Care Partnership (HSCP) undertook a wide range of engagement activities to inform service development, strategy refinement, and policy implementation. A total of 12 projects were delivered, engaging 2,970 individuals, of whom 532 (18%) identified as unpaid carers. These activities included 61 engagement sessions (25% online, 75% face-to-face), with 355 people attending, and 2,615 survey</p> | <p>Feedback from the Carers Forum continues to be incorporated into our future planning activities. A summit meeting covering all Forums for Carers leads took place to ensure that the Carer engagement landscape was mapped and continues to meet our need to connect with carers, providers, and key stakeholders, e.g. the IJB Carer Representative.</p> <p>The annual carers experience survey 2025 has recently closed with a total of 438 responses and results will be closely scrutinised to inform the next carers strategy.</p> <p>The next strategy will be developed in early 2026 using existing insights, light engagement, and external research, and presented to the IJB in July 2026 with three year investment recommendations aligned to carers' priorities and the Carers (Scotland) Act 2016.</p>   | July 2026  | On track | Head of Culture, Engagement and Communities |  |  |
|  | <p>A Community Led Support Services (CLSS) Progress Report for 23/24 was presented to the IJB in July 2024. This highlighted that the CLSS Model, together with the supporting HSCP strategies seeks to support people to develop and maintain the knowledge to manage their own health conditions, make positive choices and lead healthier lives. The report notes the increased engagement and impact of key services, including The Well, Link Life Fife and the Macmillan Improving the Cancer Journey. Monitoring and evaluation of CLSS was completed using the CollaboRATE tool presented by Edinburgh Napier University</p>  | <p>A further progress report for 24/25 was presented to the IJB in September 2025. This provided assurance that the HSCP is continuing to develop services and measure the impact of the Community Led Support Service. It also highlighted rising demand through increased referrals and engagement and the challenges with ongoing reliance on temporary funding to sustain delivery. Looking forward focus will be on the following:</p> <ul style="list-style-type: none"> <li>The need to standardise assessment frameworks to enhance data quality, streamline referrals and improve outcome tracking</li> <li>Widening the reach to all long-term conditions</li> <li>Creating agile working across the service to support evolving service demands, responsiveness, continuity and resilience across localities</li> </ul> <p>Feedback from over 2,700 people across multiple projects shaped strategy, service design, digital priorities, care accessibility, and future health and social care frameworks in Fife.</p> <p>Fife HSCP delivered 12 engagement projects involving 2,970 people (including 532 unpaid carers) through sessions and surveys to inform service development, strategy refinement, and policy implementation.</p> | March 2026 | On track | Head of Culture, Engagement and Communities |  |  |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                           |                                     |              |                             |
|---------------------------|-------------------------------------|--------------|-----------------------------|
| <b>Meeting:</b>           | Integration Joint Board             | <b>Date:</b> | 25 <sup>th</sup> March 2026 |
| <b>Report Title:</b>      | Performance Report – February 2026  |              |                             |
| <b>Agenda Item No:</b>    | 9.4                                 |              |                             |
| <b>Responsible Owner:</b> | Vanessa Salmond                     |              |                             |
| <b>Report Author:</b>     | William Penrice and Donna Mathieson |              |                             |

## Executive Summary

This is the February HSCP Performance Report with summaries of performance of all high-level indicators and detail of those receiving additional support through the escalation process. There are currently 6 indicators escalated by Senior Leadership Team undergoing a deeper dive.

This report has been abridged to reduce the volume of information presented following discussion the IJB Development Session held in February 2026.

## Recommendations

This paper is presented to the Integration Joint Board to:

|   |                                     |   |
|---|-------------------------------------|---|
| Seek a Decision<br><b>Risk Appetite Section<br/>MUST be completed</b> | <input checked="" type="checkbox"/> | Agree the 6 current escalations and change to key performance indicators. |
| Provide Assurance   | <input checked="" type="checkbox"/> | Provide assurance regarding progress of key HSCP performance metrics      |
| For Discussion  | <input checked="" type="checkbox"/> | To discuss content of the February HSCP Performance Report                |

## Directions

No Direction Required



## Situation/Background (Purpose of Report)

This paper introduces the February HSCP Performance Report which covers high level key performance indicators from across HSCP.

In some areas, further work continues with services to devise meaningful and realistic indicators, benchmarking and targets. We continue to review indicators as the report beds in and the recommendations section reflects this approach to improving the reports usefulness.

## Assessment (Key Points/Issues and Risks)

Collecting narratives and SMART Improvement actions for the SLT performance indicators continues alongside work to improve the quality of the submissions.

Next steps would be to continue developing the report, reviewing the performance indicators in light of using them, and developing targets and benchmarks.

## Related Documents/Appendices

- HSCP Performance Report – February 2026

## Assurance Levels

| Level:  | Descriptor:  |
|---|--|
| Moderate<br><input checked="" type="checkbox"/> | The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position. |

## Reporting

This report was **previously** considered by the following Groups/Committees **on route** to this meeting and **will be considered** by the following Groups/Committees **following** this meeting.

|  | Route To                            | Following                           | Date       | Amendments to report following meeting |                                     |                       |
|--|-------------------------------------|-------------------------------------|------------|--|-------------------------------------|-----------------------|
|  |                                     |                                     |            | Yes                                    | No                                  | Summary of amendments |
| <b>HSCP/IJB</b>                        |                                     |                                     |            |  |                                     |                       |
| Senior Leadership Team (SLT)           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 28/02/2026 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> |                       |
| Local Partnership Forum (LPF)          | <input type="checkbox"/>            | <input type="checkbox"/>            |            | <input type="checkbox"/>               | <input type="checkbox"/>            |                       |
| Strategic Planning Group (SPG)         | <input type="checkbox"/>            | <input type="checkbox"/>            |            | <input type="checkbox"/>               | <input type="checkbox"/>            |                       |
| Audit & Assurance (A&A)                | <input type="checkbox"/>            | <input type="checkbox"/>            |            | <input type="checkbox"/>               | <input type="checkbox"/>            |                       |
| Quality & Communities (QCC)            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 04/03/2026 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> |                       |
| Finance, Performance & Scrutiny (FP&S) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11/03/2026 | <input type="checkbox"/>               | <input checked="" type="checkbox"/> |                       |
| Integration Joint Board (IJB)          |                                     | <input checked="" type="checkbox"/> |            |  |                                     |                       |

## Implications/Impacts

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

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| <b>Performance</b>  | <input checked="" type="checkbox"/> | Further flash reports and drill down on indicators may be required. |   |
| <b>Equalities and Human Rights, including children's rights and health inequalities</b> | <input checked="" type="checkbox"/> | No Impact/Not Required  | <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i> |

# Fife Health & Social Care Partnership



Supporting the people of Fife together

## Performance Report

February 2026

Strategic Planning and Performance



## Purpose of the Report

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

This version is abridged at the request of Finance, Performance & Scrutiny Committee. The focus is on the performance summary and detail of KPIs which are currently receiving additional support (escalated) in appendix 1.

## Executive Summary

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

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

There are no new indicators recommended for escalation this period.

## Performance Summary

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

Where indicated as escalated, more detail is provided in Appendix 1

| ID | Performance Indicator  | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend | RAG Status | Escalation |
|----|--|------------|----------------|--------|-----------|---------------|-----------|-------------|-------|------------|------------|
|    | Assessment Beds - Average Length of stay upon discharge (days)                           | No         | 42             | -      | 39        | M             | Dec-25    | Same        |       |            |            |
|    | STAR Beds - Length of stay upon discharge (days)   | No         | 42             | -      | 46        | M             | Dec-25    | Improving   |       |            |            |
|    | START - Length of stay upon discharge (days)   | No         | 42             | -      | 49        | M             | Dec-25    | Improving   |       |            |            |
|    | Nursing & Residential Long Term Care Population  | Yes        | -              | -      | 2465      | M             | Dec-25    | Same        |       |            | Yes        |
|    | LGBF - % of people 65+ with long-term care needs who are receiving personal care at home | No         | -              | 62.6   | 62.8      | A             | 2023/24   | -           | -     | -          |            |
|    | Demand for new Care at Home Services - No. Waiting                                       | No         | -              | -      | 234       | M             | Dec-25    | Declining   |       |            | Yes        |
|    | Demand for new Care at Home Services - No. hrs   | Yes        | -              | -      | 1621      | M             | Dec-25    | Declining   |       |            |            |
|    | Weekly Hrs Externally Commissioned Care at Home - Older People                           | Yes        | -              | -      | 18755     | M             | Dec-25    | Same        |       |            |            |
|    | Weekly Hrs Care at Home Internal Services  | Yes        | -              | -      | 11284     | M             | Dec-25    | Same        |       |            |            |

| ID | Performance Indicator   | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | RAG Status | Escalation |
|----|---|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|------------|
|    | Weekly Hrs Externally Commissioned Care at Home - Adults  | (T) (B)    | No             | -      | -         | 3672          | M         | Dec-25      | Improving |            |            |
|    | Weekly Hrs Externally Commissioned - Supported Living   | (T) (B)    | No             | -      | -         | 37321         | M         | Dec-25      | Same      |            |            |
|    | Acute/Community Delayed Discharges (Bed Days Lost Avg per day)  | (B)        | No             | 47     | -         | 62.9          | M         | Dec-25      | Same      |            | Yes        |
|    | Mental Health Delayed Discharges (Bed Days Lost Avg per day)  | (B)        | No             | 5      | -         | 12.8          | M         | Dec-25      | Declining |            |            |
|    | LGBF - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) | (T)        | Yes            | -      | 925       | 696           | A         | 2024/25     | -         | -          |            |
|    | CAMHS Waiting Time  | Yes        | No             | 90     | 91.5      | 100.0         | M         | Dec-25      | Same      |            |            |
|    | Psychological Therapies Waiting Time  | Yes        | No             | 73     | 80.7      | 87.2          | M         | Dec-25      | Improving |            | Yes        |
|    | Mental Health Readmissions (28days) - 3Mth Avg  | (B)        | No             | 5      | -         | 4             | M         | Aug-25      | Same      |            |            |
|    | LGBF - Rate of readmission to hospital within 28 days per 1,000 discharges                                      | (T)        | No             | -      | 102.8     | 121.8         | A         | 2024/25     | -         | -          |            |
|    | Smoking Cessation - % Achieved (Most Deprived 40% SIMD)   | Yes        | No             | 100    | 76.2      | 82.2          | M         | Sep-25      | Declining |            | Yes        |
|    | Drug & Alcohol Treatment Waiting Times  | Yes        | No             | 90     | 94.7      | 96.1          | Q         | Sep-25      | Same      |            |            |
|    | Childhood Immunisation (6in1) by 12 Mths  | Yes        | No             | 95     | 94.3      | 93.2          | Q         | Sep-25      | Declining |            |            |
|    | Childhood Immunisation (MMR2) by 5 Yrs  | Yes        | Yes            | 92     | 90.6      | 88.1          | Q         | Sep-25      | Same      |            | Yes        |
|    | Infant Feeding 6-8week review   | Yes        | No             | 33     | 36.7      | 33.5          | M         | Sep-25      | Improving |            |            |
|    | Developmental Concerns 27-30 months   | Yes        | Yes            | 15     | 16.8      | 18            | Q         | Jun-25      | Declining |            |            |
|    | % of GP Practices managed as a Board Managed 2C Practice  | (T) (B)    | No             | -      | -         | 2.0           | M         | Nov-25      | Same      |            |            |
|    | % of Population Registered with an NHS Dentist  | (T)        | Yes            | -      | 96.1      | 84.3          | Q         | Sep-25      | Same      |            |            |
|    | % of registered Dental Patients Participating (Contact within 2 years)  | (T)        | No             | -      | 61.7      | 65.1          | Q         | Sep-25      | Improving |            |            |
|    | OOH Emergency Dental Service (EDS) Appointments. (Sat/Sun, 3hr sessions)  | (T) (B)    | No             | -      | -         | 202           | M         | Oct-25      | Same      |            |            |
|    | Number of Active pharmacy applications  | (T) (B)    | No             | -      | -         | 0             | M         | Oct-25      | Same      |            |            |
|    | Number of practices providing Community Glaucoma Service  | (T) (B)    | No             | -      | -         | 43            | M         | Oct-25      | Same      |            |            |
|    | Care experienced children with a health needs assessment within 28 days   | (B)        | No             | 100    | -         | 100           | M         | Aug-25      | Same      |            | No         |

| ID | Performance Indicator  | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | RAG Status | Escalation |
|----|--|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|------------|
|    | Number of SW Critical Cases started within 5 days from point of referral | (T) (B)    | No             | -      | -         | 49            | M         | Oct-25      | Same      |            |            |
|    | No of ASP IRDs completed within 5 days from point of screening           | (T) (B)    | No             | -      | -         | 14            | M         | Sep-25      | Same      |            |            |
|    | Waiting time for double up package of care (community) days              | (T) (B)    | No             | -      | -         | 54.0          | M         | Oct-25      | Declining |            |            |
|    | Average waiting time for assessment of need (POSA) (critical level)      | (B)        | No             | 42     | -         | 92            | M         | Oct-25      | Declining |            |            |

| ID | Quality Indicator  | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | RAG Status | Escalation |
|----|--|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|------------|
|    | Falls with Harm (Rate per 1000 OBD Monthly)                        | (B)        | No             | 1.38   | -         | 1.81          | M         | Dec-25      | Improving |            |            |
|    | Incidents of TV (Rate per 1000 OBD Monthly)                        | (B)        | No             | 0.89   | -         | 0.51          | M         | Dec-25      | Improving |            |            |
|    | Mental Health Indicators - Ligature (Rate per 1000 OBD)            | (B)        | Yes            | 0.76   | -         | 1.14          | M         | Dec-25      | Declining |            |            |
|    | Mental Health Indicators - Physical Violence (Rate per 1000 OBD)   | (B)        | Yes            | 7.04   | -         | 9.32          | M         | Dec-25      | Same      |            |            |
|    | Mental Health Indicators - Restraint (Rate per 1000 OBD)           | (B)        | No             | 6.44   | -         | 7.61          | M         | Dec-25      | Declining |            |            |
|    | Mental Health Indicators - Self Harm (Rate per 1000 OBD)           | (B)        | No             | 0.78   | -         | 0.76          | M         | Dec-25      | Same      |            |            |
|    | LGBF - Proportion of adult care services graded good or better     | (T)        | Yes            | -      | 81.9      | 73.5          | A         | 2024/25     | -         | -          |            |
|    | Complaints to H&SCP responded to within statutory target           | (B)        | No             | 80     | -         | 40            | M         | Sep-25      | Declining |            | Yes        |
|    | Compliments to H&SCP   | (T) (B)    | No             | -      | -         | 76            | M         | Sep-25      | -         | -          |            |
|    | Information Requests to H&SCP responded to within statutory target | (B)        | No             | 80     | -         | 77            | M         | Oct-25      | Same      |            |            |

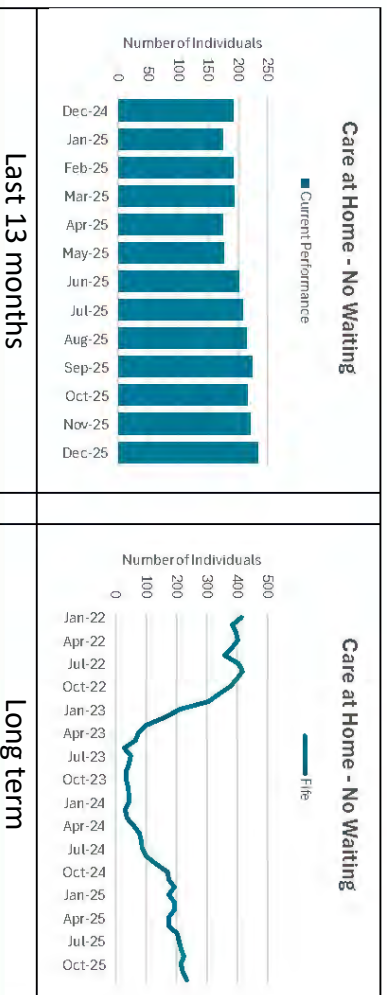
| ID | Workforce Indicator                          | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | RAG Status | Escalation |
|----|--|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|------------|
|    | H&SCP Staff Absence (Fife Council Employees) | (B)        | No             | 4      | -         | 10.5          | M         | Jun-25      | Improving |            |            |
|    | H&SCP Staff Absence (NHS Employees)          | (B)        | No             | 4      | -         | 8.8           | M         | Dec-25      | Declining |            |            |

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

# Appendix 1. Detailed Status of Escalated Indicators

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

| ID | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | Escalation |
|----|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|
|    |            | (7) (8)        | No     | -         | 234           | M         | Dec-25      | Declining | Yes        |



| Month   | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Waiting | 192    | 175    | 192    | 194    | 175    | 176    | 202    | 209    | 214    | 224    | 216    | 221    | 234    |

## Portfolio Comments on the Indicator

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

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

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

| Improvement Action  | Completion Date | Status   |
|---|-----------------|----------|
| A detailed review of demand and capacity across Care at Home, with options for bridging demand gap                | January 2026    | On track |
| Target work to relook at process and ongoing management of community list – collaborative approach between CAH/SW | March 2026      | On Track |
| Test of change within acute frailty unit – discharge to assess model “trusted assessor”.                          | April 2026      | On Track |

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

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

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

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

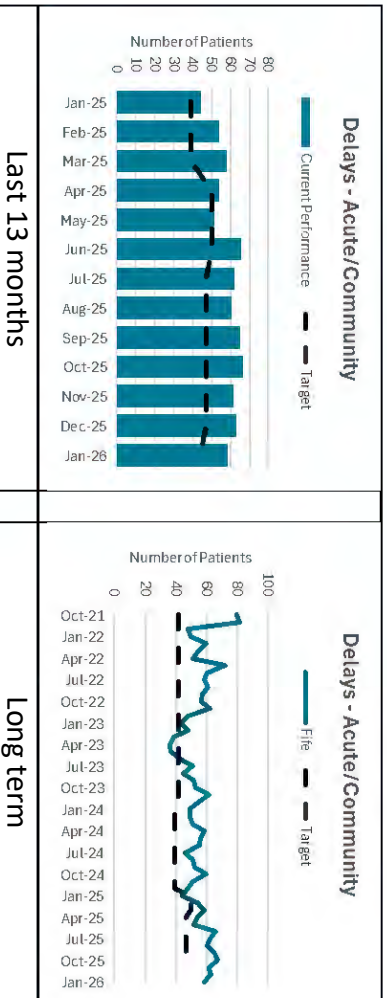
On going review and data collecting for both the AFU TOC and the ongoing collaborative work on community list.

