

Wednesday, 12 February, 2025 - 9.30 a.m.

AGENDA

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1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST** – In terms of Section 5 of the Code of Conduct Members of the Committee are asked to declare any interest(s) in particular items on the agenda and the nature of the interest(s) at this stage.
3. **MINUTE** - Minute of Meeting of Levenmouth Area Committee of 27 November 2024 3 - 8
4. **AREA ROADS PROGRAMME 2025 - 2026** – Report by the Head of Roads & Transportation Services 9 - 17
5. **LRP GRANT FUNDING** – Report by the Head of Roads & Transportation Services 18 - 24
6. **SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – GREEN HEALTH PARTNERSHIP** – Report by the Head of Communities and Neighbourhoods 25 - 69
7. **SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – VARIATION TO SPEND** – Report by the Head of Communities and Neighbourhoods 70 - 71
8. **SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – CASH FIRST LEVENMOUTH** – Report by the Head of Communities and Neighbourhoods 72 - 93
9. **PROPERTY TRANSACTIONS** – Report by the Head of Property Services 94 - 95
10. **LEVENMOUTH AREA COMMITTEE FORWARD WORK PROGRAMME** – Report by the Executive Director Finance and Corporate Services 96 - 104

Members are reminded that should they have queries on the detail of a report they should, where possible, contact the report authors in advance of the meeting to seek clarification.

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Finance and Corporate Services

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5 February,2025

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BLENDED MEETING NOTICE

This is a formal meeting of the Committee and the required standards of behaviour and discussion are the same as in a face to face meeting. Unless otherwise agreed, Standing Orders will apply to the proceedings and the terms of the Councillors' Code of Conduct will apply in the normal way

For those members who have joined the meeting remotely, if they need to leave the meeting for any reason, they should use the Meeting Chat to advise of this. If a member loses their connection during the meeting, they should make every effort to rejoin the meeting but, if this is not possible, the Committee Officer will note their absence for the remainder of the meeting. If a member must leave the meeting due to a declaration of interest, they should remain out of the meeting until invited back in by the Committee Officer.

If a member wishes to ask a question, speak on any item or move a motion or amendment, they should indicate this by raising their hand at the appropriate time and will then be invited to speak. Those joining remotely should use the "Raise hand" function in Teams.

All decisions taken during this meeting, will be done so by means of a Roll Call vote.

Where items are for noting or where there has been no dissent or contrary view expressed during any debate, either verbally or by the member indicating they wish to speak, the Convener will assume the matter has been agreed.

There will be a short break in proceedings after approximately 90 minutes.

Members joining remotely are reminded to have cameras switched on during meetings and mute microphones when not speaking. During any breaks or adjournments please switch cameras off.

THE FIFE COUNCIL - LEVENMOUTH AREA COMMITTEE

Committee Room 2, 5th Floor, Fife House, North Street, Glenrothes

27 November 2024

9.35 am – 11.05 am

PRESENT: Councillors Colin Davidson (Convener), Tom Adams, David Alexander, Ken Caldwell, Eugene Clarke, David Graham, John O'Brien and Alistair Suttie.

ATTENDING: Eleanor Hodgson, Accountant, Finance and Corporate Services; Eva Martinez, Technician Engineer Traffic Management, Roads and Transportation Services; Peter Nicol, Housing Team Manager, Housing Services; David Thomson, Customer Experience Lead Officer, Information Management & Requests; David Paterson, Community Manager (Levenmouth), Jen Watt, Local Development Officer (Levenmouth), Communities and Neighbourhoods Service and Kerry Elliott, Committee Officer, Legal and Democratic Services.

ALSO ATTENDING: Christine McLean, Head of Cultural Heritage and Wellbeing, OnFife

The convener was required to vary the sequence of the reports to take item 6 (para.177) prior to item 5 (para.176).

173. DECLARATIONS OF INTEREST

No declarations of interest were submitted in terms of Standing Order No.22

174. MINUTE

The committee considered the minute of the Levenmouth Area Committee of 2 October 2024.

Decision

The committee agreed to approve the minute.

175. LEVENMOUTH ONFIFE UPDATE REPORT

The committee considered a report by the Head of Cultural Heritage and Wellbeing, OnFife, providing members with a summary of the engagement work undertaken across Levenmouth and the activities delivered at Methil Heritage since it's reopening in April 2024.

Decision

The committee: -

- 1) noted the content of the report;
- 2) acknowledged the extension of the fixed-term Community Engagement Coordinator contract on a part time basis from March to September 2025; and

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- 3) agreed to release the second and final instalment of funding from the Community Recovery Fund to complete the project and fund the salary costs for the Community Engagement Coordinator.

176. **PROPOSED 20MPH ZONE – A955 & NEW CASTLE GAIT HOUSING ESTATE, EAST WEMYSS**

The committee considered a report by the Head of Roads and Transportation Services outlining a proposal to introduce a 20mph zone on roads constructed within the new Castle Gait housing estate and an extension to the current 20mph zone on the A955, along the west end of East Wemyss.

Decision

The committee in the interests of road safety agreed to: -

- 1) the promotion of a Traffic Regulation Order (TRO) to introduce a 20mph zone as detailed in appendix 1, drawing no. TRO24/48 of the report, with all ancillary procedures; and
- 2) authorise officers to confirm the Traffic Regulation Order within a reasonable period unless there are objections.

177. **COMMON GOOD AND SETTLEMENT TRUST FUNDS ANNUAL REPORT 2023-2024**

The committee considered a report by the Executive Director Finance and Corporate Services, advising members of the current status of the Common Good and Settlement Trust funds in the area and relevant fund activities over the financial year 2023-2024.

Decision

The committee: -

- 1) noted the information contained in the relevant appendices for the various Common Good funds and Trust funds; and
- 2) agreed to continue to support the disbursement of Trusts funds to suitable projects which also included the amalgamation of individual trusts and where appropriate the dissolution of individual trusts including transferring the funds to suitable third party organisations who are providing similar support to local priorities.

178. **COMPLAINTS ANNUAL UPDATE**

The committee considered a report by the Executive Director of Communities providing members with an overview of complaints received relating to the Levenmouth area for the year from 1 April 2023 to 31 March 2024.

Decision

The committee considered the report and noted the complaints responded to in target timescales and the proportionality of Service complaints.

179. AREA HOUSING PLAN 2024 - 2025

Prior to consideration of the following item, the committee were advised of two corrections relating to data contained within the Levenmouth Area Housing Plan 2024-2025. The committee were advised that in relation to page 64, the number of Tenant and Resident Associations should be detailed as '5'; and in relation to page 68, reference to 'Largoward' is to be removed under the Action description column relating to rewiring work.

The committee considered a report by the Head of Housing Services seeking approval for a revised area housing plan setting out area performance, service delivery and key housing issues.

Decision

The committee approved the Levenmouth Area Housing plan for 2024-2025.

180. SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – JUSTICE SOCIAL WORK (JSW) WELFARE SUPPORT WORKER

The committee considered a report by the Head of Communities and Neighbourhoods seeking agreement from members to the continuation of funding to employ a specialist welfare support worker based within the Levenmouth Justice Social Work team.

Decision

The committee: -

- 1) agreed to the continuation of funding from the local community planning budget (LCPB) anti-poverty budget, to fund the role of the specialist welfare support worker for the full two years;
- 2) noted and agreed the request for funding for the current year at £37,500; and
- 3) noted that a further report would be submitted to the area committee in 2025/2026 requesting a total of £21,875 from the LCPB anti poverty budget.

181. SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – LEVEN TOWN CENTRE FESTIVE LIGHTS

The committee considered a report by the Head of Communities and Neighbourhoods seeking agreement from members for a contribution from the Local Community Planning Budget (LCPB) of £7,500 towards the festive light display specifically relating to funding from the Ward 21 budget.

Decision

The committee agreed: -

- 1) to a contribution of £7,500 from the LCPB budget towards the cost of erecting and dismantling the festive decorations for Leven town centre during November/December 2024; and

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- 2) that additional costs in terms of repairs to fixing points identified during the erection would be covered separately through delegated decision making if under the £5,000 threshold.

182. **SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – CASTLE FURNITURE- LEVENMOUTH INDEPENDENCE INITIATIVE (LII) -ANTI POVERTY YEAR 2**

The committee considered a report by the Head of Communities and Neighbourhoods seeking agreement for a contribution from the Local Community Planning Budget (LCPB) anti-poverty fund of up to £12,000, towards the ongoing delivery of an enhanced package of help to facilitate the provision of furniture and white goods to households in need. The contribution would allow a continuation of the project initially supported by committee in May 2023.

Decision

The committee: -

- 1) agreed a contribution of £12,000 in the current financial year to cover the costs relevant to the enhanced package of assistance to provide furniture and white goods to referred households in need;
- 2) noted that a further report seeking a contribution for the 2025/26 financial year would be brought to the 2 April 2025 committee for consideration; and
- 3) noted that most items distributed to households would be reused and reconditioned, which supports the areas stated aims on progressing activity that has a positive impact on climate change concerns.

183. **SUPPORTING THE LEVENMOUTH LOCAL COMMUNITY PLAN – CORRA SUPPORT – ANTI POVERTY FUNDING**

The committee considered a report by the Head of Communities and Neighbourhoods seeking agreement for a contribution of £19,000 from the Local Community Planning Budget (LCPB) anti poverty fund to support the continuation of Corra Foundation officer activity in the Levenmouth Area over the fiscal 2024/2025 year.

Decision

The committee: -

- 1) agreed a contribution of £19,000 from the LCPB anti-poverty fund to support the continuation of CORRA officer activity in the Levenmouth area for 2024/2025; and
- 2) noted that a future report would be brought to committee detailing relevant activity updates in 2025/2026 to secure equivalent funding.

184. **SUPPORTING THE LEVENMOUTH LOCAL PLAN – GREIG INSTITUTE WINDYGATES - CHANGING ROOM WORK**

The committee considered a report by the Head of Communities and Neighbourhoods seeking agreement to allocate £10,524 from the Community

2024 LAC 71

Recovery Fund (CRF) to carry out work to the changing rooms at Greig Park, Windyates.

Decision

The committee agreed to a contribution of £10,524 from the CRF budget to carry out work to upgrade the changing rooms at Greig Park, Windyates.

185. SUPPORTING THE LEVENMOUTH LOCAL PLAN – ALLOCATION OF CAPITAL FUNDS

The committee considered a report by the Head of Communities and Neighbourhoods seeking agreement for the allocation of funding from both Local Capital Budgets and Community Recovery Funds towards the Bishops Court Public Realm Project and the Herd Park Pavilion Renewal Project.

Decision

The committee agreed to allocate: -

- 1) £77,500 capital funding to the Bishops Court Public Realm Project;
- 2) £60,000 CRF funding to the Bishops Court Public Realm Project;
- 3) £35,500 capital funding to the Herd Park Pavilion Renewal Project; and
- 4) £65,000 CRF funding to the Herd Park Pavilion Renewal Project.

186. PROPERTY TRANSACTIONS

The committee considered a report by the Head of Property Services advising members on action taken using the list of Officer Powers in relation to property transactions.

Decision

The committee noted the contents of the report.

187. LEVENMOUTH AREA COMMITTEE FORWARD WORK PROGRAMME

The committee considered a report by the Executive Director Finance and Corporate Services, relating to the future work programme of the Levenmouth Area Committee.

Decision

The committee: -

- 1) noted the content of the Levenmouth Area Committee forward workplan; and

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- 2) agreed that members would advise the Convener, Depute Convener, Lead Officer and Committee Officer of any other items to be included on the workplan, within the remit if the committee.

12 February 2025
Agenda Item No. 4

Area Roads Programme 2025-26

Report by: John Mitchell, Head of Roads & Transportation Services

Wards Affected: 21 & 22

Purpose

The purpose of this report is to identify the projects which are proposed for inclusion in the 2025-26 Area Roads Programme for the Levenmouth area.

Recommendation(s)

Committee is asked to: -

- 1) approve the report and appendices 1-3;
- 2) delegate authority to the Head of Assets, Transportation & Environment to manage the lists of Category 1 and 2 projects in line with the available resources/funding as the programme develops, in consultation with the Area Convener and Vice-Convener; and
- 3) note Appendices 4 & 5.

Resource Implications

The Area Roads Programme is funded from Capital and some ring-fenced budgets. Programmes of work will be adjusted, if required, to ensure that expenditure remains within the Service budget.

Legal & Risk Implications

There are no known legal implications. There is a risk that if capital budgets require to be reduced, we will be unable to deliver all the Area Roads Programme priorities.

Impact Assessment

An Equalities Impact Assessment is not required because the report does not propose a change or revision to existing policies and practices.

Consultation

Committee has been consulted through meetings with Members in the development of the lists of projects.

1.0 Background

- 1.1 The operation, management and maintenance of a safe and efficient transportation network has a major impact on the Fife economy and the quality of life of residents. Delivering transportation projects at local level underpins the priorities of the Fife Council Plan. Roads & Transportation Services has a key supporting role in relation to promoting a sustainable society, improving quality of life in local communities and growing a vibrant economy. Roads and Transportation Services also provides support to activities which are part of reforming Fife's public services.
- 1.2 It is important to distinguish between reactive and planned maintenance works on carriageways and footways. Reactive maintenance is funded from the Service's Revenue budget and refers to the need to repair safety defects such as potholes, which are considered to be potentially dangerous or to constitute a considerable inconvenience to road users. Revenue planned preventative maintenance covers larger-scale patching, velocity patching and other surface treatments such as surface dressing, and thin surfacing (micro asphalt) which improves surface texture/skid resistance. The Capital investment is for planned corrective maintenance which deals with structural issues such as cracking, wheel track rutting and edge deterioration and requires full width re-surfacing over longer lengths of road.
- 1.3 The programme has been developed through the assessment and prioritisation of schemes identified by the processes below which follow the guidance identified in Table 5 of the Scheme of Decentralisation and Area Budgets approved by the Executive Committee on 17 November 2015: -
- Feedback from meetings with Elected Members,
 - Scheduled inspections, technical surveys, assessments and interrogation of maintenance management systems,
 - Local Area Transport Plans,
 - Suggestions received from Elected Members, Community Councils and the public.
- 1.4 At its meeting on 1st February 2018 the Economy, Tourism, Strategic Planning & Transportation Committee approved a methodology for allocating devolved budgets (2018, ETSP&T, 13 para 24 refers). The methodology can be summarised as follows: -
- The Area Committees determine local priorities for carriageway projects based on an Area Committee budget allocation commensurate with the Road Condition Index, as reported annually to the ETSP&T Committee,
 - Local priorities for footway projects are decided based on an Area Committee budget allocation commensurate with the proportion of urban mileage,
 - The remaining Road Safety & Traffic Management budget is allocated to local priorities based on and Area Committee budget commensurate with population numbers.

- The foregoing is managed and reported via the relevant Area Roads Programme.

1.5 The current capital plan allocation for carriageways in 2025/26 and 2026/27 is £9.7m however this will reduce to £5.05m per annum from 2027/28. The footway budget in 2025/26 is £1.48m reducing to £1.45m per annum from 2026/27.

1.6 For the Levenmouth area, the budgets for 2025-26 are as shown below: -

Devolved Budget	2025/26 Allocation
Carriageways	£784k
Footways	£115k
Road Safety & Traffic Management	£118k

1.7 The level of capital resource allocated for carriageways and footways is concerning for future road condition. However, the Council reviews the Capital Plan every two years so there will be opportunities to consider additional investment going forward.

2.0 Issues and Options

2.1 Appendices 1-3 provide a detailed list of the proposed Area Roads Programme projects for budgets devolved to area committee. Category 1 schemes are committed to the programme dependent on available funding. Category 2 schemes will be promoted into the programme should any of the Category 1 schemes need to be deferred or additional funding becomes available.

2.2 An on-line system is in place to show how the carriageways and footways programme is progressing throughout the year. Link to webpage [Area Roads Programme](#).

2.3 Appendices 4 and 5 provide information on the proposed Street Lighting works and Bridges and Structures works. These budgets are not devolved to area committees, but the works locations are provided for information.

3.0 Conclusions

3.1 The attached appendices contain the proposed 2025/26 Area Roads Programme for the Levenmouth area. The type of works, work location and provisional estimates are provided for each project.

