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**CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) - WEDNESDAY 30 JULY 2025 AT 10.00 AM**

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| **Present:** David Ross (DR) (Chair)  Colin Grieve (CG) (Vice-Chair)  Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Mary Lockhart (ML), Sam Steele (SS),  NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Sinead Braiden (SB),  Chris McKenna (CMcK), Medical Director, NHS Fife  Debbie Fyfe (DF), Joint Trade Union Secretary  James Ross (JR), Chief Social Work Officer, Fife Council  Gillian McAuley (GMcA), Nurse Director, NHS Fife  Kenny Murphy (KM), Third Sector Lead  Lynne Parsons (LP), Employee Director, NHS Fife  Morna Fleming (MF), Carer Representative  Paul Dundas (PD), Independent Sector Lead  **Professional Advisers:** Lynne Garvey (LG), Director of Health and Social Care/Chief Officer  Audrey Valente (AV), Chief Finance Officer  Helen Hellewell (HH), Depute Medical Director  Lynn Barker (LB), Director of Nursing  Caroline Cherry (CCh), Principal Lead Social Work Officer  **Attending:** Alan Adamson (AA), Service Manager Quality Assurance  Avril Sweeney (AS), Risk Compliance Manager  Clare Gibb (CG), Communications Advisor  Chris Conroy (CC), Head of Community Care Services  Elizabeth Butter, (EB) ADP Representative  Jo Bennett (JB), Non-Exec Director, NHS Fife  Joy Tomlinson (JT), Director of Public Health  Karen Marwick (KM) Interim Head of Complex & Critical Care Services  Olivia Robertson (OR), Service Manager  Roy Lawrence (RLaw), Head of Culture, Engagement and Communities  Vanessa Salmond (VS), Head of Corporate Services  Carol Notman (CN), Personal Assistant (Minute) | | |
| **No.** | **AGENDA ITEM** | **ACTION** |
| **1** | **CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES**  David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting, in particular Gillian McAuley who was attending her first IJB as Executive Director of Nursing.  David advised that apologies had been received from Rosemary Liewald, John Kemp, Fiona Forrest and Lisa Cooper.  Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.  David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings. |  |
| **2** | **DECLARATION OF MEMBERS’ INTERESTS**  David Ross confirmed that there were no declarations of interest highlighted. |  |
| **3** | **MINUTE OF PREVIOUS MEETING AND ACTION NOTE 28 MAY 2025**  The Minute and Action Note from the meeting held on Wednesday 28 May 2025 were both approved as an accurate record. |  |
| **4** | **CHIEF OFFICER UPDATE**  Lynne Garvey began her update by warmly welcoming everyone to the IJB, highlighting the Chief Officer’s Brief that was sent out earlier this week that celebrated success and wished to highlight some of the fantastic and inspiring work that the services are undertaking.  Lynne advised she has been out and about enjoying visits to Stratheden, Queen Margaret Hospital and the new builds within Glenrothes which highlighted the important work that is being undertaken by the Estates Department to get homes ready for clients to be able to move out of hospital into a home environment.  Lynne shared that she had the honour of attending several events since the last meeting, including:   * A celebration marking three decades of unpaid carers, which highlighted the remarkable dedication and contributions of this group. * The Africa Day Celebration hosted by Abbotsford Care, which showcased the richness and diversity of African culture.   Lynne advised the additions to the Senior Leadership Team since the last meeting is Caroline Cherry is now in post as Principal Social Work Officer and Karen Marwick has been appointed to the Interim Head of Service for Complex and Critical Care Services. Roy Lawrence has taken on the role of Head of Culture, Engagement and Communities and recruitment is ongoing for the Head of Complex and Critical Care Services, Head of Strategic Planning and Performance and Chief Finance Officer positions.  Lynne highlighted several service milestones and investments:   * Mental health estate investment – the Scottish Government has awarded £12m over three years to improve community mental health ward environments across Queen Margaret, Lynebank and Stratheden hospitals. This will enhance patient care and support staff wellbeing. * Community Rehabilitation Transformation – as part of the Home First Strategy, two specialist rehabilitation sites are being developed at Glenrothes and Cameron hospitals, supporting care closer to home. * New respite facility – approval has been granted for a £5.5m purpose-built respite care unit in Glenrothes, to be completed by 2028. This is a major step forward in supporting adults with complex needs and their carers.   Lynne noted that Fife’s leadership and integrated approach to care continues to attract international attention. With the Partnership recently welcoming a delegation from Montenegro and UNICEF to learn more about our child-centred services including the Health Visiting Service and the Family Nurse Partnership.  