**Delayed Discharges Bed Days Lost – Acute/Community**

**RAG**

|                    |   |  |  |  |  |  |
|--------------------|---|--|--|--|--|--|
| <b>Description</b> | The average number of bed days lost monthly attributed to patients in delay within an Acute/Community hospital setting. |  |  |  |  |  |
| <b>Lead</b>        | Chris Conroy  |  |  |  |  |  |

| ID | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend  | Escalation |     |
|----|------------|----------------|--------|-----------|---------------|-----------|-------------|--------|------------|-----|
|    |            | (B)            | No     | 44        | -             | 58.5      | M           | Jan-26 | Improving  | Yes |



| Month           | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Acute/Community | 44.4   | 54     | 58.2   | 54.1   | 51.6   | 65.7   | 62.0   | 60.4   | 65.2   | 66.9   | 61.7   | 62.9   | 58.5   |

**Portfolio Comments on the Indicator**

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

NHS Fife and HSCP continue to embed the Discharge Without Delay (DWD) approach, promoting early discharge planning, MDT collaboration, and person-centred transitions. Daily community verification meetings provide assurance across pathways. Commissioned audits are complete, with findings due at QMAG on 27 January. A test of change for a 7-day model in the acute frailty unit and Home First discharge will begin the week of 18 January, supported by QI methodology. Sustained reductions in delays since September indicate positive system change, and we anticipate further improvement in average delay length

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

| Improvement Action  | Completion Date | Status   |
|---|-----------------|----------|
| Conduct audit of discharge planning processes across Community Hospitals  | January 2026    | Complete |
| Review of existing double up POC - to see if they meet the criteria for SHC to create additional capacity                                   | January 2026    | Complete |
| Work with External providers/ commissioning - Targeting pressured areas around NEF  | January 2026    | Complete |
| Test enhanced DTA model of discharging from Acute Frailty for Single POC, with assessment at home only from Care at Home (trusted assessor) | January 2026    | Complete |

|   |               |          |
|---|---------------|----------|
| Increase SW capacity within VHK for earlier and more response assessment of need  | January 2026  | Complete |
| Introduce extended Fife wide 24/7 Care model  | February 2026 | Complete |
| Develop revised external Assessment bed assess model  | February 2026 | On track |
| Reconfiguration of short stay provision within HSCP Residential care home to improve capacity and access to short stay beds (Assessment beds and STAR beds) | February 2026 | On Track |
| Implement test of change for 7-day discharge model in acute frailty unit and Home First pathway using QI methodology  | February 2026 | On Track |
| Targeted work to reduce unmet need for Care at Home within Community  | March 2026    | On Track |
| Targeted work to reduce LoS within assessment beds through earlier assessment of long-term needs  | March 2026    | On track |
| Expand responsive access to SW/SC to prevent admission to VHK   | March 2026    | On track |

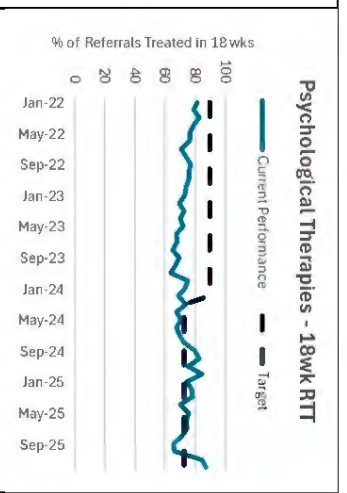
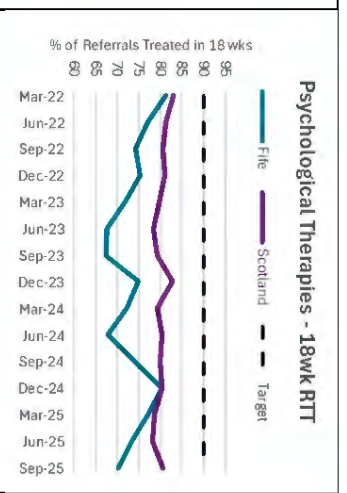
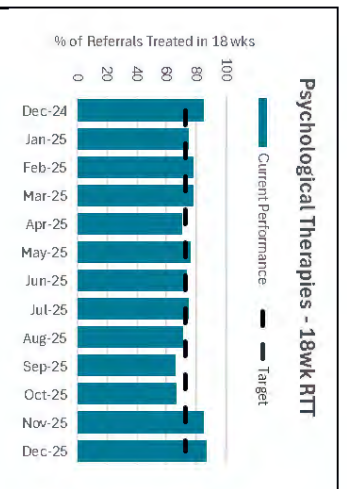
(Status: On Track, At Risk, Complete, Unlikely to complete on time)

|  |
|--|
| 3. Where governance issues identified, how will this be remedied? (Brief)                            |
| No governance issues identified at present. All required data, targets, and benchmarks are in place. |

|   |
|---|
| 4. Recommendations for indicator (e.g. change target etc)   |
| Maintain current focus on delivering target and monitor impact of the 7-day discharge model test of change. No change to target recommended at this stage |

| Psychological Therapies Waiting Time |  | RAG |
|--------------------------------------|--|-----|
| <b>Description</b>                   | Percentage of service users treated within 18 weeks from initial referral. |     |
| <b>Lead</b>                          | Karen Marwick  |     |

| ID | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | Escalation |
|----|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|
|    | Yes        | No             | 73     | 80.7      | 87.2          | M         | Dec-25      | Improving | Yes        |



Last 13 months

Benchmarking

Long term

| Month | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Value | 84.9   | 74.8   | 78     | 78.3   | 70.2   | 75.9   | 73.8   | 74.9   | 71.2   | 65.8   | 66.5   | 84.8   | 87.2   |

### Portfolio Comments on the Indicator

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

The Psychology Service has implemented a revised Governance structure following a review to improve oversight, assurance and scrutiny around performance. Improvement actions have commenced within service with a managed approach undertaken, balancing short-term recovery with longer-term system impact. The service redesign will aim to protect statutory provision, safety and RTT performance.

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

| Improvement Action   | Completion Date | Status   |
|--|-----------------|----------|
| Resource modelling pilot with SG PT Improvement Team   | December 2025   | Complete |
| Explore early intervention models e.g. Early conversations   | January 2026    | Complete |
| Define criteria for early intervention and what counts as treatment starting.  | March 2026      | On Track |
| Investigate what counts as a RTT intervention (e.g. Digital/group referrals) and how this affects reporting classifications.   | March 2026      | On Track |
| Clarify WTE discrepancies and the status of 11 WTE outstanding VMF's   | March 2026      | On Track |
| Develop reporting systems to monitor utilisation of digital interventions. After baseline is established, improvement target will be set considering need to divert resource to support digital interventions. | March 2026      | On Track |
| Develop reporting systems to monitor utilisation of group interventions. After baseline is established, improvement target interventions. After baseline is established, improvement target                    | March 2026      | On Track |

|   |  |  |
|---|--|--|
| will be set considering need to divert resource to support group interventions. |  |  |
|---|--|--|

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

|  |
|--|
| <b>3. Where governance issues identified, how will this be remedied? (Brief)</b> |
|--|

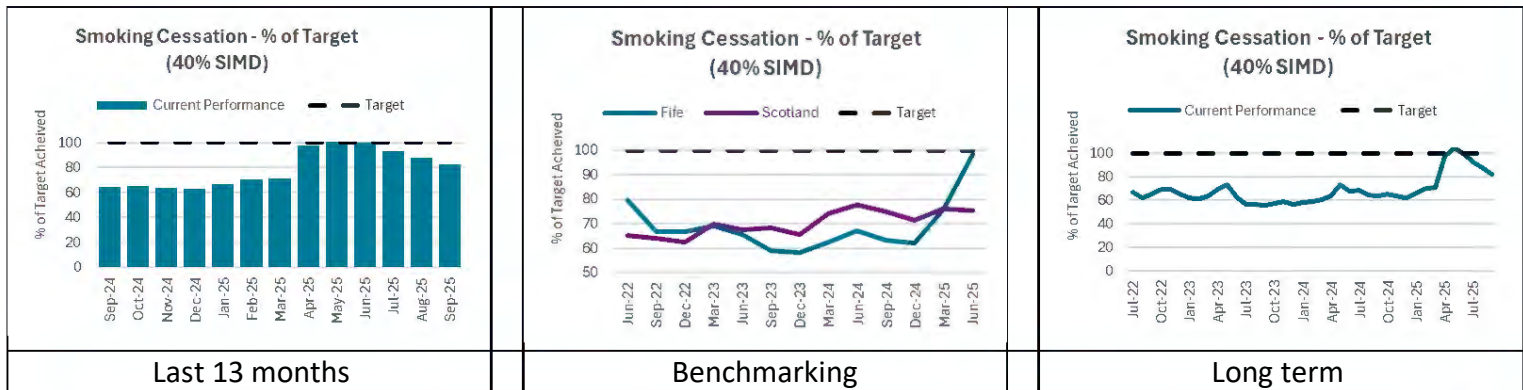
|   |
|---|
| RTT pilot forming part of Scottish Government enhanced support plan has been completed and further planning taking place regarding wider application strategy for DCAQ modelling. Trakcare dashboard to be implemented to support broader governance oversight and scrutiny along with improvements. Zero base budget exercise underway with Finance colleagues |
|---|

|  |
|--|
| <b>4. Recommendations for indicator (e.g. change target etc)</b> |
|--|

|   |
|---|
| Recommend currently maintain local target due to 14.7% reduction in clinical staff year-on-year and process of understanding and reconciling budgets is being undertaken with finance colleagues. |
|---|

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

| ID | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend     | Escalation |
|----|------------|----------------|--------|-----------|---------------|-----------|-------------|-----------|------------|
|    | Yes        | No             | 100    | 76.2      | 82.2          | M         | Sep-25      | Declining | Yes        |



| Month | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Value | 63.98  | 65.09  | 63.38  | 62.43  | 66.41  | 70.44  | 71.25  | 97.44  | 105.13 | 100    | 93     | 87.8   | 82.2   |

### Portfolio Comments on the Indicator

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

Fife has improved performance to be sitting in the higher range of comparable performance nationally. The latest available data from the Public Health Scotland Stop Smoking Services dashboard records Fife as achieving 98.9% overall for Qtr. 1 of 2025/26. Fife HP Specialist Stop Smoking team continue to provide support to community pharmacies across Fife to improve timely and accurate recording of quit data. PHS have a survey out for completion by national Tobacco Leads, Smoking Cessation Coordinators and Health Promotion Managers, this will contribute to the review of national LDP standards for territorial board areas. Next update is expected in April 2026.

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

| Improvement Action  | Completion Date | Status    |
|---|-----------------|-----------|
| Provide more narrative on the 4 priority groups and challenges in capturing data, adding that the 2 of the 4 priority groups data is not being recorded at National SG and PHS level. Once data is available, flash report to be updated. | December 2025   | Completed |
| Add to the flash report that newly recruited staff are required to attend 12-14 weeks training programme, which causes further delays & challenges.   | December 2025   | Completed |
| To recruit and commence in post 2 B5 Specialist Advisors & 1 B6 Health Promotion Officer  | February 2026   | On Track  |
| Increase regular clinic provision in Acute and Mental Health sites by 6 clinics   | March 2026      | At risk   |
| Provide weekly support to the community pharmacy model to improve accurate and timely data recording for successful quits.  | March 2026      | On Track  |

|  |            |          |
|--|------------|----------|
| Increased weekly visibility to support addressing the issue of smoking at hospital entrances based on speak out week feedback.   | March 2026 | On Track |
| To complete smoking cessation advisor specialist training competency framework within 12 – 16 weeks  | March 2026 | At Risk  |
| Maintain appropriate referrals (prior to or as close to 16 weeks pregnancy) from maternity services opt out pathway to specialist smoking cessation service.                                   | March 2026 | On Track |
| Sustaining and increasing referral rates across 7 Fife localities through targeted outreach using the mobile unit to improve accessibility to our priority of 40% MDQ and the priority groups. | March 2026 | On Track |
| Stop Smoking Service to work with Planning and Performance to develop a Smoking Cessation Stretch Target.  | March 2026 | On Track |
| Feedback received from the first meeting of the Public Health Action Group with the circulation of a consultation survey released in January.  | April 2026 | On Track |

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

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

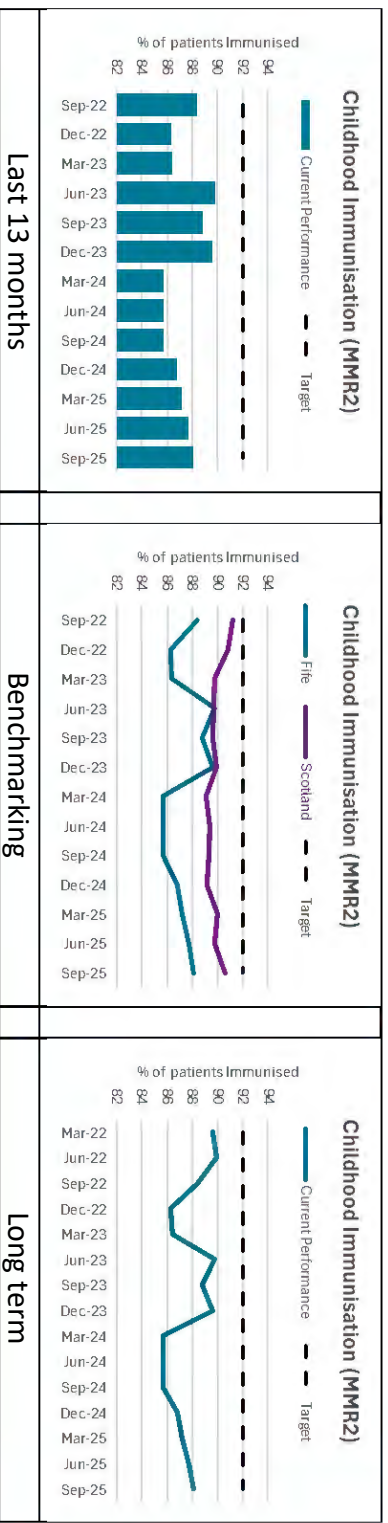
Prolonged deficit in staffing capacity and the impact of creating a reduction in clinic provision, achieving the LDP standard for Fife is at risk. This has been reported and escalated through governance arrangements and recorded on the Datix risk register. It is expected that this will be remedied once new staff are in post.

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

The recruitment process for replacing vacancies has been completed with all preferred candidates having agreed start dates before or by 05/02/2026. Improvement action dates have been extended to allow for the specialist training to be completed. The LDP standard for Fife is 473 successful 12 week quits in our 40% MDQ. PHS have commenced a consultation on all territorial board LDP standards to reflect current smoking prevalence, and which captures the 4 priority groups (SIMD 1 and 2, pregnant smokers, people with mental health issues and people requiring acute intervention for smoking related illness) as identified in the set out in the Tobacco and Vaping Framework Action Plan 2023-2028. Work is ongoing with Strategic Planning and Performance to establish and agree if there is scope for a local data capture or stretch target which would capture quits in relation to the 4 priority groups.

| Childhood Immunisations – MMR2 |   | RAG |
|--------------------------------|---|-----|
| <b>Description</b>             | Percentage of children who receive their MMR2 vaccination by the age of 5 |     |
| <b>Lead</b>                    | Lisa Cooper   |     |

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



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

**Portfolio Comments on the Indicator**

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

Delivery of the winter vaccination programme has been an additional time-limited pressure over last quarter, however, updated delivery plans for improving secondary school programme delivery in Spring 2026 have been agreed. A targeted initiative is scheduled for January, focusing on improving infant immunisation uptake in the most deprived areas of Fife. This work will involve offering tailored vaccination opportunities to parents and guardians of children identified as having incomplete vaccination status. The approach will include proactive engagement and flexible appointment options to support families in completing the recommended immunisation schedule, in line with NHS Scotland’s national vaccination strategy.

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

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

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

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

Training and education and oversight of assurance via governance routes.

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

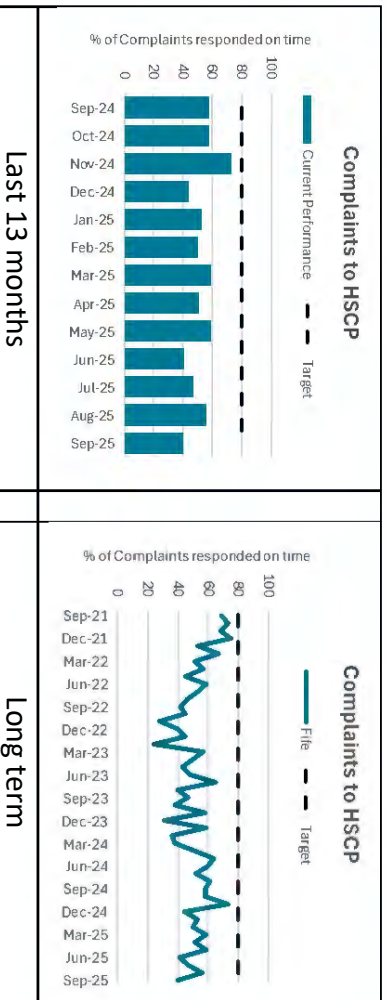
Public Health Scotland provides quarterly feedback with updated data.

**Complaints to H&SCP responded to within statutory target**

RAG

|                    |   |
|--------------------|---|
| <b>Description</b> | All complaints (Combined Stage 1 and 2) responded to within the required statutory Target |
| <b>Lead</b>        | Avril Sweeney   |

| ID | Governance | Expected Range | Target | Benchmark | Current Value | Frequency | Latest Data | Trend  | Escalation |     |
|----|------------|----------------|--------|-----------|---------------|-----------|-------------|--------|------------|-----|
|    |            | (B)            | No     | 80        | -             | 40.0%     | M           | Sep-25 | Declining  | Yes |



| Month        | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Value</b> | 58.00  | 58.00  | 73.00  | 44.00  | 53.00  | 50.00  | 59.00  | 51.00  | 59.00  | 41.00  | 47.00  | 56.00  | 40.00  |

**Portfolio Comments on the Indicator**

1. How can we be assured that this indicator will remain or achieve target? (Brief)  
 Work is ongoing to improve the performance for complaints with regular tracking and monitoring of actions being strengthened.