List of Appendices

1. Carriageway Schemes
2. Footway Schemes
3. Traffic Management & Road Safety
4. Street Lighting
5. Bridges & Structures

Report Contacts

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**Levenmouth Area Committee
Carriageway Scheme List for 2025-26**

APPENDIX 1

CAT1	Proposed for approval by Committee for delivery in 2025/26
CAT 2	Proposed for approval by Committee as 'reserve' schemes which may be promoted to Cat1 if funding becomes available

2025-26 Budget Share	£783,592
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Ward	Ward Name	Town	Street	Location	Indicative Treatment	Estimate	Cumulative Total	Cat
21	Leven, Kennoway and Largo	Rural Road	A916	Drummaid Cottages to Scoonie Cottage Jct	45mm Plane & Replace (including regulating)	£ 202,191	£ 202,191	1
22	Buckhaven, Methil and Wemyss Villages	East Wemyss	A955 Main Road	Cemetry Entrance to East Gateway	45mm Plane & Replace (including regulating)	£ 209,834	£ 412,025	1
21	Leven, Kennoway and Largo	Leven	B933 Riverside Road/Leven Vale	2 No R/As and Approaches and Riverside Road + Section of Leven Vale	45mm Plane & Replace (including regulating)	£ 175,813	£ 587,838	1
21	Leven, Kennoway and Largo	Methil	B9131 Wellesley Road	Bawbee R/B to Whyte Rose Terrace	100mm Plane & Replace	£ 302,984	£ 890,822	1
21	Leven, Kennoway and Largo	Rural Road	U029 (formally K7 Near Bonnybank)	Junction of U28 east for 500m	100mm Plane & Replace	£ 100,160	£ 990,982	2
22	Buckhaven, Methil and Wemyss Villages	Coaltown of Wemyss	A955 Main Street	East Gateway to Property No 22	45mm Plane & Replace (including regulating)	£ 97,907	£ 1,088,889	2
22	Buckhaven, Methil and Wemyss Villages	Methil	Kirkland Walk	Methilhaven Road to Kirkland Gardens	45mm Plane & Replace (including regulating)	£ 106,800	£ 1,195,689	2

**Levenmouth Area Committee
Footway Scheme List for 2025/26**

CAT1	Proposed for approval by Committee for delivery in 2025/26
CAT 2	Proposed for approval by Committee as 'reserve' schemes which may be promoted to Cat1 if funding becomes available

2025/26 Budget Share	£145,068
2024/25 Projected Overspend	£30,000
Available 2025/26 Budget	£115,068

Ward	Ward Name	Town	Street	Location	Scheme Type	Indicative Treatment	Estimate	Cumulative Total	Cat
21	Leven, Kennoway and Largo	Leven	Earl Haig Avenue	Footpath from Earl Haig Ave to Montrave Crescent plus isolated patching throughout street	Combined Footway & Lighting	Footway Reconstruction	£ 7,762	£ 7,762	1
21	Leven, Kennoway and Largo	Leven	Gallacher Avenue	South side only	Combined Footway & Lighting	Surface Course Replacement	£ 34,980	£ 42,742	1
21	Leven, Kennoway and Largo	Leven	Somerville Road	East side (outside properties 10-32)	Combined Footway & Lighting	Footway Reconstruction	£ 81,301	£ 124,043	1
21	Leven, Kennoway and Largo	Leven	Sillerhole Road (Phase 2)	Glencairn Gardens to Linnwood Drive (north west side)	Footway	Surface Course Replacement	£ 35,298	£ 159,341	2
21	Leven, Kennoway and Largo	Leven	Gladstone Street	Full length	Footway	Footway Reconstruction	£ 66,188	£ 225,529	2
21	Leven, Kennoway and Largo	Leven	Sillerhole Road (Phase 3)	From newly surfaced footway opposite Glencairn Gardens to 'Glen Villa'	Footway	Footway Reconstruction	£ 27,018	£ 252,547	2
22	Buckhaven, Methil and Wemyss Villages	Methil	Sea Road	East footpath from Sea Road R/A fronting shops to Hawthorn Street including west footpath opposite shops	Footway	Footway Reconstruction	£ 29,971	£ 282,518	2

Levenmouth Area Committee
Proposed Road Safety & Traffic Management Scheme List for 2025/26

CF	Carried forward from 2024/25
CAT 1	Proposed for approval by Committee for delivery in 2025/26

2025-26 Budget Share	£78,000
2024/25 Carry Forward	40,000
Available 2025/26 Budget	118,000

Ward	Ward Name	Town	Street	Location	Scheme Type	Estimate	Cumulative total	Category
22	Buckhaven, Methil & Wemyss Villages	Buckhaven	Methilhaven Road (part of proposed Active Travel Route)	At Muiredge GP Surgery	Puffin Crossing	£ 40,000	£ 40,000	CF
22	Buckhaven, Methil & Wemyss Villages	Coaltown of Wemyss	A955 Main Street	Gateways	Upgraded Gateway features	£ 5,000	£ 45,000	1
22	Buckhaven, Methil & Wemyss Villages	Methil	Fisher Street	Fisher Street	Traffic Calming	£ 10,000	£ 55,000	1
22	Buckhaven, Methil & Wemyss Villages	Methilhill	Poplar Road	Poplar Road	Raised Crossing	£ 12,000	£ 67,000	1
21	Leven, Kennoway & Largo	Bonnybank	A916	Between Bonnybank and Kennoway	2 No VAS Sign	£ 8,000	£ 75,000	1
21	Leven, Kennoway & Largo	Kennoway	Kenmount Place	Kenmount Place	Traffic Calming addition speed cushions (2 sets)	£ 12,000	£ 87,000	1
22	Buckhaven, Methil & Wemyss Villages	East Wemyss	A955	A955	Traffic Calming (3 sets of cushions, upgraded Gateway features)	£ 20,000	£ 107,000	1
21	Leven, Kennoway & Largo	Kennoway	A916	A916	2 No VAS Sign	£ 8,000	£ 115,000	1
	Unallocated		TBC			£ 3,000	£ 110,000	1

**Levenmouth Committee Area
Lighting Scheme List 2025-26**

APPENDIX 4

CAT1	For delivery in 2025-26
Budget Allocation	£211,600

Ward	Ward Name	Town	Street	Location	Scheme Type	Estimate	Cumulative total	Category
21	Leven, Kennoway and Largo	Leven	Gallacher Ave, Earl Haig Ave, Mackie Ave, Somerville Rd, Durward St, Gilmour Ave	Gallacher Ave, Earl Haig Ave and Somerville Rd(combined with footway resurfacing), Mackie Ave requires isolated patching	Partial combined footway scheme	£ 96,000	£ 96,000	1
21	Leven, Kennoway and Largo	Leven	Windygates Road	cols 31 to 49	Lighting	£ 75,600	£ 171,600	1
21	Leven, Kennoway and Largo	Leven	High Sreet/ South Street/Seagate/Viewforth Place		Lighting	£ 40,000	£ 211,600	1

Levenmouth Area Committee
Proposed Bridges & Structures Scheme List for 2025/26

APPENDIX 5

CAT 1	For delivery in 2025-26
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Ward	Ward Name	Town	Street	Location	Scheme Type	Estimate	Cumulative total	Category
21	Leven, Kennoway and Largo	Windygates	Station Road	Cameron Railway Bridge	Structural Monitoring design and installation. Further assessment.	£ 100,000	£ 100,000	1
21	Leven, Kennoway and Largo	Lower Largo	Harbour Wynd	Seaton Place to Drummochty Road	Retaining Wall Stabilisation utility diversions and construction works.	£ 650,000	£ 750,000	1
21	Leven, Kennoway and Largo	Leven	Mountfleurie Bridge	Land South of Rosemount Grove	Active Travel Bridge Construction	£ 5,800,000	£ 6,550,000	1
21	Leven, Kennoway and Largo	Leven	Promenade	Scoonie Bridge	Parapet Replacement (storm damage)	£ 20,000	£ 6,570,000	1
21	Leven, Kennoway and Largo	Leven	Keil's Den	Keil's Den Bridge	Parapet Replacement (RTA Damage)	£ 10,000	£ 6,580,000	1

12 February 2025

Agenda Item No. 5

Levenmouth Reconnected Programme Large Grant Awards

Report by: John Mitchell, Head of Roads and Transportation

Wards Affected: Ward 21 – Leven, Kennoway and Largo, Ward 22 – Buckhaven, Methil and Wemyss Villages

Purpose

The purpose of this report is to allow Committee to consider the Leven River Park Programme project, recommended for funding from the fourth round of the Levenmouth Reconnected Programme Large Grant Fund.

Recommendation(s)

It is recommended that Committee approves a grant award of £850,000 to Green Action Trust for the Leven River Park Programme project, as detailed Appendix 1, from the Levenmouth Reconnected Programme Large Grant fund

Resource Implications

The total grant funding remaining in the Levenmouth Reconnected Programme as of 12th February 2025 is £3,984,263. The total grant request for the Leven River Park Programme project is £850,000. Should this project be approved for a grant award, the remaining budget in the grant programme will be £3,134,263.

Legal & Risk Implications

Legal Services has reviewed and agreed the Grant terms and conditions.

Impact Assessment

An Equality Impact Assessment and a Fife Environmental Assessment Tool (FEAT) assessment have not been completed because the report does not propose a change or revision to existing policies or practices. Equality and accessibility are a key requirement of all projects funded by the LRP

Consultation

Fife Council Financial Services, Legal Services and the Communications and Customer Insights team have been consulted in preparing this report. Consultation has been undertaken with the Levenmouth Reconnected Working Group and Oversight Group in the assessment of individual projects

1.0 Background

- 1.1 The process to approve grant awards from the £10m Levenmouth Reconnected Programme (LRP) fund was approved by the Policy & Coordination Committee on 13 May 2021 (2021 PC78 para. 296 refers). The committee agreed that Large Grant applications, seeking over £5,000 (up to a maximum of £5m), would be assessed by the Levenmouth Reconnected Working Group panel with a recommendation made to the Levenmouth Reconnected Oversight Group for approval. The final decision on grant awards is then made by the Levenmouth Area Committee.
- 1.2 A total of twenty applications were received in the fourth funding round. The Working Group Assessment Panel reviewed and scored these projects and recommended four for funding.
- 1.3 Three of these projects were approved for a grant award from the LRP at the August 2024 meeting of the Levenmouth Area Committee (2024 LAC 59 Para 156 Refers).
- 1.4 The Leven River Park Project was reviewed by the Oversight Group and further detail was requested ahead of a recommendation on a funding award.

2.0 Issues and Options

- 2.1 The Leven River Park Programme project will run for four years delivering a range of infrastructure as well as engagement activities, events and consultation.
- 2.2 The LRP Grant application will part fund year one of the overall four year programme. In year one the first phase of the River Accessibility project and Nature Network will be delivered as well as the activities detailed in Appendix 1.
- 2.3 Match funding for year one of the project has been secured and the majority of the funding for the remainder of the four year programme has also been secured.
- 2.4 Green Action Trust identified the LRP Large Grant award as part of their match funding for the 4 year River Leven Programme which totals £5.2m. Therefore an LRP Grant to this project will unlock £4.35m of additional funding.
- 2.5 The Nature Network and River Accessibility projects have received full Planning Approval as noted in this [Link](#).
- 2.6 The LRP Oversight Group has recommended that the Leven River Park Programme project receives an £850,000 grant award from the LRP. Appendix 1 summarises this project. It is proposed that the award is made conditional on the following:

- Approval by Fife Council, as ultimate asset owner, of designs of infrastructure to be delivered as part of the Nature Network and River Accessibility project.
- Clarification of the split between the LRP funding and match funding for the various projects, activities and associated costs
- Attendance at the project delivery steering group by the Programme Manager, Levenmouth Reconnected, to ensure project is delivered to programme, meets outcomes and grant claims are submitted correctly and timeously.
- Co-operation with Fife Council Roads and Transportation on co-ordination of the delivery of the Nature Network and River accessibility projects.
- Agreement to regular reporting to Levenmouth Area Committee on project progress, outputs and outcomes.

3.0 Conclusions

- 3.1 The Leven River Park Programme project has been scrutinised and assessed in accordance with the approved Programme Governance and it is recommended for approval for an £850,000 Large Grant award

List of Appendices

Appendix 1, Project Summary

Background Papers

None

Report contact

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APPENDIX 1

Levenmouth Reconnected Large Grant Programme Round 4: Leven River Park Programme, project summary

Project Summary	Total cost year 1	LRP grant
<p>One year programme of engagement activities and events in support of the development of the Leven River Park Programme. Creation of river access routes and nature network.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Interpretation Planning • Green Skills Academy (Led by FC) • Explore Outdoors (FCCT led) • Green Health Partnership (FCCT Led) • Heritage group capacity building (GAT/ Archaeology Scotland Led) • Ongoing engagement and consultation • Nature Network Phase 1 (Planting, habitat enhancement, wetland and pond creation) • River accessibility project (path and boardwalk provision) 	£1,595,318	£850,000

Key Risks:	<ul style="list-style-type: none"> • Securing land for Nature Network and River Accessibility projects • Integration of Nature Network and River Accessibility project works with River Park route being delivered by Fife Council • Delivery of capital works within LRP timescale • Low take up of engagement activities and events so benefits not realised as a result
Timescale	<ul style="list-style-type: none"> • Project plan provided which indicates completion of capital works by 31st March 2026 • Engagement activities will be ongoing throughout the four year programme with the LRP grant part funding year 1 of this programme.
LRP Theme Delivery	
Opportunities for all	<ul style="list-style-type: none"> • Delivers on Family and Adult Learning Opportunities through the various activity headings. • Improve Health Outcomes – specifically through Green Health Partnership project but wider outcomes for provision of improved access to River Park and interpretation and engagement activities to encourage use of the area for physical activity
Inclusive Jobs and Growth	<ul style="list-style-type: none"> • Delivers on Increased Opportunities for Skills and Learning through Green skills academy (FC Communities led) with training and opportunities for progressing to employment • Explore Outdoors programme focuses on personal development
Community Led Services	<ul style="list-style-type: none"> • Develop and Support Community leadership through Green Health Partnership, community champion led development of interpretation project • Opportunities for local volunteering for all ages and abilities though the various programmes to be delivered
Thriving Places	<ul style="list-style-type: none"> • Maximising the quality of the built and natural environment through the nature network and river accessibility project

	<ul style="list-style-type: none"> • Programme delivers on reducing effects of climate change directly through habitat and water environment improvements as well as encouraging low carbon lifestyles,
Maximises social and economic benefits of rail line	<ul style="list-style-type: none"> • Focus on social opportunity and inclusion developing the project • Develops River Leven to be valued local and visitor destination. • Connected to communities and stations through River Park routes and ATN. • River accessibility project compliments ATN routes
Other project benefits	<ul style="list-style-type: none"> • Involving community at all stages of project, development through to delivery • Meets local aspirations for improvements and enhancements to the river Leven corridor and access to it • Delivers on a number of national strategies for climate change, place, NPF4, health improvement • Established partnership project

Extract from LRP Large Grant Application Form – Table 2.3

Demonstrable need	Project output/target	Measurement	Expected date of achievement
Better employment prospects within Levenmouth	Creation of structured training placements by the Green Skills Academy.	2 programmes delivered; 36 participants benefitting	March 2026
Enhanced natural environment in the River Park	Management / enhancement of habitats by Nature Networks project, increased access to these habitats through the River Accessibility project & maintenance through Green Skills Academy.	170 trees planted; 900m fruiting hedge planted; 0.91 hectare woodland planting; 4.75 hectares woodland management; 1 lade reinstated; 0.85 hectare wetland creation (swale / pond); 1.35 hectares of Grassland enhanced; 600 spring bulbs planted; 1 natural play feature created; 3 benches & 3 picnic benches installed.	March 2026
Improved Health prospects within Levenmouth	Delivery of Year 1 of Green Health Partnership and Branching Out.	1 toolkit created; 1 steering group meeting regularly with 8 participants; 1 website launched; 3 health walks delivered with 30 participants; 3 blogs / newsletters distributed; 1 monitoring system to track green health referrals delivered; 1 GHP co-ordinator recruited; 1 programme of Y2-4 works designed.	March 2026
Increased awareness, pride in and management	Delivery of Year 1 of Capacity Building in Heritage Groups Project.	Delivery of 12 workshops with 80 participants; Delivery of 1 x 10 week Skills development course with 15 participants; 1	March 2026

of local heritage within Levenmouth		youth forum created with 10 participants.	
Increased opportunities to participate in local free/low cost public events in Levenmouth & increased opportunities for skills development through volunteering opportunities.	Delivery of Year 1 of Community Engagement & Empowerment Project.	3 outdoor cinema events with 600 attendees; 20 volunteering opportunities created; 8 benches designed & installed; 1 drama workshop series delivered with 20 attendees; 1 set of outdoor games kits purchased & in use; 1 access panel created & meeting regularly with 10 participants; 1 active leadership training series for young people with 20 participants; 1 seed fund for young people; 1 participatory budget round funding 20 projects.	March 2026
Increased pride in Levenmouth's past history and future potential, supporting positioning of day-visit tourism and repeat day-visits to the River Park by locals and those from further afield.	Delivery of Year 1 of Interpretation Project.	4 design events held with 150 participants; 1 Alpha collection Tool developed and in use; 1 interpretation website/app created and in use with 37 participants; 1 exhibition held; 1 artist in residence opportunity; 1 school visits programme held; 2 guided walks.	March 2026
Levenmouth schools and teaching staff more confident to utilise outdoor spaces for learning & making more frequent use of them.	Delivery of Year 1 of Explore Outdoors Project.	1 EO Project Officer recruited; 1 year of programme delivered; 3 schools participating.	March 2026

Assessment Panel Project Summary

- Project is a culmination of the River Leven Programme which has been in development since 2018
- Wide range of activities which deliver across all themes of the programme
- Strong focus on engaging with and developing communities linked to River Leven
- Programme for capital works is tight, particularly permissions
- The LRP grant is part of the funding for the overall 4 year project.
- LRP will be funding core staff costs, partner agency costs, capital works and capital aspects of engagement and activity programme.