Lynne noted that the Partnership continues to see national recognition for our teams, include includes:   * West Older Adults Community Mental Health Team won at the Mental Health Nursing Awards for their innovative use of music through the ‘Playlist for Life’ programme. * Hilary Munro, Professional Head of Speech and Language Therapy, was honoured at by the Royal College of Speech and Language Therapists and attended the King and Queen’s Garden Party at Holyrood. Other Fife HSCP staff also attended in recognition of their contributions. * Neil Carnegie who represented Fife at the Royal College of Occupational Therapists Member’s Day and helped shape the national direction for the profession   Lynne concluded her updated by noting that there is a lot going on that we can be proud of and it is through our dedicated workforce and our shared vision to deliver the best health and social care services we can, that makes this all possible. |  |
| **5** | **COMMITTEE CHAIR ASSURANCE REPORTS**  David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.  Vanessa Salmond advised that as per standard practice these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Audit & Assurance Committee on 27th June 2025, Quality & Communities Committee on 4th July 2025, Finance, Performance & Scrutiny Committee on 16th July 2025, and Strategic Planning Group on 18th July 2025.  David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  David Dempsey, Chair of the Audit and Assurance Committee confirmed there was noting he wished to add to the report.  Sinead Braiden, Chair of the Qualities & Communities Committee confirmed there were no significant areas of concern to highlight.  Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee confirmed there was noting he wished to add to the report.  Colin Grieve, Chair of the Strategic Planning Committee noted that the Committee had discussed the planning for the Strategic Plan 2026-29.  **Recommendation**  The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately. |  |
| **6**  **6.1** | **STRATEGIC PLANNING & DELIVERY**  **Commissioning Strategy**  David Ross advised that this report has been discussed at the Strategic Planning Group on 9th May 2025 and the Finance, Performance and Scrutiny Committee on 13th May 2025 and invited Alan Adamson to present the report.  Alan Adamson advised that the Commissioning Strategy was an enabling strategy within the Strategic Plan and this was the first annual report which provided an overview of key delivery and actions covering years 1 and 2.  Alan advised that a Working Group has been set up to review the strategy deliveries that demonstrates positive outcomes for the care provider and ensures continuity of care.  David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  Roy Lawrence, Chair of Strategic Planning Group (May Meeting) confirmed that the committee had been fully supportive of the report.  Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee noted he had no further comments from the Committee.  Jo Bennett noted that she had found the paper to be very interesting and liked the collaborative approach and queried with regards the framework whether there was a measurement in place that states what we want and how it is monitored. In addition she asked if we get scrutiny from independent commission is there an escalation process in place if the needs are not at a level that we would like to see them. Alan Adamson advised that Service Level Agreements are in place which gives the Partnership an opportunity to monitor the care provided and the service works closely and liaises regularly with a collaborative approach with the Independent Sector and confirmed that reports are submitted to QMAG to provide assurance and oversight overview.  Jo Bennett queried with regards monitoring whether measures were in place to monitor the experience of the client and also staff that work there as this provides a richness in the measurement framework. Caroline Cherry noted that this would be brought by the Care Inspectorate and confirmed during their inspections services are asked to provide evidence on how they are going to meet the outcomes for people and the Independent Sector have to demonstrate satisfaction levels which will include staff levels and there is a regulatory requirement that the Council will monitor this.  Morna Fleming noted that she felt this information was lacking but was aware through conversations at the Carers Centre that they have a responsibility to report on this and noted that it would be helpful if this information was available within a deep dive report if it was shared.  Morna also ask with regards pg 85 her interpretation of what was being said is that there is an increasing demand for a diminishing resource and third sector commissioned services are not accessible to the public sufficiently, which she felt was contradictory and likely to create more waiting lists which is an issue which requires to be addressed. Morna noted that on pg 86, the third bullet point within the conclusion of the P&E process noted that the decision making should be people centred rather than budget led and it was her impression that to some extent the budgets are leading and that is why the Board is being lambasted for cuts because it all comes down to lack of workforce and resources for Third Sector.  