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

| Improvement Action   | Completion Date | Status |
|--|-----------------|--------|
| Chase up the FC complaints learning outcomes/closure forms.                              |                 |        |
| Fortnightly SAER/LAER/DOC meetings and shadowing.  |                 |        |
| Meet regarding complaints improvement & performance plans and improve quality of drafts. |                 |        |
| Develop a response template similar to PET   |                 |        |
| Chase up, daily if required, outstanding complaints.                                     |                 |        |

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

3. Where governance issues identified, how will this be remedied? (Brief)  
 No governance issues identified but focus is on improving compliance.

4. Recommendations for indicator (e.g. change target etc)  
 Indicator aligns with partner bodies.

| Integration Joint Board  |               |           |                 |           |           |           |           |           |           |           | Partner Reporting |
|--|---------------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Meeting Dates 2025-26  | Frequency     | Purpose   | Owner           | 28-May-25 | 30-Jul-25 | 29-Sep-25 | 26-Nov-25 | 28-Jan-26 | 25-Mar-26 |           |                   |
| <b>STRATEGIC PLANNING AND DELIVERY</b>   |               |           |                 |           |           |           |           |           |           |           |                   |
| Mental Health and Wellbeing Strategy   | On Request    | Decision  | Karen Marwick   |           | Delayed   | Presented |           |           |           |           | Yes               |
| Strategic Plan 2026-2029 Approach  | On Request    | Decision  | Vanessa Salmond |           |           |           |           |           |           |           | No                |
| Strategic Plan 2026-2029   | On Request    | Decision  | Vanessa Salmond |           |           |           |           |           | Presented |           |                   |
| Reconfiguration of Adamson & St Andrews MIU  | On Request    | Decision  | Lisa Cooper     | Presented |           |           |           |           |           |           | Yes               |
| Review of Short Stay Bed Base in Local Authority Residential Care Homes for Older People | On Request    | Decision  | Chris Conroy    |           | Presented |           |           |           |           |           |                   |
| Unscheduled Care Programme Update (Hospital at Home PID)                                 | On Request    | Decision  | Chris Conroy    |           |           |           |           | Presented |           |           |                   |
| Reverse Mentoring Programme  | On Request    | Decision  | Roy Lawrence    |           |           |           |           | Presented |           |           |                   |
| GP Walk In Service   | On Request    | Decision  | Lisa Cooper     |           |           |           |           | Presented |           |           |                   |
| Home First Strategy Update - Community Hospitals Transformation                          | On Request    | Decision  | Chris Conroy    |           | Presented |           |           |           |           |           |                   |
| <b>Strategy Annual Reports</b>   |               |           |                 |           |           |           |           |           |           |           |                   |
| Strategic Plan - Annual Report   | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           | Presented |           | No                |
| Advocacy Strategy  | Annual        | Assurance | Caroline Cherry |           |           |           | Presented |           |           |           | No                |
| Alcohol and Drug Strategy  | Annual        | Assurance | Karen Marwick   | Delayed   | Presented |           |           |           |           |           | No                |
| Carers Strategy  | Annual        | Assurance | Roy Lawrence    |           | Delayed   | Presented |           |           |           |           | No                |
| Commissioning Strategy   | Annual        | Assurance | Tracy Hogg      | Delayed   | Presented |           |           |           |           |           | No                |
| Digital Strategy   | Annual        | Assurance | Tracy Hogg      |           |           |           | Delayed   | Presented |           |           | No                |
| Local Housing Strategy   | Annual        | Assurance | Paul Short      |           |           |           |           |           |           |           | No                |
| Prevention and Early Intervention Strategy   | Annual        | Assurance | Lisa Cooper     |           |           |           | Presented |           |           |           | No                |
| Prevention & Early Intervention Strategy Performance Framework                           | On Request    | Assurance | Lisa Cooper     | Scheduled |           |           |           |           |           |           | No                |
| Primary Care Strategy  | Annual        | Assurance | Lisa Cooper     |           |           |           | Presented |           |           |           | No                |
| Workforce Strategy (inc Wellbeing Action Plan 2025-26)                                   | Annual        | Assurance | Roy Lawrence    |           |           |           | Presented |           |           |           | No                |
| Equality, Diversity & Inclusion Annual Report  | Annual        | Assurance | Roy Lawrence    |           |           |           | Presented |           |           |           | No                |
| <b>LIVED EXPERIENCE &amp; WELLBEING</b>  |               |           |                 |           |           |           |           |           |           |           |                   |
| Single Handed Care   | Standing Item | Assurance | Lynn Barker     |           | Presented |           |           |           |           |           | No                |
| What Matters to You  | Standing Item | Assurance | Lynn Barker     | Presented |           |           |           |           |           |           | No                |
| Community Led Support  | Standing Item | Assurance | Lynn Barker     |           |           | Presented |           |           |           |           | No                |
| Drug Related Deaths  | Standing Item | Assurance | Lynn Barker     |           |           |           |           | Presented |           |           | No                |
| <b>INTEGRATED PERFORMANCE &amp; QUALITY</b>  |               |           |                 |           |           |           |           |           |           |           |                   |
| Finance Update   | Standing Item | Decision  | Tracy Hogg      | Presented | Presented | Presented | Presented | Presented | Presented | Presented | No                |
| Revised Budget Direction   | On Request    | Decision  | Tracy Hogg      |           | Presented |           |           |           |           |           |                   |
| Refreshed Performance Report   | Quarterly     | Assurance | Vanessa Salmond | Presented |           | Presented |           | Presented | Presented | Presented | No                |
| Annual Performance Report 2024-25  | Annual        | Assurance | Vanessa Salmond |           | Presented |           |           |           |           |           | No                |
| Fife IJB Draft Audited Accounts  | Annual        | Decision  | Tracy Hogg      |           |           | Presented |           |           |           |           | No                |
| Annual Review of Best Value  | Annual        | Assurance | Tracy Hogg      |           |           |           |           | Delayed   | Presented |           | No                |
| Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)                            | Annual        | Decision  | Tracy Hogg      |           |           |           |           |           | Presented |           | No                |
| <b>GOVERNANCE &amp; OUTCOMES</b>   |               |           |                 |           |           |           |           |           |           |           |                   |
| Chairs Assurance Statements  | Standing Item | Assurance | Vanessa Salmond | Presented | Presented | Presented | Presented | Presented | Presented | Presented | No                |
| Clinical & Care Governance Framework   | On Request    | Decision  | Helen Hellewell |           |           |           |           |           |           |           | Yes               |
| Governance Committee Assurance Statements  | On Request    | Decision  | Vanessa Salmond | Presented |           |           |           |           |           |           | No                |
| Membership Update  | On Request    | Noting    | Vanessa Salmond |           | Presented |           | Presented |           | Presented |           | No                |
| IJB Workplan   | Standing Item | Assurance | Vanessa Salmond | Presented | Presented | Presented | Presented | Presented | Presented | Presented | No                |
| Self-Assessment  | Annual        | Decision  | Vanessa Salmond |           |           |           |           |           |           | Delayed   |                   |
| Monitoring Progress of Directions  | Quarterly     | Decision  | Vanessa Salmond | Presented |           | Presented |           | Presented |           |           | No                |
| Review of Integration Scheme   | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           |           |           |                   |

| Integration Joint Board   |           |           |                 |           |           |           |           |           |           |                   |
|---|-----------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Meeting Dates 2025-26   | Frequency | Purpose   | Owner           | 28-May-25 | 30-Jul-25 | 29-Sep-25 | 26-Nov-25 | 28-Jan-26 | 25-Mar-26 | Partner Reporting |
| Review of Scheme of Delegation  | Annual    | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Model Code of Conduct   | Annual    | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Standing Orders   | Annual    | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Governance Manual (inc. Standing Orders, Scheme of Delegation, Model Code of Conduct etc) | Annual    | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| <b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>  |           |           |                 |           |           |           |           |           |           |                   |
| Annual Risk Management Report   | Annual    | Assurance | Tracy Hogg      | Presented |           |           |           |           |           | No                |
| IJB Strategic Risk Register   | Annual    | Assurance | Tracy Hogg      | Presented |           |           |           |           |           | No                |
| Local Partnership Forum (LPF) Annual Report   | Annual    | Assurance | Roy Lawrence    | Presented |           |           |           |           |           | No                |
| IJB/HSCP Resilience Annual Report   | Annual    | Assurance | Chris Conroy    |           |           | Presented |           |           |           | No                |
| Records Management Annual Report  | Annual    | Assurance | Tracy Hogg      |           |           | Presented |           |           |           | No                |
| Whistleblowing Annual Report  | Annual    | Assurance | Roy Lawrence    |           | Presented |           |           |           |           | No                |
| Fife ADP Drug Related Deaths 2024   | Annual    | Assurance | Lynne Garvey    |           |           |           |           | Presented |           |                   |
| Armed Forces Covenant Duty  | Annual    | Assurance | Karen Marwick   |           |           |           | Delayed   | Presented |           | No                |
| Public Sector Climate Duties Annual Report  | Annual    | Assurance | Lisa Cooper     |           |           |           | Presented |           |           | No                |
| Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Due Jan 2027)                | Biennial  | Assurance | Tracy Hogg      |           |           |           |           |           |           | No                |
| Community Led Support Annual Report   | Annual    | Assurance | Roy Lawrence    |           | Delayed   | Presented |           |           |           | Yes               |
| Locality Planning Annual Report   | Annual    | Assurance | Roy Lawrence    |           |           |           |           |           | Delayed   |                   |
| Winter Plan 2025-26   | Annual    | Assurance | Chris Conroy    |           |           | Delayed   | Presented |           |           | Yes               |
| Care Inspectorate Grading Report  | Annual    | Assurance | Caroline Cherry |           |           |           | Presented |           |           | Yes               |
| Child Protection Annual Report (Child Protection Committee)   | Annual    | Assurance | Lisa Cooper     |           |           |           |           |           | Delayed   | Yes               |
| Pharmaceutical Care Services Report   | Annual    | Assurance | Lisa Cooper     |           |           |           |           | Delayed   |           | Yes               |
| Adult Protection Report (Biennial) (ASPC)   | Biennial  | Assurance | Karen Marwick   | Presented |           |           |           |           |           |                   |
| ASP Annual Report (Social Work)   | Annual    | Assurance | Caroline Cherry |           |           |           |           | Presented |           | Yes               |
| Chief Social Worker Officer Report  | Annual    | Assurance | Caroline Cherry |           |           |           |           | Presented |           | Yes               |
| Spring Booster Campaign   | Annual    | Assurance | Lisa Cooper     | Presented |           |           |           |           |           | Yes               |
| Winter COVID-19 and Flu Vaccine Delivery Campaign   | Annual    | Assurance | Lisa Cooper     |           |           | Presented |           |           | Presented | Yes               |
| Health Care (Staffing) (Scotland) Act Annual Report   | Annual    | Assurance | Caroline Cherry | Presented |           |           |           |           |           |                   |
| Director of Public Health Report - Joy Tomlinson  | Annual    | Assurance | Lynne Garvey    |           |           | Presented |           |           |           |                   |
| Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Impact Report               | Annual    | Assurance | Karen Marwick   |           |           |           |           |           | Presented |                   |
| Fife Dental & Oral Health Improvement Annual Report   | Annual    | Assurance | Lisa Cooper     |           |           |           |           | Presented |           | Yes               |

| Integration Joint Board   |               |           |                 |           |           |           |           |           |           |                   |
|---|---------------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Meeting Dates 2026-27   | Frequency     | Purpose   | Owner           | 27-May-26 | 29-Jul-26 | 30-Sep-26 | 25-Nov-26 | 27-Jan-27 | 31-Mar-27 | Partner Reporting |
| <b>STRATEGIC PLANNING AND DELIVERY</b>  |               |           |                 |           |           |           |           |           |           |                   |
| Dementia Strategy   | On Request    | Decision  | Karen Marwick   |           |           |           |           |           |           | Yes               |
| Mental Health and Wellbeing Strategy  | On Request    | Decision  | Karen Marwick   |           |           | Scheduled |           |           |           | Yes               |
| Learning Disability Strategy  | On Request    | Decision  | Karen Marwick   |           | Scheduled |           |           |           |           | Yes               |
| Strategic Plan 2026-2029 Approach   | On Request    | Decision  | Vanessa Salmond |           |           |           | Scheduled |           |           | No                |
| <b>Strategy Annual Reports</b>  |               |           |                 |           |           |           |           |           |           |                   |
| Strategic Plan - Annual Report  | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           | Scheduled | No                |
| Advocacy Strategy   | Annual        | Assurance | Caroline Cherry |           |           |           | Scheduled |           |           | No                |
| Alcohol and Drug Strategy   | Annual        | Assurance | Karen Marwick   |           | Scheduled |           |           |           |           | No                |
| Carers Strategy   | Annual        | Assurance | Roy Lawrence    |           |           | Scheduled |           |           |           | No                |
| Commissioning Strategy  | Annual        | Assurance | Tracy Hogg      | Scheduled |           |           |           |           |           | No                |
| Digital Strategy  | Annual        | Assurance | Tracy Hogg      |           |           |           |           | Scheduled |           | No                |
| Local Housing Strategy  | Annual        | Assurance | Paul Short      | Scheduled |           |           |           |           |           | No                |
| Home First Strategy   | Annual        | Assurance | Chris Conroy    |           | Scheduled |           |           |           |           | No                |
| Medium Term Financial Strategy  | Annual        | Assurance | Tracy Hogg      |           |           |           |           |           | Scheduled | No                |
| Prevention and Early Intervention Strategy  | Annual        | Assurance | Lisa Cooper     |           |           |           | Scheduled |           |           | No                |
| Prevention & Early Intervention Strategy Performance Framework                                      | On Request    | Assurance | Lisa Cooper     | Scheduled |           |           |           |           |           | No                |
| Primary Care Strategy   | Annual        | Assurance | Lisa Cooper     |           |           |           | Scheduled |           |           | No                |
| Workforce Strategy (inc Wellbeing Action Plan 2025-26)  | Annual        | Assurance | Roy Lawrence    |           |           |           | Scheduled |           |           | No                |
| Equality, Diversity & Inclusion Annual Report   | Annual        | Assurance | Roy Lawrence    |           |           |           | Scheduled |           |           | No                |
| <b>LIVED EXPERIENCE &amp; WELLBEING</b>   |               |           |                 |           |           |           |           |           |           |                   |
|   | Standing Item | Assurance | Lynn Barker     |           |           |           |           |           |           | No                |
|   | Standing Item | Assurance | Lynn Barker     |           |           |           |           |           |           | No                |
|   | Standing Item | Assurance | Lynn Barker     |           |           |           |           |           |           | No                |
| <b>INTEGRATED PERFORMANCE &amp; QUALITY</b>   |               |           |                 |           |           |           |           |           |           |                   |
| Finance Update  | Standing Item | Decision  | Tracy Hogg      | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | No                |
| Revised Budget Direction  | On Request    | Decision  | Tracy Hogg      |           | Scheduled |           |           |           |           |                   |
| Refreshed Performance Report  | Standing Item | Assurance | Vanessa Salmond | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | No                |
| Annual Performance Report 2025-26   | Annual        | Assurance | Vanessa Salmond |           | Scheduled |           |           |           |           | No                |
| Fife IJB Draft Audited Accounts   | Annual        | Decision  | Tracy Hogg      |           |           | Scheduled |           |           |           | No                |
| Annual Review of Best Value   | Annual        | Assurance | Tracy Hogg      |           |           |           |           | Scheduled |           | No                |
| Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)                                       | Annual        | Decision  | Tracy Hogg      |           |           |           |           |           | Scheduled | No                |
| <b>GOVERNANCE &amp; OUTCOMES</b>  |               |           |                 |           |           |           |           |           |           |                   |
| Chairs Assurance Statements   | Standing Item | Assurance | Vanessa Salmond | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | No                |
| Clinical & Care Governance Framework  | On Request    | Decision  | Helen Hellewell |           |           |           |           |           |           | Yes               |
| Governance Committee Assurance Statements   | On Request    | Decision  | Vanessa Salmond | Scheduled |           |           |           |           |           | No                |
| Membership Update   | On Request    | Noting    | Vanessa Salmond |           |           |           |           |           |           | No                |
| IJB Workplan  | Standing Item | Assurance | Vanessa Salmond | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | Scheduled | No                |
| Self-Assessment   | Annual        | Decision  | Vanessa Salmond | Scheduled |           |           |           |           | Scheduled | No                |
| Monitoring Progress of Directions   | Quarterly     | Decision  | Vanessa Salmond | Scheduled |           | Scheduled |           | Scheduled |           | No                |
| Review of Integration Scheme  | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Scheme of Delegation  | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Model Code of Conduct   | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Standing Orders   | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| Review of Governance Manual (inc. Standing Orders, Scheme of Delegation, Model Code of Conduct etc) | Annual        | Assurance | Vanessa Salmond |           |           |           |           |           |           |                   |
| <b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>  |               |           |                 |           |           |           |           |           |           |                   |
| Annual Risk Management Report   | Annual        | Assurance | Tracy Hogg      | Scheduled |           |           |           |           |           | No                |
| IJB Strategic Risk Register   | Annual        | Assurance | Tracy Hogg      | Scheduled |           |           |           |           |           | No                |
| Local Partnership Forum (LPF) Annual Report   | Annual        | Assurance | Roy Lawrence    | Scheduled |           |           |           |           |           | No                |
| IJB/HSCP Resilience Annual Report   | Annual        | Assurance | Chris Conroy    |           |           | Scheduled |           |           |           | No                |
| Records Management Annual Report  | Annual        | Assurance | Tracy Hogg      |           |           | Scheduled |           |           |           | No                |
| Whistleblowing Annual Report  | Annual        | Assurance | Roy Lawrence    |           | Scheduled |           |           |           |           | No                |
| Fife ADP Drug Related Deaths 2025   | Annual        | Assurance | Lynne Garvey    |           |           |           |           | Scheduled |           | Yes               |
| Armed Forces Covenant Duty  | Annual        | Assurance | Karen Marwick   |           |           |           |           | Scheduled |           | No                |

|   |          |           |                 |           |           |           |           |           |           |     |
|---|----------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----|
| Public Sector Climate Duties Annual Report  | Annual   | Assurance | Lisa Cooper     |           |           |           | Scheduled |           |           | No  |
| Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Biennial - Due March 2027) | Biennial | Assurance | Tracy Hogg      |           |           |           |           |           | Scheduled | No  |
| Community Led Support Annual Report   | Annual   | Assurance | Roy Lawrence    |           |           | Scheduled |           |           |           | Yes |
| Locality Planning Annual Report   | Annual   | Assurance | Roy Lawrence    | Scheduled |           |           |           |           |           |     |
| Winter Plan 2025-26   | Annual   | Assurance | Chris Conroy    |           |           |           | Scheduled |           |           | Yes |
| Care Inspectorate Grading Report  | Annual   | Assurance | Caroline Cherry |           |           |           | Scheduled |           |           | Yes |
| Child Protection Annual Report (Child Protection Committee)                                       | Annual   | Assurance | Lisa Cooper     |           |           | Scheduled |           |           |           | Yes |
| Childrens Services Annual Report  | Annual   | Assurance | Lisa Cooper     |           | Scheduled |           |           |           |           |     |
| Pharmaceutical Care Services Report   | Annual   | Assurance | Lisa Cooper     |           |           |           |           |           | Scheduled | Yes |
| Adult Protection Report (Biennial) (ASPC) Due May 2027  | Biennial | Assurance | Karen Marwick   |           |           |           |           |           |           |     |
| ASP Annual Report (Social Work)   | Annual   | Assurance | Caroline Cherry |           |           |           |           | Scheduled |           | Yes |
| Chief Social Worker Officer Report  | Annual   | Assurance | Caroline Cherry |           |           |           |           | Scheduled |           | Yes |
| Spring Booster Campaign   | Annual   | Assurance | Lisa Cooper     |           | Scheduled |           |           |           |           | Yes |
| Winter COVID-19 and Flu Vaccine Delivery Campaign   | Annual   | Assurance | Lisa Cooper     |           |           | Scheduled |           |           |           | Yes |
| Health Care (Staffing) (Scotland) Act Annual Report   | Annual   | Assurance | Caroline Cherry | Scheduled |           |           |           |           |           |     |
| Director of Public Health Report - Joy Tomlinson  | Annual   | Assurance | Lynne Garvey    |           |           | Scheduled |           |           |           |     |
| Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Impact Report             | Annual   | Assurance | Lisa Cooper     |           |           |           |           |           | Scheduled |     |
| Fife Dental & Oral Health Improvement Annual Report   | Annual   | Assurance | Lisa Cooper     |           |           |           |           | Scheduled |           | Yes |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 7<sup>TH</sup> JANUARY 2026, 1000hrs - MS TEAMS