- Will require close monitoring during delivery and regular reporting throughout life of programme to ensure benefits are delivered.

Grant Offer

Full grant offer of £850,000 conditional on the following:

- Approval of infrastructure designs by Fife Council as the ultimate asset owner
- Confirmation of split of LRP grant and other funding sources for year one activities
- Continued engagement with Fife Council officers to ensure infrastructure is delivered within the LRP programme
- Agreement on a reporting plan to Area Committee on outputs and outcomes of the programme

12 February 2025
Agenda Item No. 6

Supporting the Levenmouth Local Community Plan – Green Health Partnership

Report by: Paul Vaughan, Head of Communities and Neighbourhoods

Wards Affected: Wards 21 & 22

Purpose

The purpose of this report is to seek agreement from the Area Committee for a contribution from the Community Recovery Fund (CRF) of £70,000. This is to part fund the Green Health Partnership approach which is a project that sits within the Leven River Parks Programme.

Recommendation(s)

The committee is asked to: -

- 1) consider and agree a contribution of £70,000 as match funding to cover the costs relevant to the employment of a Green Health Partnership Coordinator; and
- 2) note that funding will not be released until after April 2025 to align with the release of funding from the National Lottery Heritage Fund (NLHF), which has been allocated to the wider River Parks Programme, based on the expected start date of the approach. The total amount the CRF will help to draw down is £263,144.08.

Resource Implications

Approval of this funding will reduce the Community Recovery Fund for Levenmouth by £70,000.

Legal & Risk Implications

There are no legal implications inherent in this report. Any activities stemming from this approach will be separately risk assessed at the time and will be overviewed by the Green Health Partnership Coordinator.

Impact Assessment

An Equalities Impact Assessment is not required because the report does not propose a change or revision to existing policies and practices

Consultation

This proposal was formed through the work of the Green Health Partnership in Levenmouth as part of the wider River Leven Programme. As members will be aware this programme has been subject to significant consultation over the last few years. The concept behind a Coordinator role came because of the findings of significant community and professional consultation over the course of the development year.

Members will also recall they invited Aidan Duncan from Fife Coast and Countryside Trust (FCCT), who will be leading on the project, to a meeting which took place at the Fife Renewables Innovation Centre on 28th March 2023 to provide further clarification on the project.

Members indicated that while they were broadly supportive of the proposal and understood its interrelationship with the capital aspects of the River Leven Programme, they would wish to defer a final decision on funding until there was confirmation of funding secured from the NLHF. This was the basis of the decision by Councillors at a CRF briefing meeting prior to an initial report on funding which was originally scheduled to be brought to the Levenmouth Area Committee on 31st May 2023. As a result, the report was put on hold at that time.

Members were advised of the final submission of the NLHF bid by email on 6th June 2024.

Members will be aware that the NLHF component to the costs of the project have now been confirmed, accordingly the report requesting funding from the CRF has now been reactivated.

Members recently received a further update from the River Parks Programme via an email on 20/12/24 which contained a link to a voiced presentation which gave the full context to the River Park Programme approach and its component parts, this included a full overview on the aims and objectives of the Green Health Partnership approach.

1.0 Background

- 1.1 The criteria for spend from the Local Community Planning Budget (LCPB) or CRF requires authorisation from Area Committee before amounts of over £5,000 can be committed.
- 1.2 This report is to seek agreement from the Area Committee for a contribution from the Community Recovery Fund (CRF) of £70,000.
- 1.3 The reason for bringing a report to members today is to secure agreement to match fund the employment of a Green Health Partnership Coordinator who will be hosted by Fife Coast and Countryside Trust.

- 1.4 This funded post and associated development and activity funding was also subject to a bid to the NLHF. The total amount being requested from the Lottery for this part of the overall project is £263,144.08 with the £70,000 from the CRF acting as match and leverage funding for this amount. This funding will see activity supported for three years.
- 1.5 During this period the post incumbent and the wider GHP board would work towards longer term sustainability for the post should it prove to be valuable in meeting the primary objectives the partnership is committed to.
- 1.6 The primary aims of the partnership are stated as aiming to develop and promote a Levenmouth area wide GHP to tackle physical inactivity, mental health issues, social isolation, health inequalities and build skills and knowledge amongst practitioners and front-line staff. An overview of the primary objectives has been attached to this report.
- 1.7 The GHP partnership is made up from a range of organisations including NHS, Fife Health and Social Care Partnership, Public Health Scotland, NatureScot, CORRA Foundation, Fife Council, CLEAR Buckhaven, SEPA as well as Fife Coast and Countryside Trust.
- 1.8 There are a range of other operating GHP partnerships in other parts of the country – links to these approaches can be found [here](#) for the Dundee approach and [here](#) for the North Ayrshire model.

2.0 Issues and Options

- 2.1 The work for this proposal will be carried out by a single coordinator supported by a wider partnership. The key elements of the role are shown below.
 - Develop a robust social referral protocol between third and public sector
 - Facilitate better integration and collaboration between services
 - Raise awareness of the value of green health within healthcare
 - Promote the benefits of green health to the public
 - Develop green health projects and opportunities
 - Improve access to green health information
 - Advocate on behalf of the regeneration of green spaces

3.0 Conclusion

- 3.1 This project aligns strongly with the following core objectives within the Plan 4 Fife and local community plan.
 - Opportunities for all - increased number of people involved in nature-based activities. Providing opportunities to support early intervention, improved mental health and social outcomes by taking a prevention approach.
 - Thriving Places – improving the use of outdoor spaces and nature-based activities.

- Community Led Services – Increase the number of community-based social prescribing and nature-based referrals involving community leadership and volunteering opportunities.

List of Appendices

- Discovering the Future of Green Health in Levenmouth
- Exploring referral activity into green health provision in the Levenmouth area of Fife

Background Papers

- Leven Programme – Green Health Partnership Proposal and Action Plan
- Levenmouth Area Committee – Community Recovery Fund Proposals – Combined Report - 5th April 2023
- Levenmouth Area Committee – Community Recovery Fund and Local Community Planning Funding Requests – 30th August 2023

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Discovering the Future of Green Health in Leven

Levenmouth Green Health Partnership Development Group Findings Report

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Foreword

I first joined the public health team in NHS Fife in 2020 and was really excited to have the opportunity to be involved in the River Leven Programme and lead the Health and Wellbeing theme. Since then it has genuinely been such a pleasure to be involved in establishing a working group to develop a local Green Health Partnership. I have been humbled and inspired by the passion and commitment to the project of all the working group members. Aidan from Fife Coast and Countryside Trust and Annemarie from Fife Health and Social Care Partnership have done an amazing job in authoring this report. It is testament and acknowledgement to the efforts and enthusiasm of the whole group in driving forward the project to this point.

I have always had a strong connection with nature. As a child I remember spending hours playing by, and often in, a local burn. Barefoot paddling in the summer and wellies in the winter! I was fascinated by all the creatures living in and around the burn and by how the water changed course in wet weather and created new channels for itself. I regularly attempted to build little dams with twigs and leaves to see if I could get it to change course myself. Of course, even though it was quite a small burn, the flowing water was stronger than anything I could build as a child. It was one of many little lessons in understanding and respecting not just natural water courses but nature as a whole. It is an amazing source of energy that nurtures and sustains our health and well-being above and beyond any human interventions. I know how much my own personal health and well-being continues to benefit from time spent connecting with nature from growing veg in my garden to hiking with my dogs. I feel privileged to contribute to any opportunity to support public health initiatives to promote and facilitate connection with nature at any level and to work with and get to know such a dedicated and motivated group of people in doing so.

This report sets out why we are championing a green health agenda and why we believe in the benefits it will bring for our communities. It describes the journey we have been on so far. The richness of engagement there has been, the connections made, the learning, experience and expertise that continues to be shared. It is a fantastic example of the power of partnerships and the value of investing in them to make things happen. I recommend and hope you enjoy and find the report inspiring. We are all looking forward to progressing the pathways and we have confidence in being successful because 'it's in our nature'.

Lucy Denvir
Consultant in Public Health
NHS Fife

1. Executive Summary

In 2022 the working group came together to explore the feasibility of a Green Health Partnership in the River Leven catchment area. The goal was to understand local health needs, assess potential impact, identify barriers and enablers and promote access to our invaluable network of green and blue spaces in the community.

It's in Our Nature

The positive links between our environment and our health and wellbeing are now well documented [1-4]*, supported by research from around the world and echoed in powerful individual life stories of how contact with nature can help us with both physical and mental health, but also to acquire and maintain healthy behaviours [5].

Green health referral pathways represent an interaction between our health and social care services, voluntary sector services and people in our communities. An interaction that works to connect people with the health-promoting natural environment that surrounds us.

The recent Covid-19 Pandemic had a substantial impact on our relationship to our immediate environment, with lockdowns and travel restrictions encouraging a significant (up to 80%) increase in access to local parks and green spaces [6].

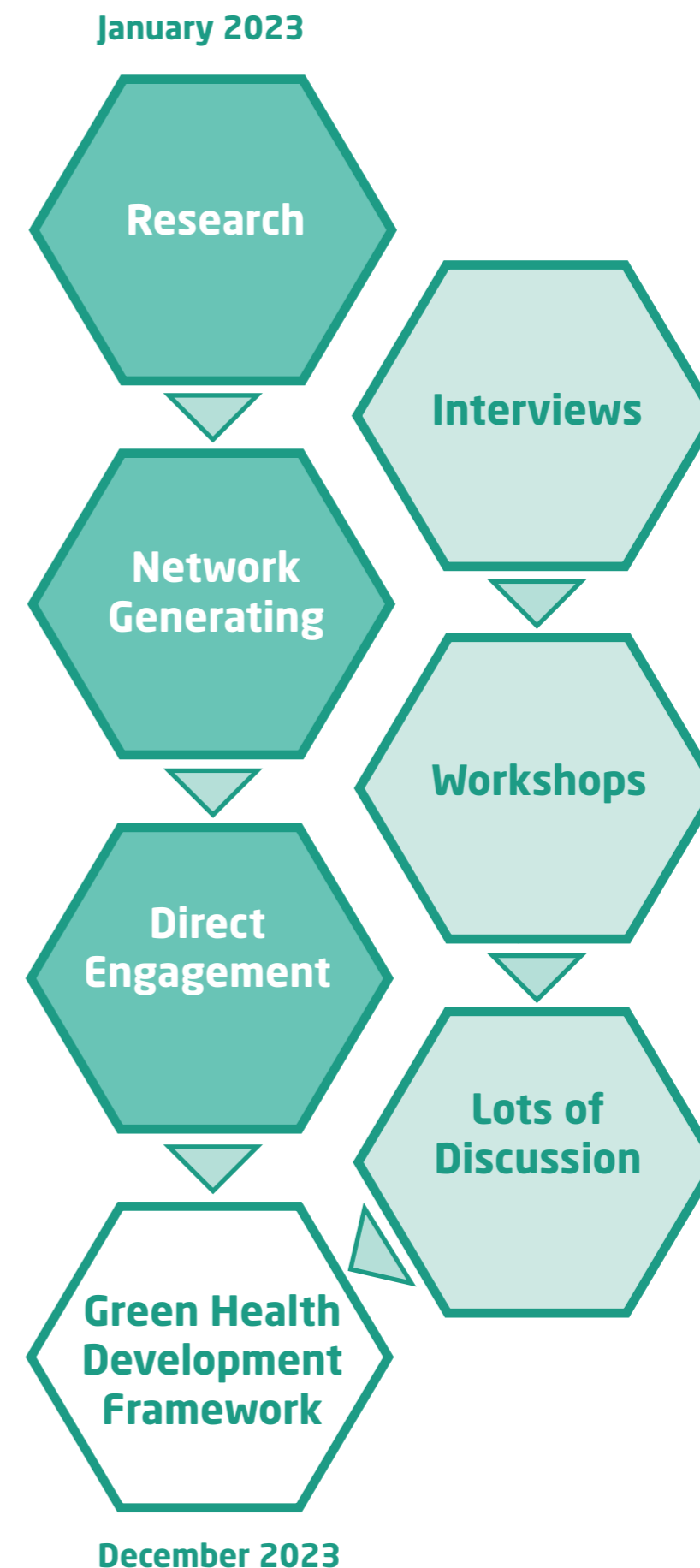
* These numbers refer to links in the resources section of the report.

Access to quality greenspace however is not universal [6]. Inequalities in greenspace use were exacerbated by the pandemic and while nationwide access to local greenspace has dropped by over 60%. It is likely to be over 90% for the most deprived in our community [6]. While the work of the Levenmouth Green Health Partnership will build opportunity for all, there will be a particular focus on the most deprived and those with the highest level of health inequality.

What We Did

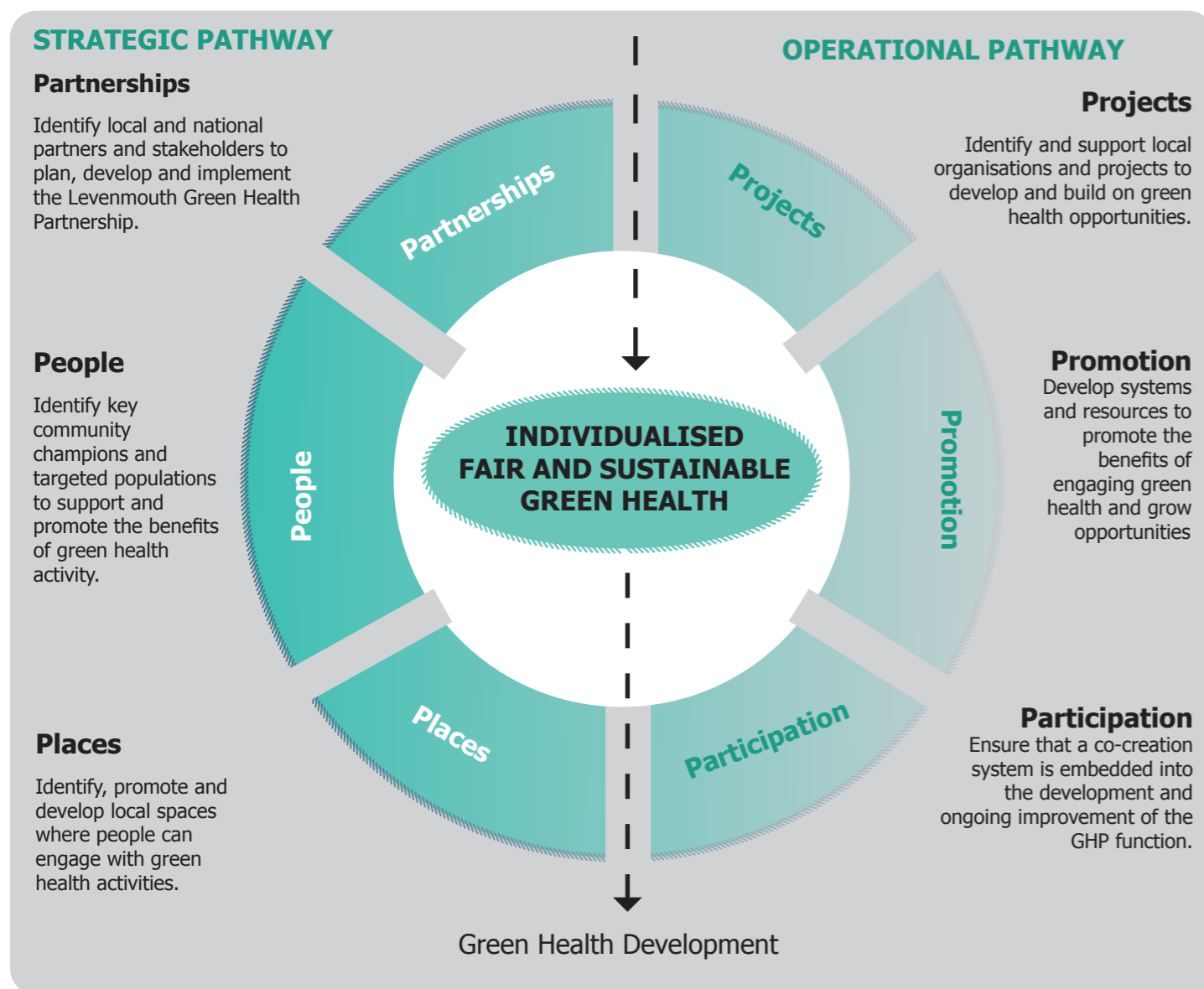
In May 2022, the Leven Programme Health & Wellbeing Working Group ran a stakeholder engagement event to learn how we could support wellbeing in communities. Over the course of the last year and a half, we have consulted with an abundance of people from Leven, Fife and nationally. This was done via meetings, community engagement events, stakeholder engagement, consultations with enablers and a variety of interviews and workshops with green health providers.