Alan Adamson advised Morna due to timings he would catch up with her outwith the meeting to explain the Service Level Agreement and how the services are measured. He wished to stress that the service works closely with the care providers as their resilience and sustainability is important. Lynne Garvey thanked Morna for raising the point noting that through the Transformation Programme the Partnership is going through will be putting quality and care first and foremost in any decision that is made. She noted in terms of the public facing reference she wished to stress that the Professional Leads within the Partnership triangulate the decisions and are aware that any decisions brought to Committee impact on the people of Fife. Lynne stressed that decisions being brought should not compromise on the quality of care provided.  Paul Dundas noted that there has been significant national and local activity underway regarding ethical practices, with our local arrangements being considered a benchmark—highly agile and operating at what he would describe as the highest level. He noted that areas of interest, including the length and quality of care, are under continuous review, with ongoing improvements being made.  Paul advised as part of the fortnightly agenda for care homes, there is a focus on a coordinated response to any issues raised. Whether the concern relates to care at home or within care homes, an immediate and collaborative response is initiated. This includes bringing together partners to share learning and assess the level of resources required.  In terms of monitoring, recent analysis has identified 11 recurring themes across all care homes in Fife. Fife is working closely with the Care Inspectorate to build on these findings. All activity is tracked within Fife’s robust and agile structure, which includes regulatory bodies, commissioners and providers.  **Recommendation:**  Integration Joint Board were assured that the Commissioning Strategy 2023 – 2026 is being effectively delivered in line with the Commissioning Strategy Vision and Principles. |  |
| **6.2** | **Alcohol & Drugs Strategy Annual Report**  David Ross advised this report had been discussed at the Finance, Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Karen Marwick to present the report. Karen welcomed Elizabeth Butters to present and talk to the report.  Elizabeth Butters, presented the Alcohol and Drug Partnership (ADP) Annual Report noting the deadline to submit the report to the Scottish Government was at the end of July.  Elizabeth Butters outlined the key themes of the report, including:   * Improved access to treatment * Achievement of “green” status, celebrating strategic progress and full implementation of key initiatives   David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee noted the committee had discussed and commended the report.  Colin Grieve, Chair of Strategic Planning Group (May Meeting) confirmed that he had no further comment and expressed support for the report.  Jo Bennett praised the report, noting its presentation at several committees. She asked whether feedback would be received from the Scottish Government after submission. She also raised a concern about mortality rates among women related to alcohol, noting a growing gap in Fife and the absence of this issue in the listed priorities, despite its impact on families.  Elizabeth Butters confirmed that feedback would be provided by the Scottish Government. She acknowledged the importance of the issue and agreed that the focus on women and alcohol should be strengthened. She explained that women often seek support through family care pathways, and that targeted support is being developed. For example, women-only groups have been established, such as the Levenmouth Club. Future commissioning with Children and Families services will include a focus on early intervention for women, aiming to provide support before crisis points.  David Alexander recalled a previous report by Fiona McKay regarding how drug-related deaths are measured differently in Scotland, and asked whether this affects reported numbers.  Elizabeth Butters responded that while there are slight variations in definitions, the impact on overall numbers is not significant. The higher rates are largely driven by poverty and higher drug use per 100,000 population, which increases the risk of death and confirmed that the focus remains on protecting individuals and improving access to treatment.  Eugene Clarke asked whether the joint emergency response initiative in Levenmouth—involving the Scottish Ambulance Service, NHS Fife, and Police Scotland—has had any impact on mortality rates. Elizabeth Butters noted that data is not yet available, but she will follow up with Jacquie Stringer. She added that Emergency Department (ED) attendance from Levenmouth is being reviewed, and efforts are underway to develop community-based responses to reduce ED visits.  **Recommendation**  David Ross confirmed that members: -   * Had discussed the Alcohol & Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey. * Approved the Alcohol & Drug Partnership (ADP) Annual Report and Scottish Government ADP Survey and supported its submission to the Scottish Government and publication. |  |