**Present:** Councillor Rosemary Liewald (Chair)  
Councillor Lynn Mowatt  
Councillor Sam Steele  
Councillor Eugene Clarke  
Sinead Braiden, NHS Board Member (SB)  
Jo Bennett, Non-Executive Board Member (JB)  
Morna Fleming, Carer's Representative (MF)  
Kenny Murphy, Third Sector Representative (KM)  
Paul Dundas, Independent Sector Lead (PD)  
Amanda Wong, Director of Allied Health Professionals (AW)

**Attending:** Lynn Barker, Director of Nursing (LB)  
Lynne Garvey, Director of Health & Social Care Partnership (LG)  
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)  
Chris Conroy, Head of Community Care Services (CC)  
Karen Marwick, Head of Complex & Critical Care (KMAR)  
Caroline Cherry, Principal Social Work Officer (CCH)  
Vanessa Salmond, Head of Corporate Services (VS)  
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)  
Rachel Heagney, Head of Improvement & Transformation (RH)  
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)

**In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

**Apologies for Absence:** Fiona Forrest, Acting Director of Pharmacy (FF)  
Tracy Hogg, Chief Finance Officer (TH)

| NO | AGENDA ITEM | ACTION |
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| 1. | <p><b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b></p> <p>Cllr Liewald welcomed all members and attendees to the meeting.</p>  |                                   |
| 2. | <p><b>DECLARATION OF MEMBERS' INTEREST.</b></p> <p>No declarations of interest were received.</p>   |                                   |
| 3. | <p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies were noted as above.</p>   |                                   |
| 4. | <p><b>ACTIVE &amp; EMERGING ISSUES</b></p> <p>Lynn Barker advised Silver meetings have been enabled to support the command and control arrangements, should strike action escalate.</p> <p>She also noted, a recent QMAG meeting was not quorate for the latter half. Outstanding matters were subsequently discussed offline.</p>  |                                   |
| 5. | <p><b>MINUTES OF PREVIOUS MEETINGS HELD ON 05 NOVEMBER 2025</b></p> <p>The previous minutes from the Q&amp;CC meeting on 05 November 2025 were reviewed by those present prior to the meeting. The following comments were made:</p> <p>Caroline Cherry stated her initials are the same as Chris Conroy's and suggested CCH is used as her initials to differentiate between the two.</p> <p>SB advised the incorrect Human Rights Steering Group minutes were circulated with meeting papers and a more recent copy should have been attached. JC will circulate the most recent meeting minutes for the Human Rights Steering Group.</p> | <p><b>JC</b></p> <p><b>JC</b></p> |
| 6. | <p><b>ACTION LOG FROM 05 NOVEMBER 2025</b></p> <p>The Action Log from the meeting held on 05 November 2025 was discussed and no updates were required.</p>  |                                   |
| 7. | <p><b>GOVERNANCE &amp; OUTCOMES</b></p>   |                                   |

**7.1****QMAG Update**

This report was brought to Committee by Lynn Barker and came for Assurance and Discussion. LB gave thanks to CG for compiling the report.

LB presented the report relating to the meeting held on 05 December 2025. She highlighted a reduction in the number of reported incidents between May and October 2025, noting that this represents a positive trend. However, an increase in catheter-related infections was identified during this period, and the relevant speciality group is undertaking further investigation alongside targeted quality improvement activity.

An increase in patient falls over the past three months was also noted. Work to address this issue is being led by the Acute Services Director of Nursing, with additional local leadership provided by the Associate Director of Nursing within the Partnership.

LB reported that Healthcare Improvement Scotland has refreshed the SPSP Essentials of Care Framework, which the Partnership and NHS Lothian have adopted. A new locally chaired SPSP Essentials of Care Group will be formed within the clinical governance structure to support improvement work using SPSP methodology.

She advised CCH provided a positive update on social work services, demonstrating good progress and strengthened oversight across her portfolio. CCH will additionally take on leadership of the Care Home QMAG, further reinforcing governance arrangements.

Assurance reports were received from all portfolios, along with updates from the Public Protection Centre and the risk register.

Regarding the Mental Welfare Commission, LB confirmed that environmental challenges are recognised and being addressed through an ongoing programme of work. A recent engagement session with the Commission was constructive and reflected a strong collaborative relationship. Questions were invited.

SB queried whether there are any mitigations in place regarding the significant number of people in the community who are currently awaiting a social work assessment. Also, if there has been progress relating to Activity Co-ordinators.

CCH acknowledged this is a significant pressure, reflecting wider demands on care at home, overall social work capacity, and the rising number of referrals. She advised that the issue is referenced in the CSWO's report, and that a detailed review of the data is underway to understand exactly where the pressures lie, for example, whether they are primarily within older people's social work services rather than adult services.

She added that a high-level paper is being developed to outline the most immediate actions required. The standard operating procedure for First Contact will be reviewed and amended where necessary, as it is believed some processes may be contributing to delays. She is also preparing a briefing for the IJB at their request.

KMAR wished to add, recruitment for Co-ordinators is well underway, with a high level of interest received.

JB asked for context around the draft framework for social work and the group being established in response to the Care Inspectorate.

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| <p>CCH advised that a national inspection had taken place across all Partnerships and Local Authorities, focusing on social work governance arrangements within the Care Inspectorate's remit. She explained that she had prepared a briefing following this work and offered to circulate it to members for information.</p> <p>She noted that the inspection highlighted how social work can sometimes form a smaller part of a much wider system, which can result in key information and assurance becoming diluted. She stated, the focus now is on examining specific areas in more depth, including governance arrangements for social work, assurance around workforce capacity, waiting times for assessment, pressures in care at home, and engagement with the Care Inspectorate.</p> <p>CCH stated she is working with LG and JR on actions arising from the inspection. One key finding related to ensuring that where a Principal Social Work Officer or Deputy Chief Social Work Officer is in place within adult services, clear data assurance arrangements must also be in place. She therefore considered her role to be critical in identifying risks and ensuring appropriate governance and assurance mechanisms.</p> <p>She confirmed that a social work and social care governance structure is being developed. This will not operate in parallel to existing arrangements but will feed into them, providing a specific and focused approach to social work and social care governance.</p> <p>LG wished to reiterate the importance of the work that CCH had described. The Committee took assurance from the report.</p> | <p><b>CCH</b></p> |
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| 8.  | <b>STRATEGIC PLANNING &amp; DELIVERY</b>   |  |
| 8.1 | <p><b>Hospital at Home PID</b></p> <p>The report was presented by Chris Conroy and was brought for Assurance and Discussion.</p> <p>CC introduced the report, explaining NHS Fife's Clinical Service Redesign Programme aims to improve safety standards and reduce delays across urgent and emergency care. He highlighted a key element is the Unscheduled Care Programme, which coordinates projects to improve patient flow and reduce avoidable admissions. One of its three priority programmes is H@H+, which delivers acute-level care in people's homes to support admission avoidance and early discharge. It builds on Fife's existing Frailty model and is planned for early expansion by March 2026.</p> <p>CC further described, H@H as being a major part of NHS Fife's unscheduled care transformation, aligned with national plans for 2,000 virtual beds by December 2026. He advised, Fife's model is broader than the national approach, delivering acute-level care at home across multiple specialties through digital innovation and integrated workforce models. Over the next 3–6 months, the programme will reconfigure services and develop new pathways to deliver 125 virtual beds, supported by £2M of Scottish Government funding. Expected benefits include improved outcomes, fewer hospital admissions and bed days, better system flow, and enhanced staff wellbeing. Questions were invited.</p> <p>Cllr Clarke raised a number of queries in relation to the report. CC provided full responses to each, including clarification on the Integrated Control Centre, the anticipated benefits, and the reference to tableware. All points were addressed.</p> <p>JB queried the capacity being provided and how that capacity would be utilised. He also sought clarification regarding engagement with General Practice and the integration of anticipatory care processes and plans. CC provided a full explanation covering each of these points.</p> <p>Cllr Liewald commented on the ongoing difficulty in securing engagement from the general public. She queried whether this engagement is intended to occur at the point of admission, whether it is embedded within anticipatory care, or if it is initiated when a specific procedure or process is about to take place. CC outlined the national work currently underway in this area and advised that further feedback and deeper understanding will be required to inform future approaches.</p> <p>Due to the very full Agenda, LB respectfully asked presenters to be succinct as possible when presenting reports and for questions to be kept to a minimum.</p> <p>The Committee took assurance from the report.</p> |  |

## 8.2 Digital Strategy Year 1 Report

The report was brought to Committee by Tracy Hogg and was presented by Rachel Heagney and came for Assurance.

RH introduced the report and advised the Year 1 delivery plan is on track with significant progress made in digital transformation across HSCP services. Key achievements include the rollout of wi-fi across all five council-operated care homes, expansion of Near Me within services including mental health officers, the relaunch of the Partnership website and positive feedback on Spotlight Life and the Life Curve tool. RH told of 700 care packages which have been reviewed through the digital first Transforming Care Project and capacity for Just Checking and Just Walking has been fully utilised with plans underway to expand further.

RH advised digital skills support has been strengthened through council and NHS training platforms and a digital oversight board has been established to ensure co-ordinated and integrated delivery of digital initiatives. She stated current priorities include increasing the use of AI such as Copilot, introducing robotic process automation to reduce repetitive tasks and exploring further integration.

RH spoke of some challenges, including closure of the centralised scheduling project due to costs, delays to online GP booking due to supplier liquidation and ongoing client transfer to the Alarm Receiving Centre, none are considered significant and mitigation plans are in place. She advised staff survey feedback will help shape priorities and planning for 2026-27.

Cllr Liewald was very supportive of the report and was delighted to see the progress.

KM drew attention to the phrase 'Digital First' and wished to ensure it is not digital only, and stressed the importance of other options always being available for people who do not have digital access. He also wished to raise the point of digital exclusion – lack of digital literacy and the risk of online harms, he was concerned that this is being considered by the Board.

RH felt KM's questions were very relevant and stressed, it is not digital only, choice is always first. She spoke of a shift in digital technology being understood by many more people and referred to a push through Scottish Government and the National Digital Office around digital inclusion and digital literacy and gave details. She gave assurance the Board is very much aware and added the action is being proactively led by the National Digital Office. RH committed to sending further details.

**RH**

JB requested that next year's reporting include clearer information on the aspirations for NearMe, particularly as the infrastructure is already established. She noted that comparisons with other areas in Scotland would be helpful. She also asked that some reports include figures expressed as "number out of how many", along with baseline data and coverage. Additionally, she sought assurance that best evidence and best practice are being used in relation to technology that is already known to

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|                  | <p>be effective, and that consideration is being given to how this could be applied locally. RH confirmed that these requests can be incorporated into future reports and noted that the relevant data is already being collected.</p> <p>Cllr Clarke wished to mention LG’s point relating to time during the meeting, he felt if the agenda is too large for the time available, then a reduced agenda should be considered and not less discussion.</p> <p>Cllr Clarke asked whether all care assistants receive training in the use of NearMe and associated video technology. He also raised concerns regarding the GP appointment booking system and questioned the likelihood of GPs adopting a single online system given their status as independent contractors.</p> <p>RH provided assurance regarding Care Assistants’ digital capability. She explained that digital enablement skills training for the workforce has been established through Fife College, and there is an intention to embed these skills into future recruitment processes. She noted that the current Care at Home workforce has been using digital solutions for 8–9 years, including digital reporting systems, and she expressed confidence in their competence with existing digital tools. RH also confirmed that within Psychiatry and Psychology, NearMe is already being used extensively alongside face-to-face appointments.</p> <p>LC explained that there had been difficulties in procuring a supplier for the GP online appointment system. She confirmed that this issue has now been resolved and advised that while full functionality is expected in the future, she was unable to provide absolute assurance at this stage. However, she noted that achieving consistency of systems across all practices nationally remains the overall aim.</p> <p>Cllr Liewald added, from her experience, the care home workforce is highly motivated and enthusiastic about adopting new digital platforms and training</p> <p>Cllr Liewald confirmed, the Committee took Assurance from the report.</p> |  |
| <p><b>9.</b></p> | <p><b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b></p>  |  |

**9.1****Adult Support and Protection (Social Work /Social Care) report**

This report was brought to Committee by Caroline Cherry and comes for Assurance.

CCH introduced the ASP (Social Work / Social Care) Report, confirming that Social Work is the lead service for reporting under the Adult Support and Protection (Scotland) Act. She advised that the report has been prepared by the dedicated ASP Team within Social Work.

CCH highlighted key points from the ASP Report, noting that it provides significant assurance. She reported a 26% increase in Adult Support and Protection referrals, reflecting the national trend. She advised, part of the rise is attributed to changes introduced in the 2022 Code of Practice, which clarified that alcohol or drug use should not, in itself, exclude an individual from protection, leading to an increase in related referrals.

CCH advised that the training rate for all available Council Officers at the first stage of practice is very strong in Fife, supported by good managerial oversight. She also noted improvements in the use of chronologies, an area which has historically been challenging nationally. The report demonstrates a strong commitment to learning, with audit activity largely driven by the dedicated ASP Team. Further work is underway regarding addendums to large-scale investigation procedures, and CCH highlighted the positive interagency working in place.

CCH outlined areas for focus during 2025-26 which are addressing timescales for completion of initial referral discussions, updating procedures and practice to reduce workload pressures on social work. The main risk is an ongoing risk to pressure on frontline teams. CCH concluded the report provides strong assurance regarding delivery of the legislative functions under Adult Support and Protection. Questions were invited.

JB commented the report appears to be an example of internal assessment of processes within Social Work, she queried national benchmarking and asked if any third-party assessment provides external assurance. She also queried the increase in referrals, commenting many appear to come from the acute sector.

CCH advised further detail on benchmarking and conversion rates would be provided by the ASP Co-ordinator. She clarified that external assurance is supported through the Self Evaluation and Audit Subgroup of the ASP Committee, which includes multi-agency representation (including Housing). The Group undertakes both single agency and interagency audits and has an active audit programme. She added, regarding conversion rates from referral to investigation, a higher rate is not necessarily positive and benchmarking data will be shared.

CCH also highlighted Fife's non-ASP pathway ensures cases not meeting the statutory ASP threshold but still presenting risk are progressed appropriately and the pathway is currently being audited.

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|                   | <p>The committee took Assurance from the report.</p>  |  |
| <p><b>9.2</b></p> | <p><b>Chief Social Work Officer’s Report</b></p> <p>This report was brought to Committee by James Ross and was presented by Caroline Cherry. The report comes for Assurance.</p> <p>CCH introduced the report and confirmed the report sits under the statutory responsibility of the Chief Social Work Officer. It was approved by Fife Council in December 2025, submitted to the Scottish Government and is presented for assurance before consideration by the IJB. She advised, the format is nationally prescribed and largely retrospective.</p> <p>CCH stated the report reflects collaborative working across Children and Families, Justice, Adults and Older People Services. It provides an honest account of pressures alongside positive practices. A strong focus is placed on workforce pressures with direct engagement undertaken with frontline teams to gather feedback on challenges and solutions. CCH spoke of work ongoing to strengthen integrated public protection arrangements, including recruitment of a jointly funded Public Protection Service Manager in 2026. She added, issues relating to intervention thresholds and assessment waiting times are acknowledged with improvement work underway. Priorities are aligned with legislative compliance and wider transformation programmes. CCH invited questions.</p> <p>Cllr Liewald was supportive of the report. No questions were asked.</p> <p>The Committee took Assurance from the report.</p> |  |

**9.3 Armed Forces Covenant Duty – Annual Report 2025**

This report was brought to Committee by Karen Marwick and came for Assurance and Discussion.