Development Phase Journey



Learning Summary

Not only was the response to our consultation and development period overwhelmingly positive [7], there was a strong consensus on the key themes to be prioritised. These priorities have been collated into our Development Pathways model that will inform both the Strategic and Operational work flows. Reflecting this consensus, these two pathways outline what needs to happen to achieve the vision of bringing voluntary and statutory services together to embed and make mainstream, robust green health referral pathways.



The pathways highlighted in our Development model above, introduce the 6 P's of green health development. This is our core framework that will underpin the activity that will be carried out in the delivery phase of this programme of work. These principles will be explored in more detail in section 4.

Context for Green Health

In recent years, the climate emergency has been central to Scotland's evolving policy landscape, with developments across a diverse range of policy areas being underpinned by efforts to decarbonise and move towards a resourceful and renewable future [8-11].

This approach is reflected in Fife where many local strategies are being developed to improve lives within our communities.

The impact of the proposed Green Health Partnership could be seen directly by NHS Fife, Fife Health and Social Care Partnership, Fife Council community services and third-sector providers.

Successful implementation of the Green Health Partnership can have a widespread impact and will play a part in implementing a variety of policies, such as healthcare, planning, transport, biodiversity, sport, education, community empowerment, outdoor access, environment and more.

As an illustration of synergy with government policy, a number of 'Our Natural Health Service' related actions are included within Scotland's Physical Activity Delivery Plan.

The aims of the programme are also supported in NHS Scotland's Climate Emergency and Sustainability Strategy which includes the proposed action to:

“Establish and embed Green Health Partnerships and similar approaches to increasing the use of nature-based solutions to deliver health outcomes as part of Sustainable Care”

The strategy also emphasises the potential to improve and make more use of NHS greenspace within Sustainable Communities and includes the proposed action to:

“Work with local authorities to ensure the NHS estate contributes to local open space strategies and that our green spaces are well linked to other local greenspace and active travel networks.”

The Green Health Partnership development work, will make a significant contribution to the delivery of the following snapshot of national, regional and local strategies:

NHS Scotland climate emergency and sustainability strategy: 2022-2026 [8]

Healthcare Quality Strategy for NHS Scotland [13]

Local Transport Strategy for Fife 2023-2033 [14]

Fife Mental Health Strategy 2020 – 2024 [15]

Fife Health & Social Care Partnership – Strategic Plan for Fife 2019-2022 [16]

Fife Health & Social Care Partnership - Levenmouth Health & Social Care Locality Planning [17]

Plan for Fife 2017 - 2027 [18]

Recovery & Renewal Plan4Fife Update 2021 [19]

The Leven Connectivity Project – Behaviour Change Community Action Plan [20]

The Leven - Masterplan [21]

Vision

A Green Health Partnership that will support the local population to engage regularly and meaningfully with local green space, as part of their day-to-day lives and for lifelong health.

Summary of Goals

Our objective is to establish a Green Health Partnership network and framework, actively engaging local communities to gather data and collaborate on service planning.

We aim to develop referral pathways to green health programmes, advocate for and implement new green health initiatives, communicate benefits to healthcare practitioners and service users, collect relevant information for promotion, and ensure safe access to green spaces by removing barriers for all communities.



2. What We Did

In February 2023 at the beginning of the National Lottery Heritage Fund development year, we used an outcome mapping approach to structure the development of the learning we set out to accomplish. The approach we took to planning and analysing data has been collaborative, focused on outcomes and has allowed us to develop the following objectives for the development phase.

Development Phase Objectives

1. Conduct a wide ranging and thorough consultation and research to understand and map out both the presenting needs within the community and the green health assets & referral pathways already in existence.
2. Agree on outcomes that show how we think that green health activity and referring can contribute to desired outcomes.
3. Develop a theory of change, to detail the activity required to contribute towards desired outcomes.
4. Develop a logic model that reflects our theory of change. This is made up of two distinct pathways: Strategic and Actionable.
5. Create an action plan to bring the logic model to life.
6. Create person specification and job description for Green Health Coordination role.

We conducted extensive consultations with experts and stakeholders to gain a comprehensive understanding of the concept of green health and to determine what interventions, structured in what manner, would yield the desired outcomes for the community. Additionally, we collaborated with colleagues involved in existing Green Health Partnerships and Green Health referral programmes across Scotland to identify potential strategies that would enable us to make swift progress towards our objectives.

Listening, Learning and Sharing Progress

All of our conversations were conducted around co-creation principles. Many of the conversations had, were about learning from stakeholders within the Leven community and beyond, for others the conversations were about raising awareness of and enthusiasm for the potential of green health within their community. These conversations took the forms shown below and a summary report of the May 2022 and June 2023 Stakeholder Engagement Events can be found online.

Research

A literature review was conducted to gain a comprehensive understanding of green health development and partnership work in Scotland. The review identified existing approaches, strengths, and weaknesses, as well as recommendations for productive activities for new developments and ongoing provision. It also helped in identifying key individuals for direct engagement.

Direct Engagement

We conducted an abundance of direct engagements through phone calls, video calls, and face-to-face meetings to build relationships and gather insights from individuals with a range of expertise. This approach widened our sphere of influence and ensured that we were influenced by a broad spectrum of interests from the community.

Interviews

Some of the participants from direct engagements and stakeholder events were targeted for interview in relation to specific issues or expertise that they brought to the table.

Workshops

Over 80 people from a diverse range of the community groups attended two stakeholder engagement events in May 2022 and June 2023 to discuss green health developments and offer their opinions and experiences.

Learning from all of these methods combined to build a picture of the need, the existing services and the appetite for a green health partnership approach in the Leven catchment communities that we are working to build an offer for.

Engagement Event Feedback

There was widespread consensus that a Green Health Partnership could improve health outcomes for the River Leven Community and potentially reduce pressure on front-line services for the NHS Scotland and Health and Social Care Partnership, as well as develop opportunity for the Third and Voluntary Sectors.

As an example of the kind of work we conducted, the table below has collated responses that event participants had given to the following question:

In what ways could a GHP be helpful to you, your work and the community?

Nature-based Organisations	Social Prescribers	Local People
<p>Direct notes captured</p> <p>Referrals Buiding up members of group Perception Small funding Integration Opportunities to volunteer Helping others to care for land Networking GHP co-ordinator Assistance with specific needs Training Access to funding Buddy system Ownership of outdoor space Being part of a partnership</p>	<p>Direct notes captured</p> <p>Social prescribing Breakdown barriers Acceptability Not one size fits all Link life Fife More options for GHP Fife Levenmouth first Direction Support system Diversity Easier said what is going on at a local level Able to signpost to the right activity Needs to be supported by someone with contacts</p>	<p>Direct notes captured</p> <p>Local people benefiting Mental health Physical health Personalisation Wider community engagement Get out of social isolation Training rural skills Access to potential issue Connecting people Improve health Know what's connected in their community Social aspect Connected to environment</p>
<p>These notes indicate that a GHP network could:</p> <ul style="list-style-type: none"> ● Increase the resilience of local nature-based organisations through opportunities to access small funds, having partners (and additional resource) to support and be supported. ● Increasing awareness of the org locally and what they do ● Increasing skills and certification of the members of the org. <p>This could all result in improved condition of our outdoor spaces through ownership, maintenance and human connection with nature.</p>	<p>These notes indicate that a GHP network could:</p> <ul style="list-style-type: none"> ● Help address negative perceptions around social prescribing resulting in more people getting the support they need via social prescribers. ● Increase the options available meaning people get the care most suitable to them. ● Increase understanding of what options there are at a local level and set an example for a Fife\ GHP. <p>This would increase demand for social prescribers and, if facilitated by a coordinator with contacts, build up a strong support system.</p>	<p>These notes indicate that a GHP network could:</p> <ul style="list-style-type: none"> ● Help local people engage more in their community, addressing social isolation and be better connected to their environment. ● Provide more options via a joined up network means they'd get the care most suited to them and they can also increase their skills, therefore employability. <p>Overall, this would help improve people's mental health and physical outcomes.</p>

"As a GP, on a daily basis I see ill health caused by lack of opportunity and access to basic healthy food and exercise"

Who Took Part? Hearing the views of a wide range of stakeholders

BENEFICIARIES

Participants of some green health interventions, and with lived experience of health poverty were asked to contribute their thoughts on their experience of green health.

Service managers from wellbeing initiatives were asked to relay the needs of their service users.

PROVIDERS

We heard from over 20 people who work for organisations that can be defined in the following way.

- Green health intervention providers.
- Other interventions who use some outdoors as part of their work
- Interventions that currently don't offer outdoor activity, whom are interested in the potential.

REFERRERS

We heard from over 30

- Workers in the statutory care sector, some who already refer to green health activity and some who are interested.
- Workers in the care sector and are responsible for service development.
- Voluntary sector services who would like to refer to green activity.

ENABLERS

We engaged with over 30 potential enablers of green health prescribing from those responsible for greenspace policy, to NHS estate policy, to Public Health delivery. Councillors and strategic leads from various local authority community development work flows also made contributions.

SPECIALISTS

Key people from existing green health approaches were invited to work with us to share their experience of developing and running coordinated green health approaches across Scotland, including:

- Dundee GHP
- Dundee University
- Lanarkshire GHP
- Highlands GHP
- NatureScot
- Lothian Green Health Prescribing network.

3. What We Learned

Making Connections

A Shared Understanding

One key theme that appeared time and time again was the need for a shared understanding of both the green health opportunity, and the terms used to define and discuss them. Definitions of the terms used are crucial to making sure that all stakeholders are on the same page.

There were a few examples of conversations where people were using interchangeable language to discuss some quite distinct themes.

For example, the terms referrals and prescription have been used interchangeably within many of the conversations and also within the papers and articles examined during our literature review. In Dundee a green health prescription is a specific referral route, that, much like a medical prescription, comes from primary medical care and is a direct referral to a green health hub. In the Lothians, prescription is the term used to discuss all referral pathways into their green health infrastructure.

To circumvent this issue, we will publish clear definitions within any publications or promotional material that help others understand the details of the work that we are undertaking and how this relates to them.

With Green Health provision being such a broad brush approach, it's understandable that another concern raised was that of ensuring the suitability of referrals for specific interventions and people with defined needs.

Many interventions are set up in order to support people who have specific presenting needs. Some providers noted a concern that a widening of referral pathways could lead to unsuitable candidates being referred onto their programmes. Or concerns that they would not be able to support those with complex needs.

Equally, some referrers reported a concern that although they are aware of some of the potential activities available, they are concerned that they are not fully appraised of suitability criteria.

This finding is not new and has been something that each of the four existing Green Health Partnerships across Scotland has experienced.

In 2018 NatureScot researched a proposed kite marking system for quality assurance of interventions [22]. They found that although quality assurance is desirable, the system needs to be simple, understandable and user-friendly.

Since then however, the Institute for Outdoor Learning have published a Statement of Good Practice for outdoor therapy and outdoor mental health interventions [23]. This document provides a simple zoned framework that can be used to map and understand interventions based on therapeutic content and outdoor instructor competence.

Highlands Green Health Partnership has also published a useful matrix that can be used to categorise green health interventions from 1=Easy to 13=Hard, based on the duration of the activity and its mental and physical demands [24].

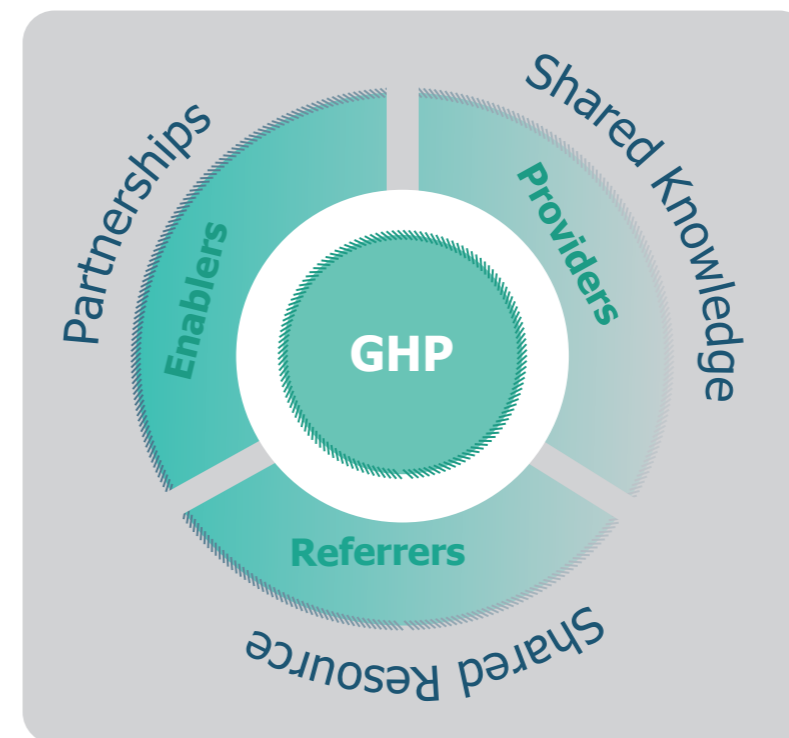
The common thread to these approaches is clarification and simplification of communication between referrer/prescriber and provider. These models can also be useful for providers in identifying the aims and objectives of their operation and communicating them to stakeholders outside of their existing network.

The Levenmouth Green Health Partnership will make definitions widely available and seek transparency and intelligibility in all correspondence and communications.

From the outset of this working group, we were aware that social referrals are not a new concept and that implementations have been working to great effect across Scottish communities for years.

One of the first activities we did as a group was to map the local provision and to examine the associated referral networks. Our findings showed that although there are fantastic examples of existing practice, the picture across River Leven communities is both patchy and dependent upon existing relationships between referrer and provider. Providers unanimously confirmed that the number and suitability of referrals is also a patchwork affair, and referrers said that they are always looking for more options for participants on their case-loads, so as to improve the chances of finding an intervention that is the best fit.

The lesson for the Green Health Partnership is that we need to use our development framework to make robust and sustainable links between the existing patches of provision, facilitate relationship-building opportunities, so as to ensure a wide range of prescribers and support the development of further provision in River Leven communities, addressing the variety of needs and abilities that the partnership aims to work with. This means ongoing work to really understand the intricacies of, and join the dots in, the referral and network landscape



Lived Experience

We have learned that we need to increase the number of direct engagements we have had with people from the community with lived experience of the health care system and who face barriers to accessing green health. It's vital that their experience and views contribute to the development of the partnership approach.

4. Key Themes for Development

Strategic Pathway

During the initial development stage, key themes emerged from conversations that significantly impacted thinking, and subsequently the project's direction.

The health and well-being of communities along the River Leven is at the very heart of the Green Health Development Framework

These themes were processed, analysed, and summarised in our Green Health Development Framework.

This model encompasses two distinct pathways, the Strategic Pathway and the Operational Pathways.

The strategic approach makes the case for and builds the foundations for sustainable development activity.

The Operational Pathway supports the actions taken by the GHP to 'mainstream' green health opportunities.

Green Health Partnership developments will be built from the ground up with Leven catchment communities at their heart. To reflect this, our development framework has **Person centred, Fair and Sustainable** at the core of the model. This statement reflects the following central themes.

Person Centred - Putting individuals at the centre of decisions that affect their lives, treating them with dignity and promoting agency.

Fair - Being impartial and working hard to remove barriers that contribute to health inequality.

Sustainable - It's important for the future of the green health movement that our GHP is politically relevant and has an inherent ability to be maintained over a sustained period of time.

This work stream is about engaging the wider community with our natural health service approach and making the case for a Green Health Partnership.

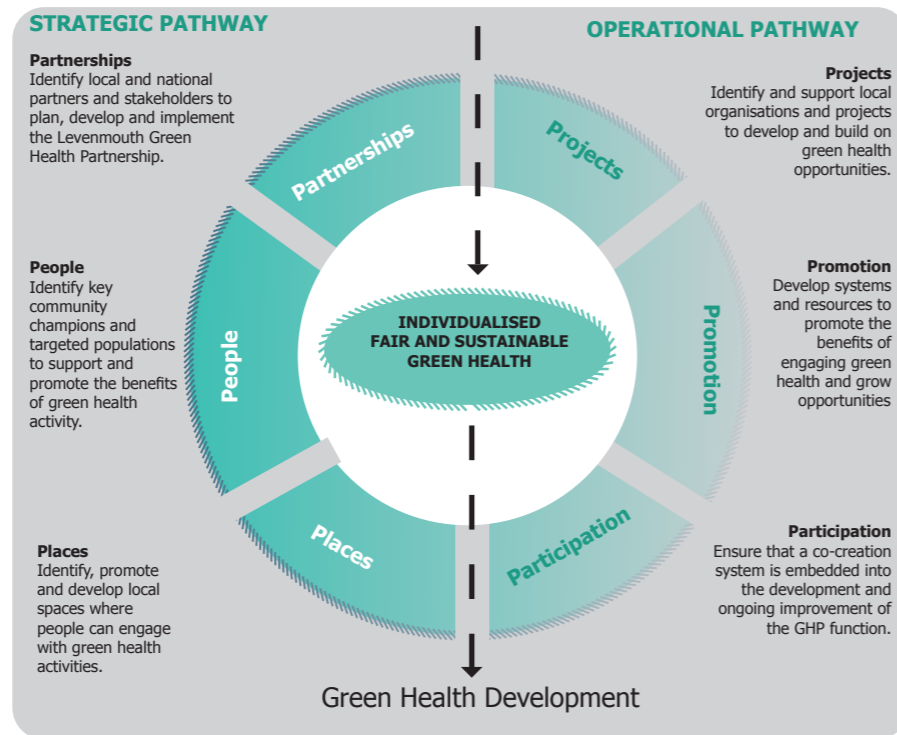
The green health approach is gaining momentum, and we want to ensure that everyone is on board with the mission. Our goal is to build a shared understanding of the aims and objectives of the Green Health Partnership, which will allow us to expand our conversations beyond our current network.