| **6.3** | **Home First Strategy Update – Community Hospitals Transformation**  David Ross advised that this report had been discussed at the Quality & Communities Committee on 4th July 2025, the Finance Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Chris Conroy to present the report.  Chris Conroy provided an update on the approved proposal to transform community services. The initial approval was granted in March 2024, with NHS Fife confirming support in January 2025.  Chris noted that the report outlines the delivery plan for the transformation, which will be implemented over a 12–18 month period. He noted the key developments included:   * Glenrothes Hospital to be repurposed as a specialist stroke unit. * Cameron Hospital to focus on general community rehabilitation.   Chris advised that there will be a reduction of 37 community beds, with additional capacity available to manage winter pressures and noted that the transformation is expected to deliver financial savings of £1 million in the current year and £2 million in the following year. In addition, Chris confirmed that staff have been informed, and discussions are ongoing to support them through the organisational changes.  Lynne Garvey thanked Chris and noted IJB’s previous agreement, highlighting this transformation as a strong example of doing the right thing for the people of Fife. While financial savings are important, the investment ensures appropriate community pathways aligned with national and local strategies.  David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  Sinead Braiden, Chair of Quality and Communities confirmed the committee was assured by the progress and supports moving forward.  Alastair Grant, Chair of Finance, Performance and Scrutiny Committee had no further comments on the assurance report.  Colin Grieve, Chair of Strategic Planning and Performance Committee noted that the Group welcomed the report.  David Alexander queried with regards the financial aspects discussed at the Fife Partnership Strategy Group (FPS), seeking clarity on site-related investments. Chris McKenna responded advising that the Board is committed to delivering the programme, including investment in medical education at the site and continued ward-based patient care. He noted that funding will not be spent until March 2026, and there may be opportunities to enhance the plan further.  Morna Fleming reiterated concerns about the financial focus in the report, particularly on page 207. She suggested rewording the second column, second-last paragraph to better reflect the balance between financial savings and people-centred care.  On the EQIA report (page 241), Morna objected to prioritising any one protected group, such as the LGBT community, and recommended that all protected groups be treated equally without assigning champions to specific ones.  Chris Conroy agreed to review the section highlighted by Morna.  David Ross confirmed that the Board were assured that there was a clear plan to deliver the transformation programme and accepted the recommendation with minor amendments.  Vanessa Salmon reminded the group of the direction, and all agreed it could be forwarded to NHS Fife.  **Action:**  EQIA section to be reviewed  Direction to be issued to NHS Fife | **CC** |
| **6.4** | **Short Stay Bed Base Provision**  David Ross advised this report had been discussed at the Quality & Communities Committee on 4th July 2025 and the Finance Performance & Scrutiny Committee on 16th July 2025 and invited Chris Conroy to present the report.  Chris Conroy explained that the paper was being brought forward for decision. It relates to the STAR Beds—assessment beds and planned respite provision—within the eight residential care homes. The proposal has been developed based on identified needs and outlines changes that are expected to have a positive impact across the wider system. It aims to deliver sustainable savings by improving access to community services and relieving pressure on both acute and community hospitals.  The proposal includes the creation of a short-term, constituent service that would provide planned respite care.  This initiative would be supported by the Respite Task Force.  The expected outcomes include:   * Improved hospital flow * Enhanced community access to beds * More efficient use of existing funded resources * A care model aligned with local needs * Strengthening of the workforce   There are also potential financial benefits, which align with previously agreed priorities of the Integration Joint Board (IJB).  