KMAR introduced the report which summarises work progressed in 2025 by Fife Partnership Agencies in meeting statutory duties under the Armed Forces Covenant Duty (2021).

KMAR outlined the work of the multi-agency working groups which include FC Housing, Defence Medical Welfare Service, Outside the Wire Veterans, Citizens Advice and Advice Fife (veteran support) and Substance Support Scotland. The 2026 work programme was outlined which will include development of a communication plan, workforce survey, gap analysis of services and increased focus on carers of service families.

The report provided moderate assurance that statutory requirements are being met. The Committee were asked to note the report, be assured regarding compliance and agree its submission to the IJB for final approval.

JB welcomed the Guild Award, noting that external recognition strengthens assurance and reflects positive partnership working across the Council and Health Service.

Cllr Liewald commented she regularly received news updates from the Veterans in Leuchars, she asked how closely HSCP are continuing to work with them. KMAR confirmed the Partnership working remains strong and collaborative across all agencies. She highlighted the planned expansion of the military base which is expected to bring approximately 3,000 additional personnel over the coming years, increasing the local population alongside families, carers and school communities. She advised Partners are engaged in planning for this growth to ensure appropriate support arrangements are in place. The Committee welcomed the update and noted the significance of the community expansion.

As KMAR was unable to share her presentation online, therefore, the presentation will be circulated.

The Committee took Assurance from the report.

**KMAR**

#### 9.4 Fife Dental and Oral Health Improvement Annual Report

This report is brought to Committee by Lisa Cooper and comes for Assurance.

LC introduced the reports which indicates an overall improving position across general dental services and the public dental services within the HSCP. It reviews activity over the past year, outlines progress against previous actions and highlights key risks, particularly workforce pressures and challenges around patient registration. LC added, positive steps have been taken through the Scottish Dental Access Initiative including target work in Dunfermline and additional practices progressing through the scheme, which should improve access to NHS dental registration. The report also notes encouraging progress in oral health improvement programmes, with a slight increase in the number of Primary 7 children who are decay-free. Governance arrangements were described as robust with oversight provided through established committees.

Cllr Liewald recognised and welcomed the improvements, she acknowledged the continued national pressures on NHS dentistry. She was also pleased to see the drop in decay issues of the children at primary 7 level and that the 90% of children living in the most deprived areas are registered with an NHS dentist, compared to 89% in the least deprived areas.

JB acknowledged the very challenging position; she was interested in 'growing our own workforce'. LC advised, HSCP are looking at courses and how to attract and support people within the dentistry field. She spoke of work through the PC Strategy, looking at workforce recruitment, retention and developing local training pathways.

MF queried why Fife rate of dental decay in children remains consistently worse than the overall Scottish average. She also referred to oral health initiatives such as Dental Smiles and suggested that greater emphasis should be placed on parental responsibility for children's tooth brushing, rather than schools carrying a significant share of the responsibility. LC acknowledged it is complex and multi-factorial, she commented there is no single explanation, and noted that significant levels of deprivation have an impact. Addressing inequality remains central to improvement efforts with programmes such as Child Smile and other targeting initiatives focused on prevention and reducing disparities. Regarding parental responsibility, LC acknowledged the comment as fair and felt whilst school-based programmes have been positive, reinforcing oral health behaviours at home is essential and the feedback will be shared with colleagues in dental oral health to inform ongoing work.

Cllr Liewald confirmed Assurance was taken from the report.

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| <p><b>9.5</b></p> | <p><b>Performance Report</b></p> <p>This report was brought to Committee by Vanessa Salmond and comes for Assurance and Discussion.</p> <p>VS introduced the first strategic executive summary prepared under the revised performance management approach, aligned with national requirements. She commended the performance team and service colleagues for establishing a robust process that enables strategic and operational data to be gathered, analysed and used effectively as intelligence within the report. She noted that the approach will continue to evolve alongside implementation of the revised Strategic Plan for 2026-29, including alignment with proposed priorities, such as communities and place-based service delivery.</p> <p>After much discussion, it was agreed a development session relating to the Performance Report would be beneficial to members. Given that performance oversight sits formally with another committee, a development session across the IJB membership may be appropriate. This was accepted as an action to be progressed.</p> <p>It was also acknowledged the significant progress made in strengthening performance reporting and scrutiny processes at senior management level, noting that the current arrangements are more mature and robust than previously.</p> <p>MF requested the use of unexplained abbreviations within reports be kept to an absolute minimum with the wording in full first time used.</p> <p>A Development Session for IJB members will be organised.</p> | <p><b>VS</b></p> <p><b>VS</b></p> |
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## 9.6 CAMHS Performance Yearly Update

This report was brought to Committee by Karen Marwick and comes for Assurance.

KMAR introduced the report stating since August 2024, CAMHS has consistently met the national standard requiring 90% of young people to be seen within 18 weeks of referral. Performance which was below 70% in Jan 2024 has improved significantly and is now just below 100%, sustained through 2025. As a result, enhanced support from the Scottish Government has been formally withdrawn.

KMAR stated, although access performance has improved, case complexity has increased, with average case duration rising from around 45 weeks in 2023-24 to approximately 60 weeks in 2024-25, alongside an increase in appointments per case. She advised, actions including waiting list validation, job planning reviews, team restructuring and temporary measures, including evening clinics have enabled sustained delivery of the 18 week standard. Overall, the target is being met and performance remains stable.

Cllr Liewald asked if the evening sessions are continuing. KMAR advised, they are available as the need arises.

KM queried the significant drop off in referrals. He alluded to Appendix 2 which referred to early intervention having an impact, he asked if members can be assured the drop in referrals are due to a reduction in demand. KMAR spoke of the difficulty in evidencing this. KM suggested a survey with the main referrers to gather feedback for the reason. Unfortunately, KMAR's wi-fi signal failed and LG stepped in to explain the significant early intervention measures which have had an impact. These include mental health nurses embedded within every GP practice, increased third sector involvement, upskilling of school nurses, psychology services operating within schools, greater PC mental health support. She explained the shift in approach aims to ensure that CAMHS functions as a specialist 'last resort' service for the most complex cases, rather than being the default referral pathway. KM welcomed LG's response and suggested this may be clearer supporting evidence outlined in future papers to provide stronger assurance.

The Committee was Assured by the report.

**9.7 Fife Health Literacy**

This report was brought to Committee by Lisa Cooper and comes for Assurance and Noting.

LC introduced the report which provides a moderate level of assurance on progress in developing a Health Literacy model across Fife. She advised, the aim is to establish FHSCP as a health literate organisation supporting individuals and communities to better understand and manage their health and care. She stated the work is led by the Health Promotion Service and is a key deliverable within the Prevention and Early Intervention Strategy (Priority Area 6). Progress to date includes raising awareness, embedding the approach across services and providing access to tools and training to support staff and communities. She further added, Health Literacy is viewed as central to enabling people to become active partners in their care, supporting co-production and shared responsibility in managing health conditions.

Cllr Liewald welcomed the progress made and recognised the value of the ongoing work, particularly given changing demographics and evolving health challenges. It was noted that further consideration will be given to how future reporting can provide a more detailed level of assurance and whether this work should be embedded within broader strategic reporting rather than presented as a standalone item.

JB stressed the need to embed practical health literacy approaches—such as using teach-back, reducing jargon and abbreviations, and promoting stronger shared decision-making for people with long-term conditions. He also highlighted the valuable role of partners like pharmacies in reinforcing patient understanding. LC noted that the programme is in its first year of implementation and will continue to develop, confirming that the suggestions raised will be considered as part of ongoing evaluation to ensure consistent practice across care settings.

The Committee was Assured by the report.

9.8

## Post Diagnostic Support for Dementia

This report was brought to Committee by Karen Marwick and comes for Assurance.

KMAR introduced the report which highlights the improvement in post-diagnostic dementia support. Waiting times have reduced by 58% due to better processes and increased staffing. The service now supports over 800 people using tailored care models and has strengthened referral standardisation and data tracking. Recruitment pressures have eased and funding is secured for the next year, though longer term workforce and funding risks remain. Overall, the service is performing well and meeting national standards.

Cllr Liewald was supportive of the report and the significant improvements compared to the report the previous year, highlighting clearer pathways and overall service progress. While short-term funding is secured, members noted the importance of monitoring longer-term funding to sustain progress.

Cllr Mowatt queried the distinction between 12 month post-diagnostic support and self directed support. CCH explained, 12 month post diagnostic support is a national standard, separate from SDFS which relates to how individual care packages are arranged, adding, individuals can be referred back for further support if required.

MF wished to highlight her concerns about past inconsistencies, particularly around follow-on support after the 12 month programme. She advised, some carers reported being referred back to GPs without clear ongoing pathways. She has also received feedback suggesting that a continuous 12 month programme may not suit all families with some preferring a more flexible model. It was noted that the 12 month approach remains a national standard, though it is under evaluation.

ML highlighted the Dementia Carers Education programme which is delivered in partnership with Alzheimer Scotland and NHS Fife as valuable and well received and it was suggested that this should be more clearly reflected in future reports. Further discussion will continue through the Dementia Strategy Group

The Committee was Assured by the report acknowledging overall progress with a note to monitor future funding risks.

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| <p><b>9.9</b></p>   | <p><b>Fife HSCP Reverse Mentoring Pilot Programme</b></p> <p>This report was brought to Committee by Roy Lawrence and comes for Assurance, Discussion and Noting.</p> <p>RL introduced the report which is an evaluation of the inclusive leadership reverse mentoring initiative, which formed part of the EDI annual report. The programme reversed the traditional mentoring model with staff from under-represented groups mentoring senior leaders to strengthen understanding and inclusion. Although five pairs were initially planned, strong interest led to 11 pairs completing the programme.</p> <p>RL advised the evaluation demonstrated positive impact, including improved empathy. More confident and open conversations and tangible changes to recruitment and team practices. Mentors reported feeling valued and heard, indicating a meaningful cultural shift. The initiative was described as low cost and high impact, acting as a catalyst for wider organisational change. RL told of plans to expand the programme and embed it within leadership development and wider EDI work, and the Committee welcomed it as a powerful example of workforce led improvement.</p> <p>LB shared a personal reflection on participating in the programme, describing it as challenging, emotional and highly worthwhile and encouraged others to get involved.</p> <p>The Committee was Assured by the report.</p> |  |
| <p><b>10. EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b></p> |   |  |
| <p>10.1</p>   | <p><b>Quality Matters Assurance Group</b><br/>Unconfirmed Minutes from 05.12.25</p>   |  |
| <p>10.2</p>   | <p><b>Equality and Human Rights Strategy Group</b><br/>Incorrect minutes were attached – correct minutes will be circulated once available.</p>   |  |
| <p>10.3</p>   | <p><b>Clinical Governance Committee</b><br/>Unconfirmed Minutes 07.11.25</p>  |  |
| <p>10.4</p>   | <p><b>Strategic Planning Group</b><br/>Unconfirmed Minutes 05.11.25</p>   |  |

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| <b>11.</b> | <b>ITEMS FOR ESCALATION</b>                |  |
|            | No items were raised for escalation        |  |
| <b>12.</b> | <b>AOCB</b>                                |  |
|            | No items were raised under AOCB            |  |
| <b>13.</b> | <b>DATE OF NEXT MEETING</b>                |  |
|            | Wednesday 04 March 2026, 1000hrs, MS Teams |  |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 13 JANUARY 2026 AT 14.00 PM VIA TEAMS

**PRESENT:** Kenny McCallum, UNISON (Chair)  
 Vicki Bennett, British Dietetic Association Representative (Co-Chair)  
 Lynne Garvey, Director of Health & Social Care (Co-Chair)  
 Ben Morrison, TU Rep, Royal College of Podiatry  
 Casey Fitzpatrick, HR Lead Officer, Fife Council  
 Caroline Cherry, Principal Social Work Officer, H&SC  
 Chris Conroy, Head of Community Care Services, H&SC  
 Colleen Allen, UNISON  
 Dafydd McIntosh, Organisational Development & Culture  
 Debbie Fyfe, Joint Trade Union Secretary  
 Gemma Reid, HSCP Coordinator (Minutes)  
 Hazel Williamson, Communications Adviser, H&SC  
 Hugh Wilson, Health & Safety Lead Officer, Fife Council  
 Karen Marwick, Head of Complex & Critical Care Services  
 Lee-Anne French, HR Business Partner, Fife Council  
 Lisa Cooper, Head of Primary & Preventative Care, H&SC  
 Louise Noble, UNISON  
 Lynn Barker, Director of Nursing, H&SC  
 Lynne Parsons, Employee Director, NHS Fife  
 Melanie Jorgensen, HR Team Leader, NHS Fife  
 Michaela Lessells, UNISON  
 Roy Lawrence, Head of Culture, Engagement & Communities, H&SC  
 Tracy Hogg, Chief Finance Officer, H&SCP  
 Vanessa Salmond, Head of Strategic Planning & Performance, H&SC  
 William Nixon, H&S, NHS Fife

**APOLOGIES:** Yvonne Batehup, UNISON  
 Steven Portsmouth, UNISON

| NO | HEADING   | ACTION |
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| 1  | <b>APOLOGIES</b>  |        |
|    | Chair welcomed everyone to the meeting, confirming that the meeting would be recorded to assist with the minute. Apologies were noted as above. |        |
| 2  | <b>PREVIOUS MINUTES / ACTION LOG FROM 11 NOVEMBER 2025</b>  |        |
|    | The minute and action log of the meeting held on 11 <sup>th</sup> November 2025 were approved as an accurate record.                            |        |

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| 3 | <p><b>JOINT CHAIRS UPDATE</b></p>  |                       |
|   | <p>Lynne Garvey opened by giving her thanks to all staff for their resilience during the festive period and in planning for the potential doctors’ strike, which was later cancelled.</p> <p>Lynne highlighted some key operational updates and staff achievements:</p> <ul style="list-style-type: none"> <li>• <b>Strategic Plan 2026–29</b> consultation live; additional staff sessions planned. Please share widely.</li> <li>• <b>Transforming Care Programme:</b> Cowdenbeath rollout complete; Glenrothes due this month.</li> <li>• <b>Carers Community Chest Fund:</b> Supported 3,000+ carers; 78 new applications received.</li> <li>• <b>Bairns’ Hoose</b> progressing with trauma-informed, child-centred model.</li> <li>• <b>Staff Achievements:</b> <ul style="list-style-type: none"> <li>○ Lyndsey Dunn, who is moving on, was named <i>Manager of the Year</i> (Nursing Times Awards).</li> <li>○ Community Nursing Heroes Long Service Awards – 700+ years combined service.</li> <li>○ Emma McAuley awarded <i>Queen’s Nurse</i> title.</li> <li>○ Kelly Cunningham received <i>Sarah Fletcher Memorial Prize</i>.</li> <li>○ Lesley Elias celebrated 40 years’ service.</li> <li>○ Fife Care Academy event successful – 30+ providers attended.</li> <li>○ Farewell to Linda Taylor (25+ years Occupational Therapy service).</li> <li>○ Fife School Nursing Team shortlisted for <i>RCN Scotland Nurse of the Year</i> (Children’s Nursing &amp; Midwifery).</li> </ul> </li> </ul> <p>Lynne stressed the importance of allocating time for completion of mandatory training and requested support to promote this within teams.</p> <p>Lynne concluded her Chief Officer’s Update by paying special recognition to Helen Hellewell (Deputy Medical Director) who has left after 6½ years of service, acknowledging her leadership and compassion, and wishing her well for the future. Lynne noted this post would be progressed in the coming weeks.</p> |                       |
|   | <p><b>7.4 Updated Mobilisation &amp; Communications Plan</b></p> <p>Item moved to start of agenda due to high priority.</p> <p>Lynn Barker shared a presentation further to discussions at the Extraordinary LPF held on 6<sup>th</sup> January and advised that the document outlining tracked changes would be circulated to members.</p> <p>Lynn gave thanks for staff feedback following Extraordinary LPF, noting this had been incorporated into the revised document.</p> <p>Full assurance is given on the RAG status of services in Appendix 1. Lynn noted the figures within are dynamic and fluid.</p>  | <p><b>LB / GR</b></p> |

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|   | <p>Lynn clarified that ‘critical’ refers to services with high reliance on supplementary staffing and those operating 24/7.</p> <p>If staff do not volunteer for mobilisation into critical services and escalation becomes necessary, this will proceed in line with governance requirements and involve further discussions.</p> <p>Lynn stressed that mobilisation is voluntary with no consequences or detriment to substantive posts and gave assurance that staff will not be asked to work out with their scope of practice. Lynn advised that mobilisation is time limited until 31 March 2026 and gave assurance that this will not become a standard operating model.</p> <p>Chair opened to questions from members.</p> <p>Lynne Garvey thanked Lynn for incorporating feedback from the previous week’s Extraordinary meeting and emphasised that actions must also be progressed via the workforce hub. She highlighted an email requesting festive period support, noting that seven volunteers responded and had since provided positive feedback, which will be reflected in the final mobilisation document.</p> <p>Lynn confirmed that a SWAY would be shared with staff feedback and added as an appendix to the plan.</p> <p>Lynne shared that ARPs from Care at Home team had supported with weekend flow.</p> <p>Vicki Bennett stressed the importance of sharing stories in the communication plan to encourage volunteers for mobilisation and gave thanks to Lynn for the work involved in updating the plan.</p> <p>Debbie Fyfe emphasised the need for clear communication to managers that mobilisation is voluntary. She also queried the approach to annual leave during mobilisation, seeking clarity to ensure non-mobilised staff are not disadvantaged and unable to take annual leave due to lack of staff to cover.</p> <p>Lynne advised that a Q&amp;A for staff not mobilising is to be included within the final document.</p> <p>Caroline Cherry provided assurance that lots of work is being done to assess the balance of need between communities and hospitals, how waiting lists are managed and assess the level of need and risk in the community.</p> <p>Chris Conroy advised that he is happy to discuss ARPs with Debbie offline, noting that we are not expecting to push staff to a point that it is affecting staff health and attendance at work.</p> <p><b>LPF supported and approved the mobilisation plan.</b></p> <p><b>Lynne Garvey will instruct Chief Executives to proceed with joint communication.</b></p> | <p>LB</p> <p>LB</p> <p>CC</p> <p>LG</p> |
| 4 | <b>HEALTH AND WELLBEING</b>   |   |

## **4.1 Attendance Update**

### **Fife Council Update**

Lee-Anne French presented key highlights from the Fife Council Attendance Report.