While we've made progress engaging with those who support our agenda, there's much more to be done. In order to broaden the scope and impact of our partnerships, we need to bring the conversation to policy makers and strategic leaders who can help fund our future endeavours.

The "Strategic Pathway" breaks down our approach into three key areas. By focusing on promotion, we can raise awareness of green health and its potential to improve health, eliminate health disparities, and promote well-being.

By prioritising people, we can build a community of support around our mission.

Finally, by establishing strategic partnerships, we can leverage resources and expertise to further our goals.



People Identify key community champions and targeted populations to support and promote the benefits of green health activity.

Partnership Identify local and national partners and stakeholders to plan, develop and implement the Levenmouth Green Health Partnership.

Promote Develop resources to promote the benefits of engaging with green health and the opportunities to participate.

Operational Pathway

Our Operational Pathway is designed to happen in parallel with the Strategic Pathway, adding the “actions” aspect to development work.

The community engagement process has highlighted the need to build a partnership that makes active connections, shares resources, promotes the wide variety of green health opportunities and supports the development of new opportunities that are linked to specific presenting needs within the community.

The partnership needs to actively work towards cross sectoral collaborations where projects can be developed that consider the barriers and what needs to be done to remove them, that will address need and begin to bring the green health service vision to life.

Improving Community Resilience and Wellbeing through the “Main streaming” of Green Health

The concept of “main streaming” green health is to provide widespread access to green health opportunities for all. This requires robust referral systems and processes that are regularly and routinely used by front line health service practitioners, with a particular focus on opening up accessible opportunities for those who would benefit the most from it.

This approach would enhance community resilience and promote overall health and wellbeing. By making green health opportunities more accessible, more people will begin to value the activities and wonderful natural environment around the River Leven.

Projects

Identify and support local organisations and projects to develop and build on green health opportunities.

Places

Identify, promote and develop local spaces where people can engage with green health activities.

Participation

Ensure that a co-creation system is embedded into the development and ongoing improvement of the GHP function.

5. What's Next

Our work to this stage has highlighted the importance of a Green Health Partnership in Leven and surrounding areas and the community's eagerness for such an initiative.

Through community engagement, we have been able to determine what is needed and the challenges we may encounter. We've shared inspirational stories and collectively agreed on two broad-reaching pathways to establish a system-wide green health approach.

Our co-created pathways provide a clear and structured plan to achieve our vision of making a Green Health Partnership mainstream in Leven. By mapping out the necessary stepping stones, we have targeted our efforts towards the workstreams that will bring the most impact in the shortest space of time. Building sustainable collaborations that maximise effectiveness and put those who could benefit the most at the heart of the initiative.

To ensure the success of the Levenmouth Green Health Partnership, learning from existing GHPs consistently points to the requirement for centralised coordination of activity. One overarching role is to act as a consistent enabler for all of the required activity and outputs that will facilitate the building of productive relationships, create robust referral pathways, promote the green health agenda and specific local activity, enable new projects and contribute towards successful green health development.

A work plan for the Levenmouth Green Health Partnership's Coordinator role can be found in the supporting documentation. This document details the specific actions required in order to maximise progress over the four year delivery phase and beyond. The work plan's actions are categorised under the 6 P's from our Green Health Development Framework to give clarity on which work flows are contributing to our strategic, or operational pathways.

The work plan is designed as a well-informed starting point, however, as much of the initial work will continue to inform our understanding of what needs are arising on the ground, it is anticipated that adjustments to the required actions and specific projects undertaken by the coordinator will occur over time. This is another example of where the Green Health Partnership steering group can give strategic oversight to the progress of ongoing developments, setting the coordinators priorities, providing direct links to health policy, community planning, third sector trends etc.

6. Conclusion

Expanding on our Green Health Initiative

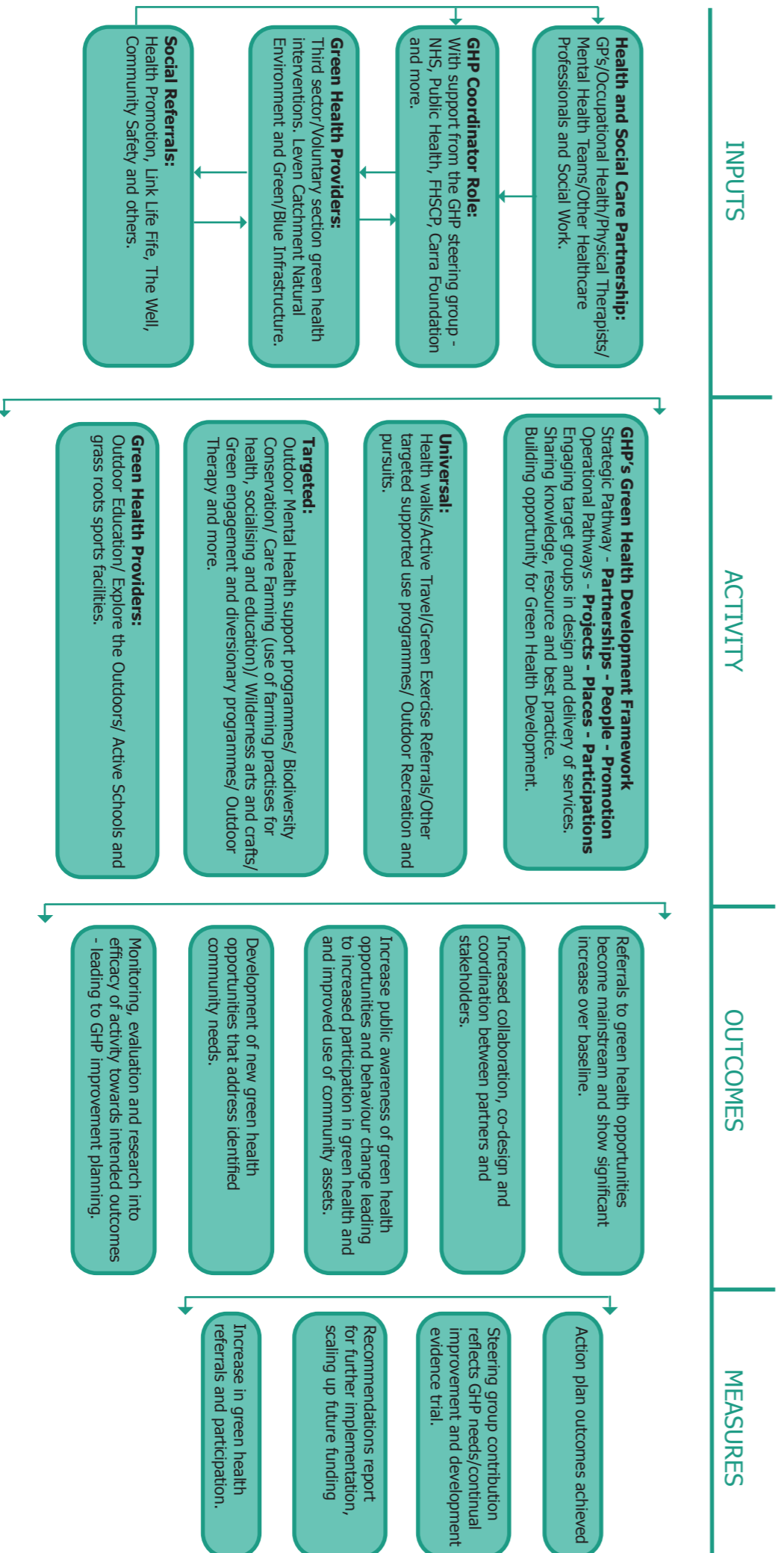
Throughout the year-long development process, we have engaged with a large number of individuals, including those who will benefit from green health interventions, potential prescribers, providers, and enablers. Our discussions have highlighted both existing barriers and exciting areas for growth in the field of green health. We are grateful for the support of various stakeholders, both nationally and within our community, who have offered their expertise, ideas, and resources.

Amidst this wealth of knowledge, we have identified two distinct pathways, strategic and operational, which have informed the creation of our Green Health Development Framework. This framework is a culmination of all our learnings to date and provides a generic structure for building a robust Green Health Partnership in our community.

A Green Health Partnership Coordinator will be appointed and will act as a constant enabler, with overarching responsibility for actioning both the strategic and operational pathways outlined in the Green Health Development Framework. This role will bring clarity, continuity and consistency to all of the partners involved in strengthening the green health offer within Leven. This role underpins the entire programme of work, acts as a central point of contact and will provide momentum for all involved in the partnership.



Green Health Partnership Logic Model



This logic model illustrates the significance of the coordinator's role in being a catalyst for progressing green health developments consistently, collaboratively and in a timely fashion. The role will be the glue that binds together the otherwise disconnected patches of green health activity in the area. This work will be crucial to developing the reputation that healthcare professionals require to give them confidence in adopting a more widespread approach to regular and routine green health prescribing.

Resources

01 Alcock I, White MP, Wheeler BW, Fleming LE, Depledge MH. Longitudinal effects on mental health of moving to greener and less green urban areas. *Environmental science & technology*. 2014 Jan 21;48(2):1247-55.

02 Barton J, Bragg R, Wood C, Pretty J, editors. *Green exercise: Linking nature, health and well-being*. Routledge; 2016 Jul 7.

03 Zhang J, Yu Z, Zhao B, Sun R, Vejre H. Links between green space and public health: a bibliometric review of global research trends and future prospects from 1901 to 2019. *Environmental research letters*. 2020 May 19;15(6):063001.

04 Bratman GN, Anderson CB, Berman MG, Cochran B, De Vries S, Flanders J, Folke C, Frumkin H, Gross JJ, Hartig T, Kahn Jr PH. Nature and mental health: An ecosystem service perspective. *Science advances*. 2019 Jul 24;5(7):eaax0903.

05 Roberts J, Barton J, Wood C. Wilderness and youth at risk: Approaches for positive behaviour change through the outdoors. *InGreen Exercise* 2016 Jul 7 (pp. 125-138). Routledge.

06 Douglas M, Katikireddi SV, Taulbut M, McKee M, McCartney G. Mitigating the wider health effects of covid-19 pandemic response. *Bmj*. 2020 Apr 27;369.

07 Swanson H. GHP Stakeholder Event Findings. SEPA; 2023 Jun.

08 NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026. Edinburgh : The Scottish Government, 2022.

09 The Scottish Government. National Planning Framework 3. The Scottish Government; 2014 Jun.

10 Just transition [Internet]. www.gov.scot. Available from: <https://www.gov.scot/policies/climate-change/just-transition/>

11 Climate change: Decarbonisation in the public sector - gov.scot [Internet]. www.gov.scot. Available from: <https://www.gov.scot/policies/climate-change/decarbonisation-in-the-public-sector/>

12 NHS FIFE 2030 Greenspace Strategy [Internet]. [cited 2023 Nov 21]. Available from: <https://www.nhsfife.org/media/38785/nhs-fife-greenspace-strategy.pdf>

13 The Scottish Government. The Healthcare Quality Strategy for NHSScotland [Internet]. [Gov.scot](http://www.gov.scot). The Scottish Government; 2010. Available from: <https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/>

14 Local Transport Strategy for Fife 2023 2033 Draft for consultation i [Internet]. Available from: https://www.fife.gov.uk/__data/assets/pdf_file/0020/450155/Local-Transport-Strategy-for-Fife-2023-2033-draft-for-consultation-v2.pdf

15 Fife Mental Health Strategy 2020-2024 [Internet]. NHSFife.org. NHS Fife; 2020 [cited 2023 Nov 21]. Available from: <https://www.nhsfife.org/media/32785/fife-mental-health-strategy-2020-to-2024.pdf>

16 Strategic Plan for Fife 2023-26 [Internet]. [cited 2023 Nov 21]. Available from: <https://www.fva.org/downloads/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf>

17 Getting to Know: Levenmouth Health & Social Care Locality Planning [Internet]. NHSFife.org. NHS Fife; 2020 [cited 2023 Nov 21]. Available from: https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0031/174586/levenmouth.pdf

18 Local Outcome Improvement Plan [Internet]. Available from: https://www.fife.gov.uk/__data/assets/pdf_file/0027/164574/Plan-for-Fife-2017-2027.pdf

19 Recovery and Renewal Plan4Fife 2021-2024 Update [Internet]. fife.gov.uk. Fife Council; 2021 [cited 2023 Nov 21]. Available from: https://www.fife.gov.uk/__data/assets/pdf_file/0024/340656/Recovery-and-Renewal-Plan-for-Fife-2021-24.pdf

20 Leven Connectivity Project - www.google.com. [cited 2023 Nov 21]. Available from: <https://www.google.com/search?q=leven+connectivity+project>

21 The Leven Visioning and Integrated Masterplan Report [Internet]. [cited 2023 Nov 21]. Available from: https://www.theleven.org/media/1030/the-leven-report-final_compressed.pdf

22 Clark, I., Callaghan, M. & Imran, A. 2018. Development of a quality assurance / kitemarking system for nature-based health projects and programmes. *Scottish Natural Heritage Research Report No. 1047*

23 Richards K, Hardie A, Anderson N. Outdoor Therapy A Statement of Good Practice VERSION 2 [Internet]. [cited 2023 Nov 21]. Available from: <https://www.outdoor-learning.org/Portals/0/IOL%20Documents/Outdoor%20Mental%20Health/Outdoor%20Therapy%20Statement%20of%20Good%20Practice%20V2%20-%20Nov%202023%20Final-compressed.pdf>

24 Activities Self Assessment [Internet]. thinkhealththinknature.scot. thinkhealththinknature; 2022 [cited 2023 Nov 21]. Available from: <https://www.thinkhealththinknature.scot/wp-content/uploads/2022/07/Activities-Self-Assessment.pdf>

NatureScot. Our Natural Health Service. NatureScot. [Online] 11 24, 2022. [Cited: 11 28, 2022.] <https://www.nature.scot/professional-advice/contributing-healthier-scotland/our-natural-health-service>.

Resources

SEPA. Partners. The Leven Programme. [Online] 2022. <https://www.theleven.org/partners/>.

Poverty and mental health: policy, practice and research implications. Knifton, Lee and Inglis, Greig. 5, Glasgow : Cambridge University Press, 2022, Vol. 44.

Impacts of Individual Daily Greenspace Exposure on Health Based on Individual Activity Space and Structural Equation Modeling. Zhang, Lin, et al.

2018, International Journal of Environmental Research and Public Health, Vol. 15, p. 2323. Barton, Jo and Rogerson, Mike.

The importance of greenspace for mental health. [Online] 2017. [Cited: 12 7, 2022.] <https://cambridge.org/core/journals/bjpsych-international/article/importance-of-greenspace-for-mental-health/eefd7077b5e3823086fb187fabe535c2>.

Green Health Partnerships in Scotland; Pathways for Social Prescribing and Physical Activity Referral. McHale, Sheona, et al.

Glasgow : International Journal of Environmental Research & Public Health, 2020, Vol. 6832.

The Scottish Government. Scotland's Physical Activity Delivery Plan. Edinburgh : The Scottish Government, 2018.

NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026. Edinburgh : The Scottish Government, 2022.

Developing Scotland's First Green Health Prescription Pathway: A One-Stop Shop for Nature-Based Intervention Referrals. Marx, Viola and More, Kimberley R. 13, Dundee : Frontiers in Psychology, 2022.

Robinson JM, Breed MF. Green Prescriptions and Their Co-Benefits: Integrative Strategies for Public and Environmental Health. Challenges. 2019; 10(1):9. <https://doi.org/10.3390/challe10010009>

Douglas, M., Katikireddi, S. V., Taulbut, M., McKee, M., & McCartney, G. (2020). Mitigating the wider health effects of covid-19 pandemic response. BMJ (Clinical research ed.), 369, m1557.