David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  Sinead Braiden, Chair of Quality and Communities confirmed the committee had a robust and in-depth discussion, and members agreed the report should proceed for approval.  Alastair Grant, Chair of Finance, Performance and Scrutiny Committee confirmed following discussion that the report should progress.  Paul Dundas thanked Chris for the report, highlighting the key benefits and areas for improvement. He asked for clarification on whether the proposal was being agreed "in principle" in relation to the EQIA.  Chris Conroy confirmed that these elements would be taken forward and expressed a desire to receive guidance on how to progress the proposal quickly.  Vanessa Salmond suggested that agreement could be reached via email, allowing for a virtual decision to be made and formally approved by the IJB.  Paul Dundas emphasized that he did not want to delay the proposal but stressed the importance of completing the EQIA and engaging with wider stakeholders.  Jo Bennett echoed concerns regarding the EQIA.  **Recommendation:**  David confirmed that there were no objections raised, the Integration Joint Board indicated their support for the proposed reconfiguration taking into consideration the completion of the EQIA and engagement with the wider stakeholders. |  |
| **7**  **7.1** | **LIVED EXPERIENCE & WELLBEING**  Lived Experience – Single-Handed Care  David Ross invited Lynn Barker and Karen Marwick to present the Lived Experience video highlighting Single-Handed Care.  Lynn Barker advised she was delighted to present this video as it provided a real opportunity to celebrate some of the successes which are described.  Karen Marwick advised that Single Handed Care was part of the transformational care work which was fully integrated with a multi-disciplinary team approach that included in patient nursing, occupational therapists and district nursing to support the service user who had been completely bed bound.  Morna Fleming noted that she is fully supportive of this transformation as it frees up a care professional to help someone else who requires support and reinforced the importance of ensuring that the carer is fully involved in the transformation so that they can learn how to use the equipment that is brought into their home and at the same time preserve their own care. |  |
| **8**  **8.1**  **8.2**  **8.3** | **INTEGRATED PERFORMANCE & QUALITY**  **Revised Budget Direction**  David Ross invited Audrey Valente to present the revised Budget Direction report.  Audrey Valente presented the revised budget direction. She explained that when the budget was originally set in March, there had been extensive discussion leading up to its approval. However, at that time, the partners were not in a position to fully commit. Since then, significant progress has been made, and the situation has developed positively.  Over the period from March to now, both partners have agreed to fund the volatile elements of the budget on a one-off basis, which has had a substantial impact on the projected outturn. This paper formally acknowledges the additional funding and seeks IJB approval for an increase of £14 million to the budget.  David Ross welcomed the positive financial update and confirmed that all members were happy to approve the revised budget direction. He confirmed that with the issue of the new Directions 2025.005 and 2025.006 that these supersedes budget directions 2025/001 and 2025/002, which can now be closed.  All members agreed to the revised budget direction.  **Finance Update**  David advised this report has been discussed at Finance Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Audrey Valente to present the report.  AV presented the report projecting the financial outturn based on actual figures up to 31 May 2025. She noted that delegated services are currently showing an overspend of £5.2 million.  The paper includes a budget direction outlining how funding is being returned to partners. Audrey advised that a direction will be brought to each IJB meeting and aligned with the finance report, specifically referencing the £9.3 million in additional funding.  Regarding savings, £29 million was approved in March, and 93% of these savings are currently on track to be delivered. However, there are risks to sustaining these savings at the current level, particularly around timing and scale. These risks are being actively monitored through weekly PRU (Performance Review Update) meetings, where officers attend to ensure issues are identified and addressed early.  Given the projected overspend, a recovery plan is being developed and will be presented at the next IJB meeting. Audrey wished to provide assurance that close monitoring will continue throughout the remainder of the financial year.  David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  Alastair Grant, Chair of Finance, Performance and Scrutiny Committee confirmed that the forecast for the year had been fully discussed and was encouraged by the plans in place to address the overspend.  