- In October 2025, HSCP recorded 27.08 working days lost per FTE which is a slight increase in comparison to July/August.
- In October 2025, the top 3 reasons for sickness absence by working days lost were mental health, non-work-related stress and other musculoskeletal.
- In October 2025, the top 3 reasons for sickness absence by number of occasions were diarrhea and vomiting, cough, cold and flu and non-work-related stress.
- Community Care Services has the highest level of sickness absence with 30.36 working days lost which is above the Directorate average, followed by Complex and Critical care with 25.14 WDL, Localities with 20.66 WDL and Resources with 6.16 WDL.
- Long-term absence continues to account for the majority of working days lost across the HSCP.

Chair opened to questions from members.

Debbie Fyfe raised the need to analyse age and gender profiles in relation to absence risk and assess whether appropriate supports are in place.

Lee-Anne noted that this data is not currently available but expressed interest in breaking it down further by service. She will explore whether additional demographic information can be obtained and discuss this with Karen Rennie.

Casey Fitzpatrick highlighted research indicating that mental health-related absences are most prevalent among younger age groups.

Debbie asked about opportunities to address these absences through supports, management styles, and structures.

Casey confirmed these discussions are ongoing as part of data analysis, though resources to support this work are limited.

### **NHS Update**

Melanie Jorgensen provided a summary of key findings from the NHS Fife Attendance Report.

- The sickness absence rate increased in October 2025 to 8.07% which is higher than the October 2024 figure.
- Community Care Services had the highest sickness absence percentage at 9.56%. Complex and Critical Services was second highest with 9.03%, Primary Care & Prevention Services at 6.07% and Professional/Business Enabling at 4.61%.

- The highest number of hours lost was due to Anxiety / stress / depression / other psychiatric illness, followed by other Gastro-intestinal problems. The highest number of episodes of absence lost was due to Anxiety / stress / depression / other psychiatric illnesses, followed by Cough, cold, flu - influenza.
- The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 5+ job family followed by nursing/midwifery Band 1-4. The highest absence percentage was within the nursing and midwifery Band 1-4 followed by nursing/midwifery band 5+.
- Short-term and long-term absence both increased in October 2025.
- The highest overall absence rate was in the 65+ age category. The next highest overall absence rate is in the 60-64 age group followed by 25-29 age group.
- Melanie concluded her update by noting that there were 25 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in October 2025.

**LPF members were assured by the current position.**

#### **4.2 Attendance Management Flash Reports**

Heads of Service presented the attendance management flash reports to support the data presented by HR.

##### **Primary & Preventative Care**

Lisa Cooper provided an update on the Primary & Preventative Care portfolio, noting that absence figures are included in the report and showing a slight increase in November, partially attributed to seasonal illness. The Multifactorial Review process remains ongoing, with all actions delivered. Challenges persist with administrative staff impacting service delivery. Guest speakers have been invited to the Attendance Management Group, which is receiving positive feedback. Work is underway to review mental health-related absences to determine whether they are work-related or non-work-related.

##### **Complex & Critical Care Services**

Karen Marwick provided an update on the Complex & Critical Care portfolio, noting that the Fife Council Attendance Support Unit is now operational and assisting managers with absence-related training. Ward 4 at QMH accounts for 28% of current absences, prompting a planned deep dive to assess whether additional support is required, noting that 7 staff are currently absent for non-work-related reasons.

##### **Community Care Services**

Chris Conroy provided an overview of the Community Care portfolio, noting an increase in absences in October, whilst Fife Council showed a downward trend compared to last year. Work continues to support staff to remain at work. Key challenges include mobilisation plans, system pressures, and surges; however, Chris noted that staff have coped relatively well. Increased

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|  | <p>patient numbers in community hospitals are adding pressure. Significant transformation work is ongoing, in collaboration with TU/Staffside. Focused training and support initiatives aim to reduce long-term absences, with early signs of positive impact. A deep dive into nursing is underway, and another is planned for Care at Home, with a particular focus on mental health.</p> <p>Chair opened to questions from members.</p> <p>Vicki Bennett gave thanks for the flash reports and welcomed the deep dives which are ongoing to understand high absence levels in certain areas.</p> <p><b>LPF members were assured by the current position.</b></p>  |                  |
|  | <p><b>4.3 Recruitment Update</b></p> <p><b><u>NHS Update</u></b></p> <p>Melanie Jorgensen provided a summary of key points from the NHS Fife Recruitment Report, noting that the total number of vacancies in Q2 (July to September 2025) was 391 with 296 adverts posted. This was an increase of 21 vacancies in comparison to Q1.</p> <p>The main activity was in July 2025 with 177 vacancies and the lowest was in August with 91 vacancies.</p> <p>In Q2 the nursing and midwifery job family had the highest level of activity with 47% of vacancies, followed by admin services at 14% and AHPs with 12%.</p> <p>Melanie shared that on average NHS Fife time to hire from job approval to start date was approximately 117 days during the period July to September 2025, which she noted was a decrease of 36 days in comparison to Q1. However, the time from offer letter to completion of pre-employment checks increased by 11 days. These challenges are due to ongoing delays with Occupational Health clearance times and managers are advised to continue to use a risk assessment approach when appointing a low-risk employee.</p> <p>HSCP local data was unavailable but will be presented at the next meeting.</p> <p>Chair invited questions from members.</p> <p>Vicki Bennett asked for data on how many posts go to advert and how many are successfully recruited to.</p> <p>Melanie Jorgensen advised that data is provided by East Region and noted she would link with Douglas to enquire if this data can be provided.</p> <p><b><u>Fife Council Update</u></b></p> <p>Lee-Anne French provided a verbal update on Recruitment within Fife Council during the period 1 July – 30 September 2025 noting:</p> <p>The top 5 posts advertised in HSCP were:</p> <ul style="list-style-type: none"> <li>• Home Carer with 10 adverts</li> <li>• Care Assistant with 6 adverts</li> </ul> | <p><b>MJ</b></p> |

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|  | <ul style="list-style-type: none"> <li>• Enablement Support Worker with 5 adverts</li> <li>• Senior Practitioner with 4 adverts</li> <li>• Social Care Worker with 4 adverts</li> </ul> <p>1279 applications were received over this period with 1047 applicants being external and 232 existing employees. Applicants were largely female with 707 applicants in comparison to 446 male applicants. 1042 applicants did not disclose their age, and 237 candidates disclosed their age with the highest number of applications received from those aged 30-34.</p> <p>91 candidates were hired during this time period with 63 external and 28 internal applicants. 54 appointments were within Community Care Services and 29 within Complex and Critical Care.</p> <p>Of the 91 candidates hired, 72 were female, 14 were male and 5 did not disclose their age. Of the 91 hires, 61 did not disclose their age. Where age was disclosed the highest number of appointments was within the 55-59 age category.</p> <p><b>LPF members were assured by the current position.</b></p>  |  |
|  | <p><b>4.4 Staff Health &amp; Wellbeing Updates</b></p> <p><b><u>NHS Update</u></b></p> <p>Melanie Jorgensen reported that the review of the Health &amp; Wellbeing (HWB) framework and action plan is underway. Plans are in place to introduce an Employee Assistance Programme, with the tender process currently live. Rhona will retire in February, and Jenny Jones will assume responsibility for staff Health &amp; Wellbeing. A request has been submitted to become an Endometriosis Friendly Employer, and an accreditation application for ESAW has been lodged. An updated leaflet detailing wellbeing supports is available on Stafflink. The bereavement support group is now operational.</p> <p><b><u>Fife Council Update</u></b></p> <p>Casey Fitzpatrick shared that Elizabeth Crighton has taken on the role of Lead Officer within Wellbeing. The corporate wellbeing plan includes five key objectives and outcomes.</p> <p>Recent monthly focuses have been:</p> <ul style="list-style-type: none"> <li>• <b>October:</b> Health &amp; Safety matters</li> <li>• <b>November:</b> Blood and flu vaccinations</li> <li>• <b>December:</b> Staying safe and keeping well</li> </ul> <p>Training initiatives include Wellbeing Information Adviser sessions and a course on understanding divergence in the workplace (currently with a waiting list). The Council has published a neurodiversity policy. Other topics covered include coping with workplace pressures, self-awareness, and Mentally Healthy Workplace training. Challenges remain in securing manager participation in training and ensuring completion of e-learning modules.</p> |  |

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|          | <p>Casey noted that referrals from staff currently not in work have exceeded those from staff who are in work. The Health &amp; Social Care directorate has the highest number of referrals to <i>Time for Talking</i>, with positive feedback received for the service. Many individuals are accessing support for issues outside of work.</p> <p>Casey shared that Heartbeat 2 will launch next Monday for NHS, with data incorporated alongside iMatter.</p> <p>Casey is in discussion with Willie McLaughlin regarding a facilities management project, including sessions on engagement with Time for Talking and Andy's Man Club. Casey noted that Willie is keen to replicate this approach within his own service.</p> <p>Chair opened to questions from members.</p> <p>Roy Lawrence thanked Casey and Melanie for leading wellbeing work in support of the Partnership, highlighting strong connections across partners.</p> <p>Debbie Fyfe emphasized the importance of outreach and referenced collaboration with Fife Sports &amp; Leisure on MSK issues, suggesting revisiting these opportunities to address physical causes of absence. She also stressed the need to promote counselling services for personal issues to help prevent absences.</p> <p>Vanessa will arrange communications to advertise that counselling is available for personal matters.</p> <p>Dafydd shared that the Wellbeing Assurance Group will now meet quarterly, and an annual delivery plan is in progress. He noted the SSSC wellbeing survey is open until February and encouraged completion. Significant changes in regulated qualifications are creating pressure on staff, with a national SSSC campaign underway to provide support. Additionally, NES has developed a Pastoral Social Care Award aimed at the international workforce, with further details to follow.</p> <p><b>LPF members were assured by the current position.</b></p> | <b>VS / HW</b> |
| <b>5</b> | <b>HEALTH AND SAFETY</b>   |                |
|          | <p><b>5.1 H&amp;S Updates – NHS &amp; Fife Council (incl. Violence &amp; Aggression)</b></p> <p><b><u>NHS Update</u></b></p> <p>William Nixon presented key highlights from the NHS Fife Health and Safety report.</p> <p>Between November and December, a total of 165 incidents were reported. These included:</p> <ul style="list-style-type: none"> <li>• 5 sharps-related incidents</li> <li>• 2 slips, trips, and falls</li> <li>• 123 incidents of violence and aggression</li> <li>• 4 musculoskeletal incidents</li> </ul>  |                |

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|  | <ul style="list-style-type: none"> <li>• 30 self-harm incidents</li> <li>• 1 RIDDOR-reportable incident</li> </ul> <p>Within the Violence &amp; Aggression category:</p> <ul style="list-style-type: none"> <li>• 12 incidents were formally reported to the police, comprising 7 physical and 4 verbal assaults, 1 unwanted behaviour and 10 were considered as a hate crime.</li> <li>• 7 incidents of sexual harassment were also reported, comprising 3 physical and 2 verbal assaults and 2 unwanted behaviours.</li> </ul> <p>Chair opened to questions from members.</p> <p>Vicki Bennett queried if the reporting template from Staff Governance would be adopted. William confirmed that this would be tested.</p> <p>Lynne Garvey highlighted the risk of potential identification through providing additional detail on incidents, noting that we need to ensure staff are being supported through their management teams whilst police process their own investigation.</p> <p><b><u>Fife Council Update</u></b></p> <p>Hugh Wilson, representing the Fife Council Health and Safety team, reported 180 incidents during the reporting period, 69 of which were injury/harm, 95 violence, aggression or threat and 16 near miss. 96 incidents involved employees with slips, trips and falls being the highest cause of incidents.</p> <p>5 RIDDOR were reported during the time period, with all incidents resulting in over 7 days off work. 3 related to slips, trips and falls with the remaining 2 as a result of moving and handling incidents.</p> <p>Hugh shared that the team are back up to 2 advisors and continue to engage with services to support. Workplace reviews will start at the end of January.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe asked whether slips, trips, and falls were weather-related. Hugh confirmed they are primarily linked to Home Care, with a slight increase during winter. He noted that most incidents occur when carers are transferring between locations and will liaise with Casey regarding the roadshow to incorporate education aimed at reducing these occurrences.</p> <p><b>LPF members were assured by the current position.</b></p> | <b>HW / CF</b> |
|  | <p><b>5.2 Health, Safety &amp; Wellbeing Assurance Group Update</b></p> <p>Karen Marwick advised that the content of report had been covered by the Health &amp; Safety updates, noting that the report provides an update on activity and compliance with training.</p> <p><b>LPF members were assured by the current position.</b></p>  |                |
|  | <p><b>5.3 Mandatory Training Dashboard</b></p>  |                |

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|                 | <p>Karen Marwick noted that the data in the report covers July to September 2025. She added that the ongoing clearance of Fife Council Health and Safety records should result in improved figures for Q3.</p> <p><b>LPF members were assured by the current position.</b></p>  |  |
| <p><b>6</b></p> | <p><b>FINANCE</b></p>   |  |
|                 | <p><b>6.1 Finance Update</b></p> <p>Tracy Hogg provided an update on the financial position based on information to 30<sup>th</sup> November 2025.</p> <p>Tracy shared a presentation focused on Section 5 of the report (table on page 159), noting a projected overspend of £8.6m which is approximately 1% of the £800m total budget at M8.</p> <p>This is a £1.7m adverse movement compared to the September position (£6.8m projected overspend).</p> <p><b>Key areas of overspend:</b></p> <ul style="list-style-type: none"> <li>• Partial non-delivery of savings.</li> <li>• Primary Medical Services – maternity leave, sick pay, superannuation, 2C practices.</li> <li>• Mental Health &amp; Psychology – overspends in addictions, specialist inpatients, bed numbers, locum use.</li> <li>• Adults, Care of Elderly, Care at Home, Nursing &amp; Residential – linked to high service demand.</li> <li>• Occupational Therapy – increased item costs and demand.</li> <li>• Older People Residential – agency use and enhanced cleaning.</li> <li>• Service Level Agreements – higher recharges, price uplifts, and unanticipated client placement.</li> </ul> <p>Tracy noted that overspends are partially offset by underspends in other areas and provided assurance that management actions continue to reduce the overspend.</p> <p><b>Additional points to note:</b></p> <ul style="list-style-type: none"> <li>• £0.7m improvement in Primary &amp; Preventative and Prescribing positions.</li> <li>• Increased overspends due to higher care at home and care home placements; reduced impact of planned management actions on bank/agency and social care.</li> <li>• Savings delivery on track at 82% of £29.4m target.</li> <li>• Reserves balance: £1.5m (includes £0.167m drawn for housing adaptations; remaining balance accounted for in projected outturn).</li> </ul> <p>Chair opened to questions from members.</p> |  |

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|   | <p>Debbie Fyfe queried how much spend is allocated to the independent sector for commissioned Home Care services and queried active scrutiny in this area.</p> <p>In response, Tracy provided assurance that the budget process includes a scrutiny process which will determine if value for money has been achieved within all commissioned services, including the Voluntary Sector.</p> <p>Caroline Cherry advised that she is now the Chair of the Care at Home Quality Matters Assurance Group. This group comprises numerous representatives from across the Health and Social Care Partnership and actively scrutinises the quality of care delivered, identifying any issues of concern for escalation to ensure a high standard of care is delivered throughout Fife.</p> <p><b>LPF</b></p> <ul style="list-style-type: none"> <li>• Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at 30<sup>th</sup> November 2025 as outlined in Appendices 1-4 of the report; and</li> <li>• Noted that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2025-26.</li> <li>• Noted the onward submission to the IJB of the financial monitoring position as at November 2025 and the onward submission of the Directions to NHS &amp; Fife Council for approval by the IJB.</li> </ul> |    |
| 7 | <b>SERVICE PRESSURES &amp; WORKFORCE UPDATES</b>  |    |
|   | <p><b>7.1 Admin Transformation Update</b></p> <p>Tracy Hogg provided a verbal update on the current status of the admin transformation programme, noting that communications had been issued prior to the festive break. She acknowledged staff frustrations and confirmed that the next step is to review current vacancies and identify supports required until new technology becomes available. Tracy reported positive feedback from hybrid mail and speech recognition technology in pilot areas and advised that new national systems will be introduced. She also shared that NHS is exploring the setup of corporate functions.</p> <p>Tracy concluded by confirming she will work closely with Alistair and provide a further update at the next LPF meeting on 10 March 2026.</p> <p>Chair opened to questions from members.</p> <p>Vicki Bennett welcomed this work, noting that teams are overburdened and under pressure.</p> <p><b>LPF members were assured by the current position.</b></p>   | TH |
|   | <p><b>7.2 iMatter Directorate Action Plan</b></p> <p>Roy Lawrence introduced this item to be docketed with LPF to provide assurance that SLT is actively working to improve in this area, noting that</p>   |    |

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|  | <p>current scores are above the national average. The focus for the coming year will be on team action plans and reinforcing the importance of iMatter.</p> <p><b>LPF members were assured by the current position.</b></p>   |  |
|  | <p><b>7.3 Reverse Mentoring Pilot Programme</b></p> <p>Roy Lawrence presented the report as part of the EDI action plan, highlighting the extremely positive feedback received and confirming that the report will progress to the IJB. He noted that the programme will be expanded to include unpaid carers and older workers and welcomed suggestions for additional cohorts to be included.</p> <p><b>LPF members were assured by the current position.</b></p>   |  |
| <b>8</b>   | <b>REPORTS</b>  |  |
|  | <p><b>8.1 Unscheduled Care Programme Update - Hospital at Home PID</b></p> <p>Chris Conroy presented the report outlining the expansion of the Hospital at Home (H@H) service, with the aim of supporting admission avoidance and facilitating early supported discharge. The report provides moderate assurance regarding governance and controls in place. Chris gave assurance that LPF will be kept informed of any specific staffing implications.</p> <p><b>LPF members were assured by the current position.</b></p> |  |
| <b>9</b>   | <b>GOVERNANCE</b>   |  |
|  | <p><b>9.1 LPF Workplan</b></p> <p>The LPF workplan was included for assurance and noting.</p>   |  |
| <b>10</b>  | <p><b>ITEMS FOR BRIEFING STAFF / AOCB</b></p> <p>No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.</p>   |  |
| <p><b>DATE OF NEXT MEETINGS</b></p> <p><b>LPF Development Session (Fife House) – Tuesday 17 February 2026, 11:00-13:00</b></p> <p><b>LPF Meeting (MS Teams) - Tuesday 10 March 2026, 14:00-16:00</b></p> |   |  |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 14<sup>TH</sup> JANUARY 2026 AT 10.00 AM VIA MICROSOFT TEAMS