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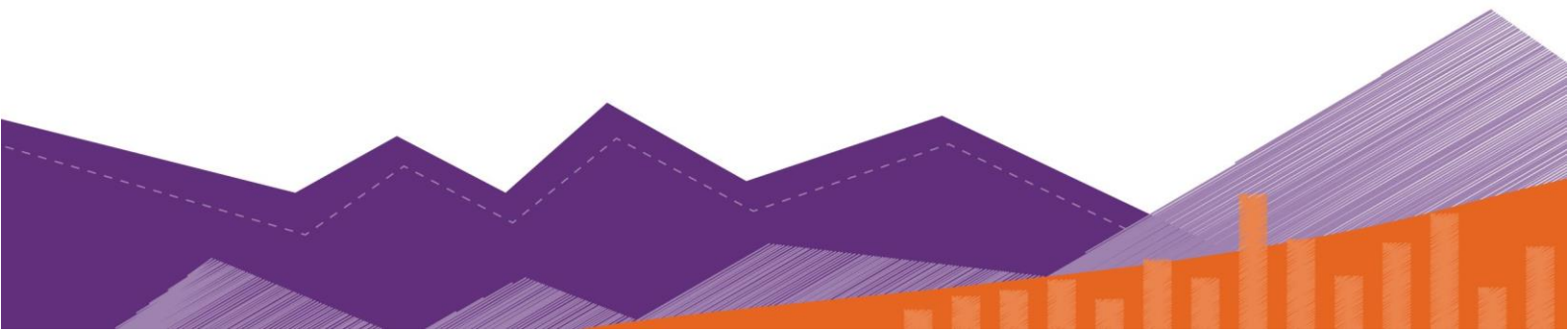
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Exploring referral activity into
green health provision in the
Levenmouth area of Fife

Braw Data and Arrivo Consulting
14th June 2024



Executive Summary

Overview

This project gathered data from intermediary organisations that refer people into green health opportunities, and from green health activity providers, to describe the current referral pathway for green health activities in the Levenmouth area. We describe how the referral pathway works, what we can say about the baseline from existing data, and then provide some recommendations for the development of the referral pathway within the broader Green Health Partnership. Finally, we outline a monitoring and evaluation framework for tracking and measuring progress in the development of the green health pathway.

Review of the referral pathway

The referral pathway includes referrals in from statutory services such as primary health, social work and education, as well as other organisations and self-referrals. Some of these referrals are channelled through intermediary referrers, while others go directly to providers. A broad set of providers then deliver green health activities, often as part of a broader portfolio of voluntary activities.

We identify a number of challenges within this pathway:

- Variable level of referrals into the pathway from health and social care organisations
- Very few referrals into the pathway for green health opportunities
- Cultural issues/ low awareness of the benefits of green health

Baseline data on green health referrals

The data available on green health referrals from both intermediary referrers and providers is very limited. It shows that the intermediary referrers account for a relatively small proportion of green health referrals, but that connecting referrals to successful activities is very difficult due to limited data recording and variable capacity to work with data between different organisations. However, there are a significant number of providers in the Levenmouth area, and a large number of people taking part in green health activities.

Opportunities for development

From our review we make a number of recommendations and identify associated opportunities for development within the Levenmouth Green Health Partnership.

- Establish methods to collect data on green health referrals to support development of the process
- Raise awareness among health and social care staff of the benefits of green health and of the referral pathway
- Develop a local Green Health Network to increase awareness/connections between referrers and providers.
- Build awareness in communities of the benefits of green health and tackle cultural barriers
- Identify and address barriers to participation in green health activities

Framework for monitoring and evaluation

We outline a monitoring and evaluation framework to support the development of the Levenmouth Green Health Partnership and identify some measures to track the progress in increasing access to green health activities.

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Introduction

Context

In 2022, the Health and Wellbeing Focus Group for the Leven Programme began to focus on the formation of a Levenmouth Green Health Partnership (GHP).

This became part of the River Park project's National Lottery Heritage Fund bid and was successful, with permission being granted to develop the project and establish proposals for a 4-year delivery phase.

Throughout 2023, (the development phase of the National Lottery Heritage Fund project), the Green Health Partnership Development Group carried out extensive research and consultation with local communities, with potential green health providers and referrers, and with stakeholders to better understand local needs and local capacity for the delivery of green health opportunities.

The findings of the year-long research and development processes have demonstrated the need and demand for green health opportunities and the chances to increase the 'supply' of opportunities to maximise the health and wellbeing of communities around the Levenmouth area.

There are already providers offering opportunities for local communities to participate in green health activities, and there are a number of community based/other bodies who are already referring people into these opportunities.

The purpose of this study:

1. Understand and baseline the current number of referrals from intermediary social referrers going to green health activity providers in the wider Levenmouth area and the numbers of referrals received by green health activity providers.
2. To explore the referral pathway for green health opportunities in the Levenmouth area, and review the gaps /opportunities for development in the referral pathway towards green health opportunities.
3. To make high-level recommendations for data gathering, and the monitoring and evaluation approach the Green Health Partnership could carry out over the 4-year delivery phase.

The definitions for the different organisations, roles, and green health activities used in this research can be found in Appendix One.

Methods

The research for this report was conducted between April and June 2024. The methods used included:

- Review of reports and documents produced by the Green Health Partnership Development Group and others more widely
- Analysis of the available intermediary referral agency data on the number of referrals
- A survey of green health providers
- Interviews with the key intermediary referral agencies
- Interviews with green health providers

Review of the Referral Pathway

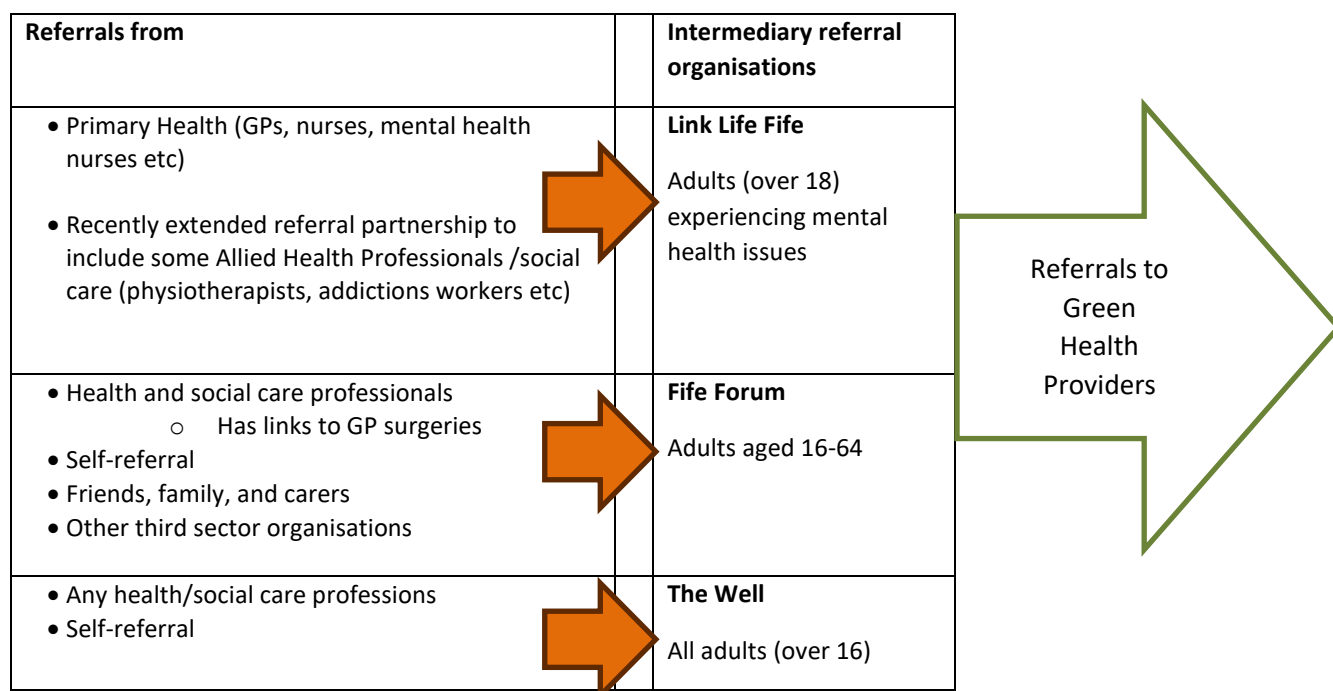
Fife has an existing referral infrastructure in place to connect people to opportunities to improve their health and wellbeing. There are three existing organisations in the area (Link Life Fife, Fife Forum and The Well, which we have called intermediary organisations in this report) that take referrals from the health and social care sector (and other sources) and connect people into services and opportunities in the community to support their health and wellbeing. This existing infrastructure is the key mechanism to drive referrals to green health opportunities.

This study explores the capacity of the existing referral pathway as a mechanism to increase referrals into green health opportunities.

What is the referral pathway?

We begin by describing the referral pathway for green health activities. Figure 1 shows the flow of referrals from health and social care services, through the intermediary referral agencies, to the providers of green health activities. Additional referrals may come from other agencies direct to providers, or via self-referrals to the activities.

Figure 1 The Green Health Activity Referral Pathway



Central to this process is the role of the intermediary organisations involved in referring people to green health opportunities, operating between health and social care services and the green health providers. A description of the three key intermediary referral agencies, and their role in the pathway, can be found in Appendix One.

What works well in driving referrals to green health opportunities?

Referral intermediaries reported that the most useful link in the referral chain is personal contact with the provider organisation.

All the intermediaries reported that the most useful thing in the referral pathway is ‘picking up the phone and speaking to someone’ in the provider organisation to find out if the opportunity is appropriate for the client, if there are places currently available etc.

So from a referral perspective, it would be useful to have:

- Contact name and numbers for each of the providers
- Up-to-date information on ‘live’ opportunities /waiting lists

Practical barriers/challenges to referring to green health providers

Practical barriers

Referral intermediaries highlighted practical barriers which also can prevent take up of opportunities. These included cost; access to transport and cost of transport; and support needs.

Providers highlighted two challenges in the referral pathway:

Sustainability of the opportunities

Insecure funding for third sector providers (and the impact of that on staffing/ turnover etc) means variability in the number of places/sustainability of green health opportunities.

Inappropriate referrals

Providers highlighted the need for better systems to match clients to opportunities, as situations had arisen where people with high levels of support needs which couldn’t be met by the provider were referred. Providers reported that referrals of people with additional support needs worked best when the referring organisation could provide a support worker to provide that support.

Review of the referral pathway

The data provided by the intermediaries showed that there is currently a relatively small number of referrals to green health opportunities. There are challenges in the collection/recording of data which mean that some referrals/signposting has not been recorded (this issue is explored in the next section) but this section reviews the issues in the pathway.

Variable level of referrals into the pathway from health and social care organisations

There is variable use of the existing referral pathway by health and social care organisations.

- Health and social care organisations often have existing relationships with local organisations/providers, and refer directly to these providers rather than via the intermediaries.
- The volume of referrals from health and social care staff is variable. Link Life Fife does annual ‘review’ sessions with health and social care settings and reports that there is typically a ‘spike’ in referrals in the weeks following these sessions

Very few referrals into the pathway for green health opportunities

The existing intermediaries have broad remits to connect people to services that improve their health and wellbeing. They receive very few referrals/requests from health/social care staff (and others) directly for a green health opportunity.

- The referral forms into Link Life Fife and Fife Forum ask for the ‘reason for referral’
- In general, the link workers get very little information about the person referred – typically the reason for referral would be reported as ‘social isolation’ or ‘integration into community’.

While link workers can and do suggest green health opportunities which would address these needs, the approach is person-centred and the choice of the type of activity is led by the clients' interests and needs. However, referral organisations report that interest/motivation for green health opportunities is low.

Cultural issues/awareness of the benefits of green health

Intermediary organisations reported that the number of referrals into green health opportunities was relatively low. The referral intermediaries felt well-informed about local opportunities (all had access to a directory of resources) so did not think that the small number of referrals to green health opportunities was about a current mismatch in supply/demand, or about blockages in the referral pathway.

Intermediaries reported that many clients don't relate to or were not particularly motivated by the 'green health' opportunities. They reported that the relationship between 'the outdoors' and health and wellbeing was less well embedded in communities with high levels of health inequalities, and that the social inequalities that drive poor health outcomes also create barriers to access to green health opportunities.

Other stakeholders also identified cultural barriers to engagement in green health initiatives. There are issues of awareness - people being unaware of the wider link between 'the outdoors' and their health and wellbeing, but this is reinforced by family/community culture where using the 'outdoors' may not be something that they are in the habit of doing.

Stakeholders identified lack of opportunity (due to cost) but also due to poor facilities in some of the more deprived areas (poor quality play areas, perceived lack of safety) and also lack of confidence to participate in activities linked to green health, and suggested that there may be opportunities to increase awareness and confidence to use outdoor space through small scale community events in local outdoor spaces.

"Potentially offering free activities in parks would be a beneficial starter to get families accessing areas and feeling confident in using them."

(Support worker, third sector organisation)

here may also be benefits to promoting green health activities to those organisations and staff who work directly with communities, as they have relationships/ influence with the communities with whom they work.

"Seeing the benefits of my recent fitness group and the positive impact it has had on my client group has encouraged me to refer to green health activities such as walking and green community gardens, involving the whole family."

(Support worker in third sector organisation)

Example of practice

To increase community awareness and engagement in green activities, The Green Health Partnership in North Ayrshire developed a small grants fund - the Green Health Development

Fund (GHDF) - which enabled local green health providers to develop activities which would engage local communities in outdoor /green health activities.

- 31 small grants were made to local organisations (majority under £1,000) to provide green health activities to encourage local communities to use outdoor space/nature-based activities.

Baseline data from intermediary green health referrers

We conducted an analysis of the available data from green health intermediaries to understand the baseline for the number and type of referrals. We also spoke to these intermediary referrers to understand what data they collect and how, to better understand the challenges and opportunities for recording robust data on green health referrals.

The number of referrals into green health providers from the referral pathway is currently low.

Only two of the referral intermediaries could provide data on referrals to green health providers.

- One intermediary could provide data for the year 2023-24.
- One could provide data for two months only.
- One could not provide data due to the challenge of extracting details from their records.

From the data received, there were 57 recorded cases of referral or signposting to green health providers.

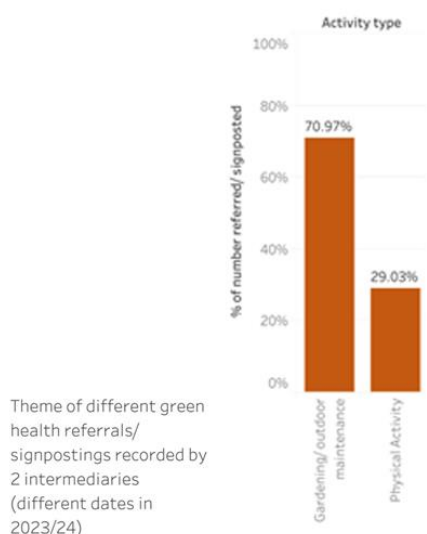
- Referral means that the client details are sent to the provider organisation
- Signposting means that the client has received information about a provider

One referrer was able to split their data into referring and signposting, reporting a total of 13 referrals and 24 signpostings made in the 12-month period.

The referrer able to provide data for February- April 2024 received 48 referrals during this time period and made 6 green health referrals. Some of these people would have received support within the organisation and some may not have engaged, so it is not possible to know how many onward referrals were made. However, green health referrals made up at least 12% of cases in this period.

Intermediary referral organisations do not follow-up or get feedback from the organisations that they refer/signpost to, so there is no record of how many of these referrals are taken up.

Where do intermediary referral organisations refer/ signpost people to?



Looking at the data from intermediaries, after removing referrals/ signposting to organisations that did not fit with the Green Health Partnership's definition of green health providers, there were 31 green health referrals, though this is still approximate given information was given by provider rather than by activity. 22 referrals (71%) were for projects that likely involve gardening/ outdoor maintenance. 9 referrals (29%) were for green health projects that promote physical activity (especially walking).

Both intermediaries referred/ signposted to providers running activities around these themes; for example, both referred to CLEAR, which has a focus on gardening/ outdoor maintenance, and walking group Bums Off Seats.

Issues in collection /recording of data on referrals into green health providers

Each of the intermediaries have different systems for recording and reporting, which are of course designed to meet their wider needs (rather than the specific needs of the Green Health Partnership). The key challenges in recording in relation to the Green Health Partnership are:

- **The Well** does not have recording systems which could extract referrals to green health providers. This is because the data is not categorised and stored in a way that makes green health referrals easy to locate: it would involve going through individual records, as the themes currently used for collating data around interactions with clients are around broader themes.
- **Link Life Fife** provided a list of referrals to different providers. It was not able to provide demographic information in addition to this because it collected a tally of green health referrals by provider, unconnected to individual records, but hopes its new customer relationship management (CRM) system could support this going forward.
- **Fife Forum** sourced data by searching for the two known green health providers that they refer to.

Discussions and data collection from the intermediaries highlighted some issues around identifying green health referrals:

- **The information that is recorded by intermediaries does not enable categorisation of referrals as green health activity.** Each intermediary had different recording systems, and record different data about a referral. The Well records interactions by theme, but the themes are broad and it is not possible to identify from these themes which are green health interventions. Other intermediaries record the name of the organisation that they refer to. However, where a provider organisation provides multiple activities/opportunities, the name of the provider alone does not determine if a referral is for a green health activity or not. For example, whilst a referral to an allotment project is likely to always be for a green health activity, a referral to a sports centre could be for a green health activity, such as playing sports

on a grassy pitch, or for activities that would not be thought of as green health, such as using an indoor gym.