Jo Bennett raised a question about the confidence level in the May projections and the potential variance. Audrey responded that the figures are based on the best available information at the time and that scrutiny has been increased, with weekly PRU meetings involving senior leadership to proactively manage risks. Audrey noted that while there is a level of confidence, she acknowledged that projections may change depending on service demand, and any updates will be brought back to the Board.  David Ross expressed disappointment at the projected overspend but noted that the situation is significantly improved compared to last year. He welcomed the recovery actions and emphasized the importance of full consultation and shared ownership of the plan.  Audrey reiterated that a detailed recovery plan is being worked through and will be presented at the next meeting. While the plan aims to bring finances back in line, she cautioned that circumstances may still change.  **Recommendation**  David Ross confirmed that members: -   * were assured that there was robust financial monitoring in place * Noted and approved the projected outturn position for delegated services for 2025-26 financial year as at 31st May 2025 as outlined in Appendices 1-4 of the report; * Approved the Direction to NHS Fife for additional allocations.   **Annual Performance Report 2024-25**  David advised this report had been discussed at the Quality & Communities Committee on 4th July 2025, the Finance Performance & Scrutiny Committee on 16th July 2025 and the Strategic Planning Group on 18th July 2025 and invited Audrey Valente to present the report  Audrey advised that the Integration Joint Board is required to provide an annual performance report and noted that the report was being presented for assurance and final approval.  Audrey highlighted while the full report once approved will be published, a shorter version and an easy read version will also be made available on the website. Once approved the report will be sent to Scottish Government Health Department and published on the IJB Website with an update included for staff in the Directors Weekly Brief.  David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.  Sinead Braiden, Chair of Quality and Communities confirmed the committee was assured with the information outlined within the report.  Alastair Grant, Chair of Finance, Performance and Scrutiny Committee confirmed the committee was assured that the report provided an update on all areas required by Scottish Government.  Colin Grieve, Chair of Strategic Planning and Performance Committee noted that the Group were happy to approve the report.  Dave Dempsey welcomed the idea of creating a middle-tier document—something between the easy-read version and the full master document. Audrey confirmed that this would be circulated.  Jo Bennett advised that she appreciated the breadth of work covered in the report, particularly highlighting the digital referral system and bowel and bladder services. She asked whether the work undertaken this year might lead to improvements next year, especially in areas such as emergency admissions and readmissions, where current data is below expectations.  Lynne Garvey confirmed that the structure of SLT meetings is currently being revised, moving to a four-weekly cycle, with one meeting each cycle dedicated solely on performance. The aim is to focus on identifying barriers to improved performance. Lynne confirmed a dedicated dashboard is nearly complete, and benchmarking work is underway with other boards to strengthen performance scrutiny.  Morna Fleming expressed appreciation for Audrey’s comprehensive responses to questions submitted ahead of the meeting. She raised concerns about higher rates in Fife, noting that the data is not straightforward and may reflect recording differences that portray Fife in a poorer light. She also pointed out that the percentage of adults reporting positive outcomes is significantly lower in Fife compared to the Scottish average and suggested a comparative deep dive to better understand the reasons.  Audrey agreed with Morna’s observations and confirmed that benchmarking and deep dives will be prioritised in the upcoming revision process.  Eugene Clarke raised two questions regarding Section 27 – the analogue to digital transition (page 67). He was pleased to see progress but sought clarification on the timeline, noting the jump from 20% to full transition by December 2025. Audrey confirmed that the plan is for all service users to be transitioned by December, and gave assurance that delivery is on track.  Karen Marwick, drawing on her previous experience, confirmed that the transition is part of a rolling programme and that completion by December is feasible.  Eugene Clarke also asked whether the IJB has a Digital Strategy which Audrey confirmed that a strategy exists and will arrange for it to be shared with Eugene.  Vicki Bennett asked whether the strategy had been presented to the Local Partnership Forum (LPF). Audrey explained that it had been scheduled but the LPF meeting had been cancelled; arrangements will be made for it to be tabled it at the next LPF.  