**Present:** John Kemp, NHS Non-Executive Board Member (Chair)  
Alistair Morris,  
Cllr Dave Dempsey

**Attending:** Lynne Garvey, Director of Health & Social Care  
Tracy Hogg, Chief Finance Officer  
Caroline Cherry, Principal Social Work Officer  
Vanessa Salmond, Head of Strategic Planning & Performance  
Chris Conroy, Head of Integrated Community Care Service  
Karen Marwick, Head of Complex & Critical Care  
Lisa Cooper, Head of Primary & Preventative Services  
Avril Sweeney, Manager, Risk Compliance  
Gillian McNab, Management Support Officer (Minutes)

**Apologies for** Cllr David Alexander  
**Absence:** Roy Lawrence, Head of Culture, Engagement & Communities

| No. | Item  | ACTION |
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| 1.  | <b>WELCOME AND APOLOGIES</b><br>John Kemp welcomed everyone to the meeting.<br>Apologies were noted as above, and all were reminded of meeting protocols.<br>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.<br>Members were advised that a recording pen would be in use during the meeting to assist with minute taking. |        |
| 2.  | <b>DECLARATIONS OF INTEREST</b><br>No declarations of interest were noted.  |        |
| 3.  | <b>MINUTE OF PREVIOUS MEETING – 12<sup>th</sup> NOVEMBER 2025</b><br>The minutes of the last meeting were agreed as an accurate record of discussion.   |        |

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| 4.  | <p><b>MATTERS ARISING / ACTION LOG</b></p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>  |  |
| 5.  | <p><b>FINANCE</b></p>  |  |
| 5.1 | <p><b>Finance Update</b></p> <p>Tracy Hogg, Chief Finance Officer presented the Finance paper detailing the financial position as at Month 8 is a projected overspend of £8.6m which is a £1.7 movement from the last projection that came to committee. It was noted that this remains around 1% of the total budget. The key areas of overspend include £5.4m which relates to the non-achievement of savings. Other areas making up the overspend include Primary Medical Services (£0.6m), Mental Health &amp; Psychology (£4.5m), Adult Services (£0.6m), Care of the Elderly (£1.1m), Care at Home (£1.6m), External Nursing &amp; Residential Care (£0.8m), Occupational Therapy (£0.7m), Older People Residential internal (£0.7M) and Service Level Agreements (£3.0m).</p> <p>Committee noted these overspends are partially offset by underspends in Primary and Preventative Care (£1.8m), Supported Living (£4.2m), Community Support (£1.8m), Learning Disabilities (£0.950m), and Reserves (1.8m). These underspends are mainly due to vacant posts and management actions taken to reduce the overspend position.</p> <p>Committee also noted the movement from month 6 position is a £1.7m adverse movement. There has been a favourable movement across Primary &amp; Preventative Care of nearly £0.7m. Complex and Critical Care services has a favourable movement of £0.358 due to management actions. It was highlighted that section 5.1 of the report states the figure has a movement of £0.9m for Care at Home, this was reduced to £0.267m per the table, due to additional Scottish Government funding. There is a reduction in the management actions reported and this relates to the removal of the management action relating to repatriating clients back to Fife and a reduction in the potential management action on bank and agency staff.</p> <p>Tracy Hogg highlighted the current £29m package of savings. Partial non-delivered savings relate to Transport, Out of Area Care Packages, Mental Health re-design and Transforming Overnight Care but there is some confidence that these can be delivered in full next year. There is £6m of non-delivery however there is a projected over delivery of £0.876m for Medicine Efficiencies. We have continued on the trajectory we've reported of 82% delivery.</p> <p>Tracy Hogg also highlighted that the reserve balance remaining is £1.5m. This was £1.7m opening balance. £0.2m has been drawn down for housing for aids and adaptations. The remaining £1.5m is mainly held Community Alarms moving from Digital to Analogue and Mental Health.</p> <p>The discussion was opened to Committee members and considerable discussion was held around the budget and financial position.</p> <p>Questions raised included is there a formal recovery plan, does the year-end overspend take everything into account, where do the</p> |  |

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|                   | <p>numbers on NHS direction (pg. 26) come from, how are they what they are and are we anticipating these actions will reduce the deficit?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at November 2025 as outlined in Appendices 1-4 of the report.</li> <li>2. Noted that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2025-26.</li> <li>3. Noted the onward submission to the IJB of the financial monitoring position as at November 2025 and the onward submission of the Direction to NHS &amp; FC for approval by IJB</li> </ol>  |  |
| <p><b>5.2</b></p> | <p><b>FP&amp;S Risk Register Deep Dive Review</b></p> <p>Avril Sweeney, Risk Compliance Manager presented the report for assurance and discussion. It was noted that as part of the framework it was agreed that each risk on the Strategic Risk Register would be assigned to one or both governance committees and advised that Finance is only assigned to this Committee.</p> <p>Avril Sweeney advised committee the purpose of the deep dive risk review is for members gain assurance that risks are being effectively managed within the IJB's agreed risk appetite and at the appropriate tolerance levels. The Deep Dive Risk Review is shown at Appx. 1 setting out the risk description and the risk scoring. This also highlights external and internal factors that may impact on this risk and notes relevant assurances, provided performance measures, benefits and linked risks.</p> <p>Appx 2 is a question set to help members with their scrutiny of the risk and a risk matrix has also been provided at Appx. 3, which allows members to see relevant descriptors for each level of risk. The key mitigations are the regular tripartite meetings with partners, regular reporting to IJB and Committees and regular monitoring of transformation programmes, budget spent and savings. This includes the regular monitoring of an escalation tool for volatile areas of spend.</p> <p>Committee noted the confidence in a reasonable level of assurance that work is ongoing to support management on this risk. Smart actions are on track and external auditors at the last annual audit report highlighted the challenges faced by the IJB and noted that the IJB working alongside partner bodies continues to demonstrate good collaboration and partnership working to tackle the financial and demand driven challenges within the system. It was also noted the IJB has a good focus on achieving its saving targets in the medium to longer term through the establishment of the progress update report.</p> <p>The Chair opened this up to Committee members for discussion and comment. Questions raised included ensuring Smart actions meet the SMART criteria, determining how we can be assured that the process is appropriately vigorous, whether the wording of the risk needs to be reviewed, whether we should only be recording risks where we have an</p> |  |

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|            | <p>element of control and the extent to which the risk register forces us to look at services &amp; resources required to provide the service?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Are assured on the level of assurance provided on the management of this risk.</li> <li>2. discussed the deep dive risk review and provide any comments or suggestions for improvement.</li> </ol>  |  |
| <b>6.</b>  | <b>PERFORMANCE</b>   |  |
| <b>6.1</b> | <p><b>Performance Report</b></p> <p>Vanessa Salmond, Head of Strategic Planning &amp; Performance presented the report for assurance. Committee noted this was a new approach to monitoring performance, improvements, good practice across services and understanding how they are interlinked. It is a very detailed report and is a departure from what members have seen before.</p> <p>Vanessa Salmond provided background on the approach taken and advised that the performance team gathered the information together looking at the narrative available from systems records but also working closely with operational managers to understand the cause and effect that drives indicators. This is an evolving process, and the team are working in a practical sense to ensure we are recording the correct things for the correct purposes. Vanessa Salmond acknowledged there may be some concerns around the format and content of the report and advised that an IJB Development session will be scheduled in February for a deeper dive into this report to aid understanding on the approach, rationale and output.</p> <p>The discussion was opened to Committee members. Questions raised included on page 53 there is a recommendation to Escalate an Indicator – what difference does escalate and indicator make, what needs focused on and what do we need to know on Appx 1?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Are moderately assured regarding progress of key HSCP performance metrics.</li> <li>2. Discussed content of the December SLT Performance Report</li> </ol> |  |
| <b>6.2</b> | <p><b>Monitoring Progress of Directions</b></p> <p>Vanessa Salmond, Head of Strategic Planning &amp; Performance presented the report to provide and update on the current status of open directions and directions that have been issued since the last monitoring report.</p> <p>Committees' attention was drawn to the directions that are at risk which include Revenue Budget and Overspend. In terms of the monitoring of directions, work is still being carried out closely with partners and</p>  |  |

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|     | <p>feedback will be given in the future to provide an update of where we are in relation to delivery of these directions.</p> <p>Committee also noted the report is also travelling through partner governance routes before being presented to IJB. Vanessa Salmond, Tracy Hogg and Cllr Dave Dempsey to meet offline to discuss further.</p> <p>The Chair opened this up to Committee members for discussion and comment. Questions raised included should an overspend feature here and did the money get spent in the areas it was meant to get spent on?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Support the onward submission of this progress report to the IJB.</li> <li>2. Are assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.</li> </ol>   |  |
| 7.  | <b>SCRUTINY</b>   |  |
| 7.1 | <p><b>Digital Strategies</b></p> <p>Tracy Hogg, Chief Finance Officer provided a year one report update on the Digital Strategy and provides assurance on the progress made in the first year of the three-year strategy. The focus has been on building the digital foundation needed to modernise care. Tracy Hogg highlighted the key points which include Wi-Fi is now enabled in all Council care homes, NearMe virtual consultations continue to grow in numbers, the NHS re-designed website for improved access to information and the Digital first approach review supporting transforming care programme is also in place.</p> <p>Committee noted that a digital oversight board has been put in place to ensure strong governance and to steer and prioritise our digital workspace. The report sets out progress made, areas where delays have been experienced and how we will inform on the development of our 2026 Digital Action Plan. The report also highlights any emergent opportunities.</p> <p>Committee noted that overall year one show steady collaborative process and positions for further transformation in 2026.</p> <p>The discussion was opened to Committee members and considerable discussion was held around the Digital Strategy Report and the format of the appendix. Questions raised include what the background on the digital plan was, what the driver for a particular initiative was and in what context was it made, what is the objective of this, what will the impact be of making this easier/quicker and more productive, what basis do we have for approving the recommendations and what extent should our strategy be going alongside national development?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the HSCP Digital Strategy Year 1 Report.</li> </ol> |  |

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|            | 2. Are moderately assured of the HSCP Digital Strategy Year 1 Delivery Plan progress.   |  |
| <b>8.</b>  | <b>ITEMS FOR HIGHLIGHTING</b><br>John Kemp confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board. |  |
| <b>9.</b>  | <b>AOCB</b><br>None   |  |
| <b>10.</b> | <b>DATE OF NEXT MEETING</b><br>Wednesday 11 <sup>th</sup> March 2026 at 10.00 am via MS Teams   |  |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 14 NOVEMBER 2025 AT 10.00 AM (TEAMS MEETING)

**Present:** Dave Dempsey (Chair), Fife Council (DD)  
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)  
Sinead Braiden, NHS Non-Executive Board Member (SB)

**Attending:** Tracy Hogg, Chief Finance Officer (Fife H&SCP) (TH)  
Vanessa Salmond, Head of Strategic Planning and Performance (VS)  
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)  
Lynne Garvey, Director of Health & Social Care Partnership (LG)  
Isabella Middlemass, Management Support Officer (Note Taker)

**In attendance:** Rachel Heagney (NHS Fife) joined the meeting for item 9

**Apologies:** Cllr David Alexander, Fife Council (DA)  
Amy Hughes, External Auditor (AH)  
Chris Brown, External Auditor (CB)

|           |  | <b>ACTION</b> |
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| <b>1.</b> | <b>WELCOME AND APOLOGIES</b><br>Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.  |               |
| <b>2.</b> | <b>MINUTES OF PREVIOUS MEETING</b><br>The minutes of the previous meeting were approved.   |               |
| <b>3.</b> | <b>ACTION LOG</b><br>Action note discussed and all actions closed appropriately.   |               |
| <b>4.</b> | <b>INTERNAL AUDIT PROGRESS REPORT</b><br>Jocelyn Lyall presented this report to provide moderate assurance on progress of 2024/25 and 2025/26 Internal Audit Plans and Appendices 1 & 2. There are no further relevant Fife Council or NHS Fife internal audits to be reported since the last Audit and Assurance Committee on 19 <sup>th</sup> September 2025.<br><br>2024/25 Plan - Internal Audit F05-25 Performance Reporting which is delivered jointly by Fife Council and NHS Fife Internal Audit teams remains as a work-in-progress. Fieldwork is substantially completed, and it is anticipated that this report will be issued as a priority. |               |

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|           | <p>2025/26 Plan - Internal Control Evaluation (ICE) with an indicative start date of 8<sup>th</sup> September.</p> <p>Members expressed concerns around the timing of the Performance Report and members were assured that the report is progressing.</p> <p><b>Recommendation</b> Members considered and noted the Progress Report at Appendices 1 and 2 and took assurance on the progress on the 2024/25 and 2025/26 Internal Audit Plans.</p>   |  |
| <p>5.</p> | <p><b>INTERNAL AUDIT - FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</b></p> <p>Jocelyn Lyall presented this report to the Committee for assurance and to brief members on the progress with audit actions from Internal Audit Reports.</p> <p>The Internal Annual Audit Report 2022/23 has been removed from the system as all actions from that report are now complete and have been validated by Internal Audit.</p> <p>Three actions remain in the system for reports published more than a year ago, this has decreased by one from the August report. Eight actions remain from reports published less than a year ago and that compares to 9 at the end of August, thus resulting in 11 outstanding actions at the time of this report. Four of these actions are not yet due, 1 has been completed and validated and 6 have been extended.</p> <p>Discussions took place around the number of actions being extended and Jocelyn stated that she was not particularly concerned about the extensions and explained that these had been agreed due to changes in SLT roles and as there was not going to be an Audit and Assurance Committee in January 2026 felt that these were acceptable reasons for these extensions.</p> <p><b>Recommendation:</b> Members noted this report and were assured by its content.</p> |  |
| <p>6.</p> | <p><b>INTERNAL AUDIT CHARTER</b></p> <p>Jocelyn Lyall presented this paper to the Committee to provide significant assurance that the updated Internal Audit Charter complies with Global Internal Audit Standards and with the Application Note for Global Internal Audit Standards in the UK public sector. It also incorporates recommendations from the March 25 external quality assessment of the wider FTF Internal Audit Consortium which includes the NHS Fife team. This Charter was prepared in line with the template provided by the Institute of Internal Auditors. The Charter was presented to this Committee to be updated annually, and it is therefore presented here to the Committee today for approval.</p> <p>The Global Internal Audit Standards require each organisation to agree an Internal Audit Charter and that includes the mandate, the organisational position, reporting relationships and the scope of work on the types of work that they provide. The Internal Audit Mandate is a new requirement under Global Internal Audit Standards and that sets out the internal audit functions rules and responsibilities. A new requirement under GIAS is the</p>  |  |

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|    | <p>requirement for formal approval by the Chair of the Audit and Assurance Committee and the Chief Officer.</p> <p><b>Recommendation:</b> Members were assured and approved the Audit Charter which sets out the internal audit function’s mandate, organisational position, reporting relationships, scope of work, types of services and other specifications.</p>   |  |
| 7. | <p><b>RISK MANAGEMENT UPDATE REPORT (UPDATE ON PROGRESS)</b></p> <p>Avril Sweeney presented this report to the Committee for assurance and discussion and provided an update on progress with implementing the IJB Risk Management Policy and Strategy Delivery Plan since the last annual report which was in May 2025.</p> <p>There are 10 actions of which 8 are complete although they are doing further improvement work with the development of the Risk Maturity Model Action Plan. Two remain outstanding which are around lessons learned and process review work and the aim is to complete these by March 2026.</p> <p>It was felt that further work was required to understand where the processes can and should be replicated and how they can better evidence the impact of learning.</p> <p>Discussion took place around risk management and the work developing a maturity model in the lessons learned exercise. As this is part of the Action Plan for the delivery of the IJB Risk Management Policy and Strategy it will be reported back to this Committee again in 6 months.</p> <p><b>Recommendation:</b> Members discussed the work carried out to date and with the IJB Risk Management Policy and Strategy Delivery Plan and were assured both by progress and suggested future approach.</p> |  |
| 8. | <p><b>DEEP DIVE RISK REVIEW UPDATE REPORT</b></p> <p>Avril Sweeney presented this report for assurance and discussion.</p> <p>This report was to update the Audit and Assurance Committee on the process of the deep dives and whether these have helped support the governance committees in their function and improve the management of risk.</p> <p>Members were also asked to consider whether the deep dive risk review process should continue in the same format that they have been doing or whether they think something else is required. Perhaps the focus should be given to high scoring risks, new and emerging risks or where there is a risk score increasing or perhaps remaining static for a lengthy period of time.</p> <p>Discussion took place around the process and how well these were working and what has implemented is the opportunity to have much deeper discussions and understand the risks and focus on the mitigation to bring scores down. Further discussions took place regarding other committees having discussions in what they are expecting from the deep dive.</p> <p><b>Recommendations:</b> Members discussed future approaches to strengthen the deep dive risk review process. It was agreed to</p>   |  |