- **Limits to shared understanding of what a green health activity is.** Looking at the intermediary referral data provided, and in discussion with one intermediary that had not been sure what would count as a green health activity (for example, if eco-friendly projects that aim to improve health would count), suggests a need for intermediaries to have a common idea of what should be counted as a green health activity.

Discussions with intermediary referrers, alongside provider survey responses, highlighted a number of more general issues around data collection and reporting on green health data, including:

- **No data on the take-up of referrals.** There is no feedback system for providers to report back to intermediaries to let them know if the client took-up the referral.
- **Data not stored in an easily- searchable format.** Some of the intermediary referrers and providers that we interviewed reported that data was stored in spreadsheets and/or paper, so is not easy to collate. Some organisations flagged hopes around using customer relationship management systems to improve this.
- **Limited administrative capacity.** One provider organisation highlighted the need for greater administrative capacity to collate this kind of information.
- **Not all signposting is recorded.** The Well, which offers a drop-in service, finds that sometimes quick interactions are not recorded.
- **Issues with ensuring consistency in recording.** The Well is staffed by workers from multiple organisations, which can make it difficult to ensure data collection is consistent. Link workers might record the same provider organisations under different names, knowing them as different things. However, listing providers for people to select from was seen by The Well as quite difficult, given size of Fife and wealth of provision in the area. In contrast, Fife Forum finds that there are few green health providers in the Levenmouth area, which they found made it easy for them to find local green health referrals they had made.
- **Difficulties in categorising interactions.** At The Well, people might be seeking support about multiple issues at once, or come in to speak about one issue but realise there are other areas where they need support as a result of the conversation. This can complicate categorisation.

Baseline data from green health providers

We conducted a survey of green health providers in the Levenmouth area to establish a baseline for the numbers and types of activities that take place. We also asked about the sources of referrals, in order to better understand the scale of the referral pathway. Finally, we asked about the challenges in collecting data on green health activities to inform future development of the data collected.

Mapping green health providers

This map shows the green health providers given by the Levenmouth Green Health Partnership, supplemented with providers named by the two intermediary referral organisations who gave data. Whilst not exhaustive, it provides an indication of the different green health providers and where they operate in the Levenmouth area.

Green Health Providers in Levenmouth



Provider survey

The survey was circulated to 29 local green health providers by the Levenmouth Green Health Partnership Steering Group. Organisations were also invited to forward on the survey to other relevant providers. The response rate was low (24%), with seven provider organisations completing the survey. Six of the seven respondents reported collecting data on the number of participants involved in green health activities. Three respondents reported that their organisation faced challenges in collecting information on the number of participants in green health activities.

Challenges around collecting participant numbers included:

“Reduced administrative support, we need to employ an administrator who can collate and analyse. We need to develop a digital CRM¹ to analyse and store data, as opposed to paper and spreadsheets.”

“we have a number of different avenues for engaging with people in a green health context, from self referred (through Eventbrite) guided walks with a wellbeing theme, through to...predominantly a referral service. We have yet to combine the systems to collate data on green health activity across the organisation. On top of this, most of the activities offered by our conservation team are run

• ¹ customer relationship management system

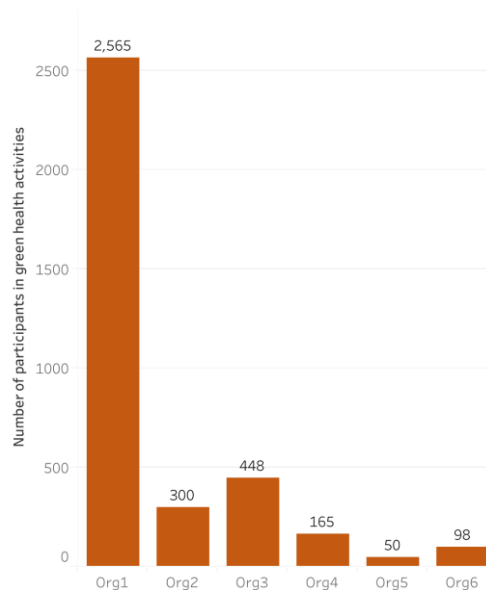
outdoors and can be innately therapeutic, this is something else that we need to consider when assessing our green health footprint.”

Participants in green health activities

Numbers of participants

Looking at the provider survey, the 6 respondents who collected numbers of green health activity participants, for the 12 months April 23- March 24, had between 50 to 2565 participants.

Number of participants taking part in respondent organisation green health activities (April 23- March 24)



Referrals

Only three respondents held information on participant referral routes. Of the three who do collect data on referrals, one highlighted a challenge in collecting information on referrals:

“the barrier is an internal one in that we have no clear way to collate this information. However the information is available on a case by case basis”

The remaining 4 providers don't collect referral data.

Referral sources

The list below shows the sources of referrals to the 3 providers who can collect this data. All 3 respondents received self-referrals, which was the most commonly selected route.

- 2 received referrals from employability organisations.
- 2 received responses from education organisations.
- 1 received referrals from GPs.
- 1 received referrals from Link Life Fife.
- 1 received referrals from Fife Forum.
- None received referrals from The Well.

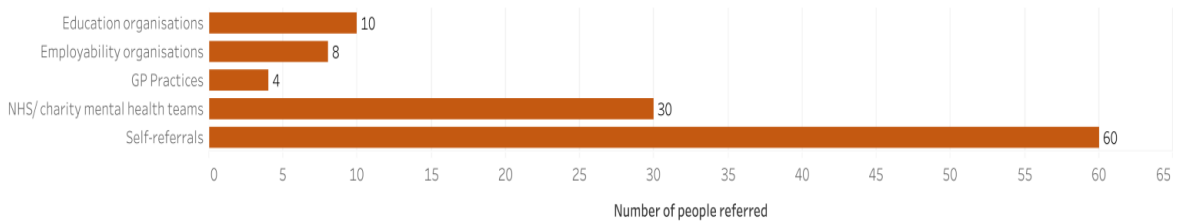
All 3 respondents also received responses from other sources, with 2 flagging NHS teams:

- *“Social services; Children Services; Clued Up; Education; Private Child Care organisations; Foster Carers; Parents; Community Learning and Development Teams; Police “*

- “NHS- various teams”
- “Our (programme name) programme has links with NHS community mental health teams and with third sector charity who operate in the mental health support field”

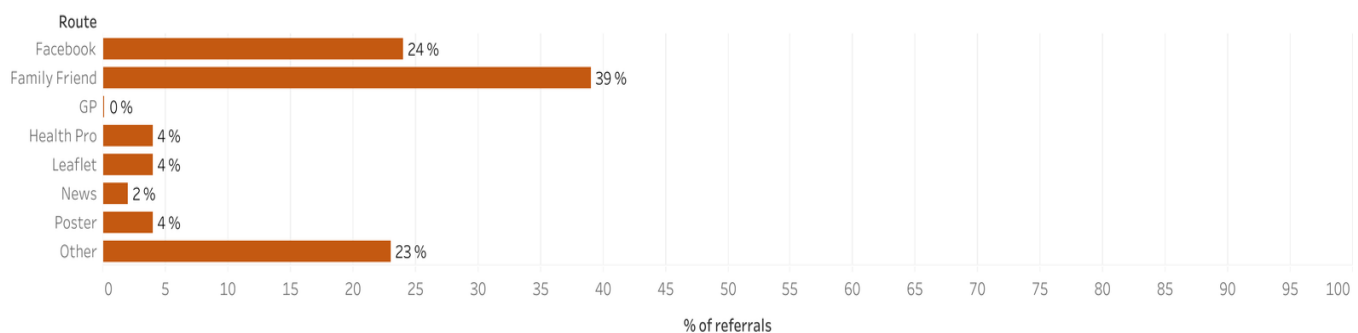
The level of information from providers demonstrates varying levels of capacity around data collection. One respondent provided us with a breakdown of where their green health referrals come from. The majority are self-referrals, followed by referrals from mental health organisations.

Number of referrals from different sources, for one responding provider organisation



Outwith the survey, another provider also gave us a breakdown of how people come to their services, seeing most people coming to them via family and friends:

% of different routes into one green health provider (from approx. January- May 2024)



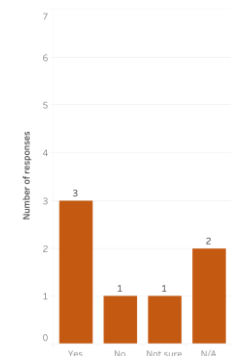
Appropriateness of referrals.

We also asked providers if the people referred were appropriate for the green health opportunities they delivered.

Four providers responded to this question. Three of the respondents felt that the referrals they received for their green health activities were appropriate. One respondent selected that the referrals they received were not appropriate, as seen in the chart; however, they further explained that this was “really a yes”:

“This answer is really a yes, but I wanted to expand. For the most part (80%) the referrals are appropriate, however, it is sometimes the case that {programme name} referrals can be for people who need a lot of support to attend and this can be a barrier to their attendance as we are unable to provide enough support work outside of delivering the programme.”

Number of responses by if participants directed to the respondent organisation via social referrals are appropriate to the green health activities it offers



What does the data tell us about green health referrals?

The baseline data available from both intermediary referrers and providers is very limited. This makes it challenging to establish a baseline, and highlights an area needing development by the Green Health Partnership.

The intermediary data suggests a small number of referrals, to a limited number of provider organisations. Provider data shows a large number of green health activities, but limited data on the source of those referrals, and limited referrals recorded from the three intermediaries. The majority of referrals come from sources other than the three referral intermediaries. There is no data available on the outcome of referrals made.

While the baseline data is very limited, it does suggest that:

- There is potential for a greater number of referrals from the intermediaries to providers.
- There is a lot of work to be done in improving data collection on referrals, in particular on closing the loop. Neither intermediary referrers nor providers are currently set up to record the outcome of referrals.
- The capacity of small providers to collect data can be limited, and so any attempt to improve data collection needs to take this into account in order to be successful
- The high importance of other referral routes (outside of the intermediary pathway) means that these also need to be considered in the development and monitoring of the Green Health Partnership.

Recommendations and opportunities for future developments

Given our review of the referral pathway and the available baseline data, we now make a number of recommendations that provide opportunities for future development of the Levenmouth Green Health Partnership. Our recommendations include:

- Establish methods to collect data on green health referrals to support development of the process
- Raise awareness among health and social care staff of the benefits of green health and of the referral pathway
- Develop a local Green Health Network to increase awareness/connections between referrers and providers.
- Build awareness in communities of the benefits of green health and tackle cultural barriers
- Identify and address barriers to participation in green health opportunities

We now describe each of these recommendations, and the opportunities for development associated with them.

Recommendation: Establish methods to collect data on green health referrals to support development of the process

The study has identified that there are challenges in the recording of referrals to green health providers. There are issues of definitions of what constitutes a green health opportunity, but more challenging issues in collection, as the intermediary referral agencies collect and record data in different ways and for different purposes.

The three intermediary referral organisations all collected data on their referrals, but in different systems and with different levels of detail. Providers hold some basic data on numbers of participants, but capacity to collect and report on more detailed data is limited. There is no mechanism to follow up on referrals to know if the person has taken up the opportunity, and this is a key area to develop.

An improved data collection system would need to:

- **Include a shared understanding of what constitutes a green health activity/provider.** The GHP should aim to improve intermediary referrer understanding of what a green health activity/ provider is, to ensure more uniform data collection.
- **Increase the detail collected about referrals.** Given the diversity of activities many providers offer, it could be useful to get a record of specific activities people are referred to take part in to identify what is a green health referral and what is not.
- **Close the feedback loop on successful referrals** by tracking consistent data on referrals made, and whether they are successfully taken up.
- **Manage to record referrals made into providers from outside the core referral intermediaries** as the baseline data suggests this will be a significant portion of the green health activities undertaken with providers.

Potential data collection systems

Possible solutions	Description
Develop a dedicated case management system (CMS) database that intermediaries and providers use to track referrals and participants	This would provide the best data in principle, but would be very costly to develop and maintain. It would also create additional burden on organisations to record data in an additional system, for which many would not have capacity. It would allow consistent data to be collected on activities even from referrals made outside the primary pathway.
Develop a reporting standard for green health referrals, with core information that providers and intermediaries in the network report on monthly.	This would provide a good standard of core information for reporting. It would place more burden on the organisations in the network to report regularly in a standard way, but with lower resources required for collating the data. Providers could report details on external referrals in the same way as referrals from the core intermediaries.
Develop a centralised tracking system for the partnership that records referrals, but not the underlying personal data	A system could be developed where each organisation has a unique ID. When a referral is made, the intermediary sends a link or QR code that contains the referrer ID, the provider ID, and an anonymised individual ID. When an individual takes up an activity with a provider, the provider needs only to click that link and a successful referral is recorded without entering any additional data. The process of generating links (by the intermediaries) and using the links (by the providers) would create data centrally on referrals made and those successfully taken up without further data entry. This would provide good data on referrals within the core pathway, but it would need additional data collection to also capture referrals and activities beyond the core intermediary referrers.

Opportunities for development

The collection of referral data is critical to measuring the success of the programme. We suggest that a method of collecting data to track referrals should be co-produced with referrers, intermediaries and providers in the network. This will help ensure that it is proportionate for the data collected; is feasible for even small organisations that are involved; and that it makes clear how the data gathered will benefit both the broader network (in monitoring and evaluation) and the individual organisations (in measuring their activity). Working together to agree a data standard, collection method, and the value of this activity will help to ensure that high quality data can be generated to support the development of the network.

Recommendation: Raise awareness among health and social care staff of the benefits of green health and of the referral pathway

There is variable use of the existing referral pathway by health and social care organisations and there are very few referrals into the pathway (from health/social care) specifically for green health opportunities.

Referring organisations identify the reason for the referral (typically social isolation/community integration) rather than identifying the type of activity/the solution.

Opportunity for development

These findings suggest that there is a need to remind/prompt health and social care staff around the 'additional' benefits of green health and of the local referral pathway into green health opportunities in the local area

The Green Health Partnership could develop a new resource for local health and social care staff, to increase awareness of the health benefits of green health activities and encourage more referrals for green health opportunities.

The Green Health Co-ordinator should seek face-to-face meetings with health and social care settings to:

- Promote the benefits of green health
- Remind health and social care staff of the referral pathway in Levenmouth.

Recommendation: Develop a local Green Health Network to increase awareness/connections between referrers and providers

Intermediary referral organisations and providers report that referral is 'relational'. Although intermediaries have access to directories /resources, they reported that a named person/telephone number for the provider was the most useful 'link' in the referral pathway.

There is an opportunity to build greater awareness across organisations in Levenmouth of the existing green health opportunities, and the routes into them.

Opportunity

The Green Health Partnership could develop:

- An online resource of local green health providers (kept up-to-date by providers themselves)
 - Opportunities could be graded to identify who they are appropriate for (highlighting the level of mobility/independence that a client would need to be a suitable 'match' for the opportunity).
- Develop an annual local Green Health Network event

- Facilitate an event so that referral organisations, intermediaries and providers can get to know more about each other and the green health opportunities in the area.

Recommendation: Build awareness in communities of the benefits of green health and tackle cultural barriers

The interviews with stakeholders highlighted both a lack of awareness of the benefits of green health in some communities and cultural barriers to involvement.

Increasing general awareness of the benefits of contact with nature/nature-based health opportunities among communities and increasing community confidence to use the natural assets of the area will in time change attitudes and behaviours to participation in green health.

Opportunities for development

These findings suggest that there is a need for a local campaign to promote the benefits of green health activities to those organisations and staff who work directly with communities, as they have relationships/ influence with the communities with whom they work.

There is also a need to increase opportunities for local people to use local outdoor spaces, to build their connections to the outdoor spaces in their communities and their confidence (and enjoyment) of outdoor/nature-based activities.

Recommendation: Identify and address barriers to participation in green health activities

The link between social inequalities and differences in health outcomes is strong and persistent. The social, economic and environmental factors that shape people's lives (the wider determinants of health) influence people's health and their capacity to address their health and wellbeing.

The mechanisms by which systemic inequalities /the wider determinants influence both mental and physical health are complex and inter-related, and while there is a need for systemic change to address health inequalities, the Green Health Partnership should seek to identify and address the specific barriers which affect access to green health opportunities.