Mary Lockhart began by commending the report, describing it as very useful and well-governed, offering a clear overview of past, current, and future directions. She referred to page 107, which discusses positive service experiences, and noted a discrepancy in complaint volumes across four GP practices. She asked whether the data could be further analysed to determine whether the imbalance is due to demographics, service quality, or infrastructure issues. Audrey thanked Mary for her comments and acknowledged the value of feedback. She confirmed that a deeper dive would be undertaken and offered to follow up with Mary directly regarding her specific query.  **Recommendation**  David Ross confirmed that members: -   * had reviewed the Annual Performance Report 2024 to 2025 and provided final approval for publication and circulation to partner agencies (Scottish Government, Fife Council and NHS Fife). * found assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014. |  |
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| **9**  **9.1**  **9.2** | **GOVERNANCE & OUTCOMES**  **Membership Update**  David advised that the report was for noting and invited Vanessa Salmond to present the update.  Vanessa Salmond apologised for the omission of officially welcoming Gillian McAuley and wished to clarify that the paper advised that Alastair Grant will be stepping down in September but noted that this will take place in July.  David Ross wished to thank Sinead for all that she had done for the Qualities and Communities Committee during her tenure as Chair Person.  Recommendation  David Ross confirmed that members formally agreed the member transitions as detailed in the report.  **IJB Workplan**  David Ross advised that the IJB Workplan had been made available for information |  |
| **10**  **10.1** | **LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**  **Whistleblowing Annual Report**  David Ross advised this report had been discussed at the Finance, Performance & Scrutiny Committee on 16th July 2025 and introduced Roy Lawrence to present this report.  Roy Lawrence noted this was the second annual report, highlighting it as a collaborative effort and thanked the group for their contributions.  David Ross invited Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee who confirmed he had no further comments.  Colin Grieve commended the report for its comprehensive nature but raised a query regarding Section 3 – Concerns Received. Specifically, the first table as it shows no categories reported for Fife Council. Colin asked how assurance can be provided that concerns raised are being appropriately captured and addressed. Roy advised that the reporting process is still relatively new, and the low number of concerns identified reflects the early stage of development. Work is ongoing to create a more robust and comprehensive approach in collaboration with partners. Feedback is being used to refine the process, and further growth is expected.  Morna Fleming raised a point about Section 7 – Training Data. She noted that NHS Fife has 79 posts listed as requiring training, yet the training is not compulsory. She questioned how training can be “required” if it is not mandatory. She also highlighted that under Fife Council, mandatory e-learning completion stands at 75%, indicating that a mandatory requirement is not being fully met. Roy clarified that NHS Fife is undertaking significant data cleansing. While 79 posts are identified as requiring training, the training itself is not mandatory. He noted that any staff member can complete the training, which explains why more than 79 individuals have done so. There is a commitment to achieving 100% uptake, with mandatory training reviewed quarterly and actively promoted.  **Recommendation**  David Ross confirmed that the Integration Joint Board had;   * Discussed the Annual Whistleblowing Report 2024-25 and note the Whistleblowing activity in the Partnership over the reporting period and share any thoughts about the findings. * Noted the improved performance within iMatter results and increased training uptake across partners. * Taken assurance that the HSCP, NHS Fife, Fife Council and our Trade Union and Staff Side are working together to continually improve our Whistleblowing work in support of the Partnership. * Approved the Whistleblowing Annual Report 2024-25 |  |
| **11** | **MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED**  The minutes of the following Governance Committees were provided for information:   * Quality & Communities Committee - 25 April 2025 * Strategic Planning Group – 9 May 2025 * Finance, Performance & Scrutiny Committee – 13 May 2025 * Local Partnership Forum – 14 May 2025 * Audit & Assurance Committee – 16 May 2025   David Ross requested that any queries on the above were directed to the Committee Chair due to timescales. |  |
| **12** | **AOCB**  As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings. |  |
| **13** | **DATE OF NEXT MEETINGS**  IJB Development Session – Wednesday 27 August 2025  Integration Joint Board – Monday 29 September 2025 |  |