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|     | <p>escalate the importance of other Committees roles in applying appropriate scrutiny to these deep dive risk reviews. This escalation will be via Chairs Assurance Report to the IJB.</p> <p>Members also asked to discuss the update report on the deep dive risk reviews and agreed no further information is required.</p> <p>Members agreed to keep the same format of review but agreed to continue to monitor.</p>  |  |
| 9.  | <p><b>HORIZON SCANNING (presentation on transformation) Verbal update</b></p> <p>This is being presented to the Audit and Assurance Committee for discussion and noting and Tracy Hogg introduced Rachel Heagney who gave a presentation on transformation and change.</p> <p>Rachel gave an overview on the Programme Management Office (PMO) workplan which currently has 4 live transformation programmes which supports the Strategic Plan. These consist of Home First and Community Care Services transformation; the Primary Care Improvement Plan which is about Scottish Government Policy around primary care reform which started in 2018 and due to go onto 2027; Mental Health Service Redesign Programme which supports the mental health strategy which started back in 2022 and has just had the recently published mental health strategy which goes on until 2028/2029 and the Digital Programme which supports the digital strategy which started in 2023 and is due to end in 2027.</p> <p>Discussion took place around the definition of transformation and the redesign of services to support sustainability to be financially viable to deliver good quality care.</p> <p>This was brought to the Audit and Assurance Committee to see whether we should be looking at how well we as an organisation or a group of organisations do transformations and the Audit and Assurance Committee should be assured that we have the best possible system in place.</p> <p><b>Recommendations:</b> Tracy and Vanessa agreed to revisit the governance reporting of Transformation progress and support provided to ensure scale and pace of transformation is delivered</p> |  |
| 10. | <p><b>AUDIT &amp; ASSURANCE WORKPLAN</b></p> <p>The purpose of the workplan is for discussion and noting.</p>  |  |
| 11. | <p><b>ITEMS FOR REFLECTION &amp; HIGHLIGHTING TO IJB</b></p> <p>Deep Dives</p> <p>Transformations</p>  |  |
| 12. | <p><b>AOCB</b></p> <p>None</p>   |  |
| 13. | <p><b>DATE OF NEXT MEETING</b></p> <p><b>13<sup>th</sup> March 2026</b></p>  |  |



**MINUTE OF THE STRATEGIC PLANNING GROUP  
FRIDAY 14<sup>TH</sup> NOVEMBER 2025 AT 2PM  
VIA MS TEAMS**

- Present:** Dave Dempsey, Paul Dundas, Paul Short, Roy Lawrence, Vanessa Salmond, Colin Grieve, Tracy Hogg, Lynne Garvey, Nicola Broad, Dafydd McIntosh, Jacquie Mellon, Alan Admason, Lesley Gauld, Vicki Birrell, Lynn Barker
- Apologies:** Caroline Cherry, Karen Marwick, Lisa Cooper, Morna Fleming, Ben Hannan, Fiona Forrest, Tom McCarthy-Wilson, Chris Conroy, Jacquie Stringer, Cllr Rosemary Liewald, Cllr Sam Steele, Claire Dobson, William Penrice, Helen Hellewell
- In Attendance:** Susan Fraser, Lee Cowie, Lynda-Reid Fowler; Rachel Heagney, Nicola Thomson, Leesa Radcliffe, Ruth Bennett, Gillian Muir (Minutes)

| ITEM | MAIN DISCUSSION   | ACTION |
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| 1    | <p><b>WELCOME &amp; APOLOGIES</b></p> <p>Colin Grieve welcomed everyone to the meeting and noted the meeting would be recorded for minute taking purposes.</p> <p>Apologies were noted as above.</p>  |        |
| 2    | <p><b>MINUTES &amp; ACTION NOTE OF LAST MEETING – 3<sup>RD</sup> SEPTEMBER 2025</b></p> <p>The minutes of the previous meeting and action log of 3<sup>rd</sup> September were approved as an accurate record.</p> <p>Noted the PMO agenda item had been deferred to the March meeting where a comprehensive update would be provided to the group, offering more robust and meaningful information to support discussion to enable the group to review for assurance or escalate any concerns as required.</p> |        |
| 3    | <p><b>ANNUAL REPORTS</b></p> <p>Chair noted that all reports being presented had previously been considered by the Quality &amp; Communities Committee, where some members had had the opportunity to provide comments. Given this prior review, the Chair proposed proceeding with a brief summary of each report, followed by questions and key discussion points.</p>  |        |

| ITEM | MAIN DISCUSSION  | ACTION |
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| 3.1  | <p><b>Advocacy Strategy Annual Report for 2025</b></p> <p>Vicki Birrell presented the Advocacy Strategy Annual Report for 2025 for assurance noting the report provides an update on the delivery plan and outlines the key activities undertaken over the past two years since the strategy was approved in May 2023.</p> <p>It was also noted that the strategy sets out the Partnerships approach to meeting its statutory obligations for independent advocacy under relevant legislation. Over the past two years significant progress has been achieved in strengthening advocacy provision including the renewal of the independent advocacy contract, review and update of service level agreements with third-sector providers, delivery of awareness-raising initiatives and collaboration with the Fife Advocacy Forum.</p> <p>Whilst progress has been strong in areas such as contract renewal and awareness campaigns it is acknowledged that some priorities such as completion of gap analysis and reinstatement of the joint planning group require further attention.</p> <p>It was noted that feedback from the Finance, Performance &amp; Security Committee and Quality &amp; Communities Committee had been noted and would be incorporated into a refreshed action plan and an update provided prior to submission to the Integration Joint Board. Committee feedback would also be reflected in the SBAR.</p> <p>The discussion was opened to Strategic Planning Group members. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> <li>1. Took assurance that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively.</li> </ol> |        |
| 3.2  | <p><b>Prevention &amp; Early Intervention Strategy</b></p> <p>Ruth Bennet presented the Year 1 report on the Prevention &amp; Early Intervention Strategy for assurance noting the report provides an update on progress made in the first year of delivery since the launch of the strategy in November 2025.</p> <p>It was noted that the Partnership remains committed to implementing the strategy which sets out a clear framework and rationale for embedding preventative approaches across services and partner organisations, with its aim to shift focus towards preventing health and social care challenges before they arise and making early intervention standard practice.</p>   |        |

| ITEM | MAIN DISCUSSION  | ACTION |
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| 3.2  | <p><b>Prevention &amp; Early Intervention Strategy</b> (continued)</p> <p>The three-year plan is now actively guiding the Partnerships efforts and provides a shared direction for integrating prevention and early intervention into everyday practice, commissioning and strategic planning.</p> <p>Ruth Bennett highlighted the five key areas of achievements in Year 1 noting that strategic oversight and delivery groups had been established and meet regularly to drive forward the ten identified areas of action; communication and briefing sessions have been delivered to engage service managers, staff and partners in the strategy and its implications; a baseline assessment survey has been developed and piloted to capture current levels of prevention and early intervention and inform future planning; work is underway to develop a performance framework for monitoring and evaluation; staff training and capacity building opportunities have been delivered through the prevention and early intervention training programme with impact measured via training audits.</p> <p>It was also noted that during the development of the strategy and over the course of the first year three key themes have been raised by key services, these being partners and frontline staff - limited capacity and resources to scale prevention and early intervention activity; workforce skills and knowledge gaps and lack of evidence and understanding of which activities deliver the greatest impact. To mitigate these risks the baseline survey will identify gaps and target support where needed; a robust and sustainable training model which offers flexible, targeted options for services and frontline staff and ensuring communication efforts including monthly bulletins to provide clear guidance, toolkits, best practice examples and case studies to support implementation.</p> <p>The discussion was opened to Strategic Planning Group members who provided their comments and feedback. Chair noted this was a key strategy which will be at the fore as we move forward with the next iteration of the strategic plan and looked forward to updates coming forward.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> <li>1. Took assurance on the progress made during Year 1 of delivering the Prevention &amp; Early Intervention Delivery Plan, following the launch of the Fife Health &amp; Social Care's Prevention &amp; Early Intervention Strategy 2024-27 in November 2024.</li> </ol> |        |

| ITEM | MAIN DISCUSSION  | ACTION |
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| 3.3  | <p><b>Primary Care Strategy</b></p> <p>Nicola Thomson presented the Year Two Annual Report for the Primary Care Strategy, providing assurance and summarising key outcomes.</p> <p>It was noted that the Year 2 delivery plan had established a strong foundation for implementing the Primary Care Strategy across Fife. Collaborative efforts had improved access, strengthened multi-disciplinary teams, and embedded innovation while maintaining community-based care at the heart of services.</p> <p>Key achievements noted include enhanced GP practice resilience through expanded teams and improved tools; community pharmacies increasingly being recognised as trusted health hubs; improved emergency access and referral pathways within public dental services; Optometry services delivering more care at home reducing hospital demand and strategic enablers such as workforce planning, communication, and performance monitoring are being embedded to ensure long-term sustainability.</p> <p>Workforce pressures, variation in access and experience and better support for carers and registered patients remain key challenges therefore year three will focus on evaluating impact using data and feedback to identify areas for improvement; co-designing solutions with local communities to ensure services reflect lived experience; strengthening integration by improving service connections and simplifying access. Success will be measured through the Primary Preventative Care Outcomes Map, aiming for a system where people are empowered, services are accessible and care is co-ordinated across the patient pathway.</p> <p>Lynne Garvey commended the reduction of 2C practices from seven to one, noting this as a significant achievement and also welcomed the alignment with the renewal framework and emphasised opportunities in prevention and intervention strategies.</p> <p>Nicola Thomson also highlighted the recent announcement of £250m investment in general practice from 2026 onward for three years, alongside the £15m allocated this year to bolster workforce and digital solutions.</p> <p>The discussion was opened to Strategic Planning Group members. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> <li>1. Took assurance that the delivery of the Primary Care Strategy remains on track.</li> <li>2. Discussed and endorsed the actions proposed for Year Three delivery.</li> </ol> |        |

| ITEM | MAIN DISCUSSION   | ACTION |
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| 3.4  | <p><b>Workforce Strategy</b></p> <p>Roy Lawrence presented the Year 3 report for Workforce Strategy (2022-2025) for assurance. This marks the final report in the three-year cycle highlighting significant achievements across the five pillars of the national workforce strategy, reflecting the dedication, innovation and collaboration within the Partnership.</p> <p>It was noted that the strategy remains closely aligned with the Partnerships overarching strategic plan and partner strategies with appendix 2 of the report providing a clear status update on actions completed during the past year, with detailed information contained in the main report as agreed with the auditors.</p> <p>Key highlights were noted and include 81% of the 48 strategic actions for the year are complete; over three years 176 priority actions have been delivered as well as high success in attracting and supporting staff, including workforce wellbeing initiatives, Care Academy programmes securing over £200k in funding from Fife College for training and qualifications; technology enabled care projects and youth engagement programmes such as the King's Trust.</p> <p>Roy Lawrence also highlighted the Partnership faces ongoing pressures to maintain a sustainable, motivated workforce amid financial constraints and external factors out with its control. Continued investment in staff development and inclusion initiatives such a neurodiversity work and reverse mentoring remain essential.</p> <p>Roy Lawrence informed members that the Scottish Government no longer requires a formal workforce strategy for 2025. Annexe A has been submitted as requested, but future requirements for 2026 onward remain unclear and may change. The plan going forward is to integrate workforce planning into the overarching strategic plan and develop an annual workforce delivery plan starting in April 2026 aligned with the financial year cycle and will be adapted as necessary to meet any new government requirements</p> <p>Discussion was opened to Strategic Planning Group members who gave their recognition of Fife's leadership, proactive approach and commitment to integrated workforce planning and whole system working. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group:</p> <ol style="list-style-type: none"> <li>1. Took assurance on the progress made during year three of delivery providing a comprehensive overview of progress against planned actions, highlighting the impact, value and purpose of the Partnerships work.</li> </ol> |        |

| ITEM                              | MAIN DISCUSSION  | ACTION |
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| <p><b>4</b></p> <p><b>4.1</b></p> | <p><b>STRATEGY UPDATES – FLASH REPORTS</b></p> <p><b>Alcohol &amp; Drug Strategy</b></p> <p>Lynda Reid-Fowler provided an overview of the flash report submitted and progress of work undertaken over the last six-month period.</p> <p>Progress across the key themes were noted as follows:</p> <ul style="list-style-type: none"> <li>• Wellbeing, Prevention &amp; Early Intervention – all four projects are on track.</li> <li>• Local Risk Reduction and Protection – all four projects are on track; one is experiencing minor delays.</li> <li>• Integration – seven of the eight projects are on track; one is experiencing minor delays</li> <li>• Sustainability – all projects are on track, with one requiring remedial action currently in progress.</li> </ul> <p>Lynda Reid-Fowler highlighted the achievements/positive developments, emerging actions and initiatives, risks and challenges and strategic impacts noting strong progress across most priorities with notable achievements in harm reduction and service integration and continued focus on workforce development and finally inclusive practice and emerging substance trends are always critical.</p> <p>The Strategic Planning Group accepted the progress update.</p>  |        |
| <p><b>4.2</b></p>                 | <p><b>Commissioning Strategy</b></p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken since the strategy was approved by the Integration Joint Board in July 2025 noting that the Partnership continues to work collaboratively with partners, ensuring regular communication and exploring opportunities for improvement.</p> <p>The Care at Home Collaborative in Fife meets fortnightly with consistently high engagement demonstrating a strong buy-in. The group is now well established and evolving.</p> <p>Recently the Supported Living Collaborative was launched followed by a positive feedback session. Providers welcomed the opportunity to engage, share information and strengthen partnership working.</p> <p>Following the annual report approval, focus has shifted to the Strategy Delivery Plan. The working group has been re-established and met recently to progress the eight key recommendations and actions outlined in the report.</p> <p>Alongside business-as-usual activities continue, including managing new contracts, extensions and variations.</p> <p>A review is being undertaken of the Significant Occurrence reporting in collaboration with providers, aiming to develop a process that works for all parties while supporting digital innovation and more efficient ways of working.</p> |        |

| ITEM | MAIN DISCUSSION  | ACTION |
|------|--|--------|
| 4.2  | <p><b>Commissioning Strategy</b> (continued)</p> <p>Looking ahead, the Partnerships priority is delivering the 2025-26 delivery plan and achieving key milestones to strengthen collaboration and transform care through a digital -first approach.</p> <p>The Strategic Planning Group expressed appreciation for the ongoing work, noting that its collaborative approach sets a strong example for others.</p> <p>The Strategic Planning Group took assurance from these developments.</p>  |        |
| 4.3  | <p><b>Digital Strategy</b></p> <p>Rachel Heagney provided an overview of the flash report submitted and progress of work undertaken noting the year 1 Digital strategy had delivered significant progress across key priorities with some actions continuing into year 2. The report summarises the year 1 actions which have been achieved.</p> <p>Key achievements were highlighted including wi-fi access in all Fife Council operated care homes with work ongoing with partners to assess connectivity in independent care homes; improved on-line access; growth in e-consulting and sensor technology; system access for staff across the Partnership. It was also highlighted that the National GP IT procurement had been delayed for on-line GP appointments, but implementation was expected next year.</p> <p>Year 2 progress includes Business Administration Transformation; Centres of Excellence; Technology Enabled care Group and Microsoft 365 Federation.</p> <p>Next steps include SLT Digital Opportunities Development Session to review staff survey insights and shape future priorities and SBAR to be prepared on Centres of Excellence to be presented to SLT.</p> <p>It was noted that there is a risk to programme resources due to changes in Digital PMO capacity. Resource prioritisation will be reviewed by SLT.</p> <p>Significant progress has been made, but further work is required to achieve full digital maturity. The strategy remains central to delivering optimised digitally enabled health and social care services across Fife.</p> <p>Discussion was opened to Strategic Planning Group Members who provided comments and feedback. No further questions were raised.</p> <p>The Strategic Planning Group took assurance from these developments.</p> |        |

| ITEM | MAIN DISCUSSION   | ACTION |
|------|---|--------|
| 4.4  | <p><b>Local Housing Strategy</b></p> <p>Paul Short provided an early overview of the Local Housing Strategy ahead of its presentation to the Fife Housing Partnership next week. The update highlighted key areas relevant to the Health &amp; Social Care.</p> <p>Key points included:</p> <ul style="list-style-type: none"> <li>• Housing First – over 100 tenancies established, reducing demand on care services.</li> <li>• Independent Living – 310 housing adaptations completed last year.</li> <li>• Digital Initiatives – rollout of Archangel platform integrating sensors and technology-enabled care in 193 properties; pilot with Amazon Alexa for tenant check-ins. Digital inclusion work ongoing supported by a dedicated worker and portable Mi-Fi solutions.</li> <li>• Specialist Provision – 32% of affordable housing programme for tenants with additional needs; care village developments progressing in Cupar and Anstruther; older persons’ housing projects planned for Lochgelly and Saline.</li> </ul> <p>Discussion was opened to Strategic Planning Group members. No further questions were raised.</p> <p>The Strategic Planning Group took assurance and noted the progress being made.</p> |        |
| 5    | <p><b>STRATEGIES</b></p>  |        |
| 5.1  | <p><b>Strategic Plan 2026-2029 – Update</b></p> <p>Vanessa Salmond provided the Strategic Planning Group with a verbal update on progress and apologised due to timing constraints, the current draft and accompanying summary document could not be circulated in advance but would be shared following the meeting for feedback.</p> <p>Following the recent Extraordinary Strategic Planning Group meeting where it was confirmed progression to the next stage of the plan, feedback received had been incorporated, resulting in a substantially revised draft. This iterative process reflects ongoing consultation input.</p> <p>It was noted that significant work had been undertaken collaboratively by the Strategic Planning, Participation &amp; Engagement and Communications teams which has resulted in a summary document designed to make the plan more accessible to the public. The aim is to ensure clarity around the Partnerships priorities and invite feedback on whether these are correct or anything is missing. This will form the basis of the upcoming public consultation.</p>  |        |

| ITEM     | MAIN DISCUSSION  | ACTION    |
|----------|--|-----------|
| 5.1      | <p><b>Strategic Plan 2026-2029 Update</b> (continued)</p> <p>Targeted engagement has already begun with presentations given at the Third Sector Interface and the Public Forum, raising awareness of the consultation which is scheduled to go live on 24<sup>th</sup> November 2025. Additionally, consultation has also taken place with care at home and care home providers with further sessions scheduled up until January.</p> <p>Vanessa Salmond confirmed that following the meeting the current consultation framework, draft strategic plan and summary document would be circulated and asked members to provide feedback by 19<sup>th</sup> November to ensure readiness for the consultation launch and to share widely to encourage inclusive engagement.</p> | <b>VS</b> |
| 6<br>6.1 | <p><b>GOVERNANCE</b></p> <p><b>Workplan</b></p> <p>Chair confirmed that the workplan was on schedule, except for the review of the Terms of Reference. Following discussion with Vanessa Salamond, a revised Terms of Reference will be developed over the coming months in alignment with the workplan. The updated Terms of Reference will be presented at the Strategic Planning Groups meeting in March.</p>   | <b>VS</b> |
| 7        | <p><b>AOCB</b></p> <p>No notification of other business was received.</p>  |           |
| 8        | <p><b>DATE AND TIME OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Wednesday 4<sup>th</sup> March 2026 at 2pm via MS Teams.</li> </ul>   |           |