Opportunities for development

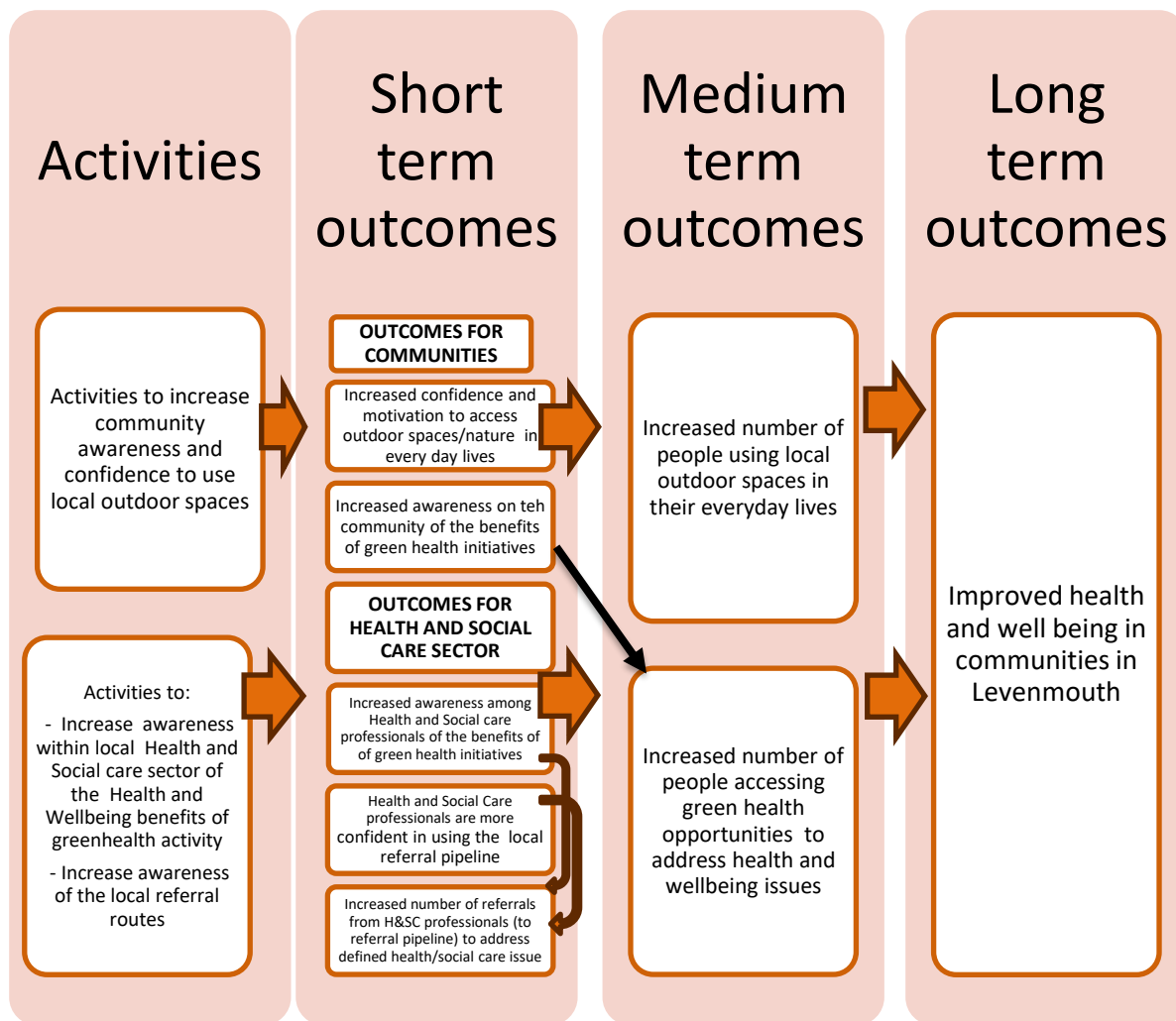
While it is outwith the scope of the Green Health Partnership to address the wider social, economic and environmental factors that shape people's lives, the GHP should explore the specific barriers and challenges to participation in green health activities (e.g. cost, travel, accessibility) and identify ways of mitigating these to increase access to green health activities.

This could include support with the costs of participation, or with flexibility in the location or delivery of activities in order to accommodate participants with a broad range of challenges.

Framework for Monitoring and Evaluation of the Green Health Pathway

The Levenmouth Green Health Partnership aims to increase the use of the local natural resources to improve the health and wellbeing of the communities in Levenmouth.

The logic model sets out the process to achieve this goal.



There is now a wealth of evidence to demonstrate the links between green health activity and improved health and wellbeing (and therefore its contribution to delivery of priority national health outcomes).

As the long- term outcomes/impact of green health interventions are well evidenced, the approach to monitoring and evaluation in Levenmouth Green Health Partnership should focus on:

- Monitoring - collecting data on the outputs (demonstrates what you have done/the reach of your activities)
- Evaluation of the short-term outcomes (which are the necessary pre-conditions to achievement of the medium-term and long-term outcomes).

An outline monitoring and evaluation framework for the Levenmouth Green Health Partnership is demonstrated below.

Monitoring and Evaluation Framework

Recognising the limitations of the data available (and the capacity for data collection) the initial monitoring and evaluation framework focuses the data you should collect on:

- The outputs (the number and reach of activities that have been delivered)
- The short-term outcomes (the changes that happen as a result of an activity)

Table 1 identifies the **activities** that the Green Health Partnership intends to deliver.

The **outputs** measure the activities that were delivered and the reach of those activities.

Table 2 identifies the short-term outcomes that you expect to see as a result of your activities. The indicators are the measures that you use to demonstrate that the outcomes have been achieved.

Table 2 also identifies where/how to collect the data required evidence the short-term outcomes.

Table 1: Activities and Outputs

Activities	Outputs
Activities aimed at general population/community	What to record
<ul style="list-style-type: none"> • Activities to increase community awareness and confidence to use local outdoor spaces 	<ul style="list-style-type: none"> • The number of activities delivered to engage the community • Number of people attending • Demographic data to identify the reach <ul style="list-style-type: none"> ○ Age/gender/postcode of participants
Activities aimed at Health and Social Care Sector	
<ul style="list-style-type: none"> • Activities to increase awareness within the local health and social care (H&SC) sector of the health and wellbeing benefits of green health activity 	<ul style="list-style-type: none"> • Number of events/activities delivered to engage health and social care sector in awareness raising • Who did it reach: <ul style="list-style-type: none"> ○ Number of people attending ○ Which professions/sectors
<ul style="list-style-type: none"> • Activity aimed at increasing awareness of the local referral pathway 	<ul style="list-style-type: none"> • The number of meetings/ activities carried out to increase awareness of referral pathway • Who did it reach <ul style="list-style-type: none"> ○ Number of people/sectors reached

Table 2: Short term outcomes and indicators

Outcomes for the community The change you want see in beliefs/attitudes in the community	Indicators	Where/how to collect this data
<ul style="list-style-type: none"> • Increased confidence and motivation to access outdoor spaces/nature in everyday lives • • • • Increased awareness in the community of the benefits of green health initiatives • 	<ul style="list-style-type: none"> • Number of people reporting that they are more likely to use the space/green activity again • <ul style="list-style-type: none"> ○ Number of people reporting that they are more likely to use another green/outdoor activity ○ Number of people identifying 'health' or 'wellbeing' as motivation for 'getting outdoors' for themselves/their children/family 	<p>Carry out short surveys at community events (GHP)</p> <p>Collect mini - case studies to demonstrate changes in behaviours (increased use of local outdoor space etc)</p> <p>Collect quotes to demonstrate changes in awareness of benefits of green health initiatives</p>
Outcomes for H&SC sector The changes in knowledge/ /attitudes/behaviours of the H&SC sector		
<ul style="list-style-type: none"> • Increased awareness among Health and social care (H&SC) professionals of the benefits of green health initiatives • Health and social care professionals are more confident in using the local referral pathway 	<ul style="list-style-type: none"> • The number of referrals from H&SC professionals (to referral pathway) to address a defined health/social care issue 	Data to be collected /recorded by referral intermediaries and Data to be collected by green health providers
	<ul style="list-style-type: none"> • The number of green health referrals from H&SC staff into to the green health referral pathway 	Data to be collected /recorded by referral intermediaries
	<ul style="list-style-type: none"> • The number of referrals from H&SC staff directly to green health providers 	Data to be collected by green health providers

Suggested future developments for monitoring and evaluation

As capacity and as data systems develop, it would also be useful to capture more data to better understand the impact of green health activity on the health and wellbeing of participants.

Purpose of referral

Information on the 'purpose of the referral' would aid understanding of the perceived role of green health initiatives in contributing to improved health and wellbeing, but would also assist in understanding the 'difference made' as a result of participating.

could be achieved by adding a question to the referral forms:

Purpose of referral

- Social isolation/social integration
- Mental health
- Physical inactivity
- Weight management
- General health condition
- Specific health conditions:
 - Cardiac rehabilitation
 - Pulmonary rehabilitation
 - Other

Number of people who take up referrals

Additionally (if developments in data capture can accommodate) it would be useful to extend this data to capture the **outputs** of the referral activity:

The **output** measures would be:

- Numbers of people referred/signposted to each provider
- Demographic data: on referrals: Age /Gender/Postcode
- Number of those people who take up the referral
- Number of people who sustain the green health opportunity

Short term outcomes

To better understand the extent to which the green health activity has 'made a difference' to those people who participate, the Green Health Partnership could create a short survey to collect information from participants on changes that their participation has had on:

- Their enjoyment of outdoor/green health activities
- Changes in:
 - levels of physical activity as a result of participating
 - levels of social connectedness /social integration
- Self-assessed changes in levels of wellbeing
- Self-assessed changes in physical health conditions

Appendix One: Definitions used in this research

Social referrals: The phrase used to describe when a health or social care provider (or appropriate referral organisation) directs people towards an activity in an effort to improve their physical or mental health. In some cases GPs will make social referrals, however in most cases they would go through intermediary referral organisations.

Green health: This relates to the health and wellbeing benefits people experience from spending time outdoors or being involved in activities related to nature.

Green health activities: Activities which take place outdoors or involving nature. Examples include but are not limited to: walking, cycling, wheeling, jogging, sports activities, outdoor recreational activities, gardening, food growing, planting, foraging, wild swimming, nature photography, relaxation. Activities involving nature but taking place indoors (for example, growing plants) would still count as a green health activity.

Green health providers: Any group, club, charity or organisation which organises and/or runs green health activities.

Participants: Any people that could take part in your activity or service. You may refer to them as volunteers, patients, clients, customers, members.

Self-referral: When a person chooses to get involved in an activity for their own health and wellbeing without being advised to by a health or social care provider (or appropriate referral organisation). Proving why someone got involved in an activity can be difficult, therefore, unless this information is currently recorded, self-referrals will be used to describe anyone who was not referred to the activity by another (for the purposes of this survey).

Signposting: when an organisation provides a client with information about a provider, for the client to make contact with the provider themselves.

Referrals: when an organisation sends client details to a provider, allowing the provider to follow-up.

Referrers: Organisations that send client details to providers or referral intermediaries. Examples include health and social care organisations such as GPs.

Intermediaries/ intermediary referral organisations: Organisations that connect people referred to them from health and social care providers to green health providers. Examples of intermediary referral organisations in the Levenmouth area include Link Life Fife, The Wells and Fife Forum.

Referral pathway for green health activities: The referral pathway includes referrals in from statutory services such as primary health, social work, education as well as other organisations and self-referrals. Some of these referrals are channelled through intermediary referrers, while other go directly to providers. A broad set of providers then delivers green health activities.

Appendix Two: Intermediary Green Health Referrers

Fife Forum

Fife Forum is a third sector organisation that receives funding from Fife Health and Social Care Partnership to provide a Local Area Co-ordination (LAC) service. The Local Area Co-ordination service aims to support people to:

- Remain active and connected to their communities
- Retain their independence for as long as possible
- Continue contributing to their community and are valued equally by it

The service works to identify needs of each individual and to match these to services and resources in the community which meet these needs and ultimately support them to live as independently as possible within their communities.

The service offers advice, information and signposting to services or resources that support the person's needs and where appropriate assist with formal referrals and/or applications to services.

There is one Local Area Co-ordinator for the Kirkcaldy/Levenmouth area.

The Local Area Co-ordinator also provides 'surgeries' in GP practices across Levenmouth to provide direct access to the service for people visiting their GP. This service is provided for 2 hours per week and rotates around GP practices in Levenmouth.

Client Group

Fife Forum can support any adult (aged 16-64).

Referral to Fife Forum

The Local Area Co-ordinators accept referrals from any health and social care professional, via self-referral and referral from friends, family, and carers, and from other third sector organisations. Referral to the Local Area Co-ordinators is made through an online referral form or by telephone for anyone who doesn't have access to the internet. Referral organisations are asked to confirm that the client has consented to referral to Fife Forum.

Matching process

Local Area Co-ordinators will meet/talk to the person to identify their needs and to explore options for meeting those needs. Contact can be via email, telephone, video-calls, or they can meet in person at a venue in the community. If required, they can meet at a person's home.

The Local Area Coordination service can work with the client over a period of time to explore their needs (i.e. they can meet a client on more than one occasion to explore need and options). Fife Forum has a bank of local services /supports which it updates regularly.

Referring onwards

The process for referring on depends on the needs of the client and the 'provider' (i.e. if there is a formal referral process for the service that they are referring to). In some cases, the Local Area Coordinators will provide information and signposting to services; they may contact a service/provider on behalf of a client to consider appropriateness to need or they can make a formal referral to a service/provider (if there is a formal referral process). There is no formal process for following up to see if the client took up the signposting suggestion or a referral.

How is that process recorded

Initial information about people who want to use Fife Forum's services is collected through its referral form. If a referrer can fill in the form themselves Fife Forum will send them a copy, or Fife Forum can fill it in over the phone for them. Information is then stored in the organisation's customer relationship management / case management system. Referral forms, and outcome forms recording information about interactions with clients including onward referrals, can be attached to individual cases in this system. As well as referral information, demographic information is collected including age, health conditions, and where in Fife a person is located. All Local Area Coordinators (LACs) are asked to collect the same information. The information that is collected is in part determined by funder requirements.

Link Life Fife

Link Life Fife is a Community Support Service for anyone in Fife who may benefit from additional support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general wellbeing. There is one Link Life Fife worker for the Levenmouth area.

Client Group

Link Life Fife supports adults, aged 18 and over, who are experiencing any of the following:

- emotional distress affected by social circumstances
- persistent poor mental wellbeing
- a long-term health condition that affects mental wellbeing

Referral to Link Life Fife

Referrals can be made to Link Life Fife from staff in GP practices across Fife (GPs, nurses, mental health nurses etc). The criteria for referral agencies has recently been extended and the service now receives referrals from a wider network of health and social care professionals (e.g. physiotherapists, addiction workers etc). Referral to the service is via an online referral form.

Matching process

Link Life Fife has a protocol for contacting clients after referral:

- make telephone contact within 3 days of referral
- meet with the client within 10 days of referral

Link Life Fife offers face-to-face meetings with clients (at their home or in a community venue) or telephone contact if preferred by the client. Clients can also use 'Near Me' for a video consultation (Near Me is a video consultation service that allows people to have face-to-face health and social care appointments from home using smartphone/laptop etc).

All staff have had 'good conversations' training which supports them to orientate towards what matters most to people and what they want to achieve.

Link Life Fife can provide more than one meeting with a client to explore issues/options. They can also provide limited support to a client to take up an opportunity (for example to take a client to a new group/service for the first time.) However, Link Life Fife is not a support service, and can't provide long term support to a client to attend. In this case, Link Life Fife might look to other services (such as a befriender) who could provide the longer-term support.

Referring onwards

Link Life Fife provides information and signposting to services and can make more formal referrals to services (where the provider of the service/opportunity has a referral protocol).

In the case of signposting, Link Life Fife provides information to the client about a relevant service but does not contact the services on behalf of the client.

Protocols for referring to services differ depending on the service/provider. In many cases, Link Life Fife will contact the provider in advance to ensure that the opportunity is still available and is appropriate to the need of the client.

- In some cases, a referral is an email to the service/provider informing them that Link Life Fife has referred a client to their service.
- If the receiving service/provider has a formal referral process/form Link Life Fife will make a referral via the form.

There is no formal process for following up to see if the client took up the signposting suggestion or a referral.

How is that process recorded

Link Life Fife receives initial data from referrals via its referral form or, for referrals from GPs, via SCI Gateway, a system developed by NHS Scotland for referrals and data communication in primary and secondary care². Until recently Link Life Fife stored information on spreadsheets. For example, it kept a tally of referrals to different providers, which could not be linked to any demographic information for the individuals being referred. However, a new customer relationship management system has recently been set up, which should make it easier to store referral and demographic information together; for example, it could be possible to find referrals to different providers by demographic characteristics going forward.

The Well

The Well was designed as a single point of access to information on health and wellbeing. It is funded by the Health and Social Care Partnership (as part of community led support which includes Link Life Fife, Improving Cancer Journey).

The service is delivered online (and by telephone) but also face to face in 13 different locations in communities across Fife.

The Well provides information and support to access a wide range of services that affect health and wellbeing – for example, support to address social isolation, support to make housing enquiries, support to address financial concerns (personal finance and benefits), and to access support for bereavement, caring responsibilities etc.

The Well employs four link workers, but there are agreements with other local agencies to provide staff so that The Well can deliver local services in each locality. Other agencies such as Fife Forum, Link Life Fife etc provide staff for 2-hour slots to offer face-to-face services in each of the 13 local venues. Other agencies also deliver services at The Well on an outreach basis to provide access to wider services at local level (Fife Law Centre, Social Security Scotland, Fife Carers Centre).

² Further details about SCI Gateway can be found at https://www.sci.scot.nhs.uk/products/gateway/gate_desc.htm

Client Group

Anybody over the age of 16 who wants information or advice on how to stay well and independent in the community can access The Well.

Referral to The Well

There are a variety of routes to access The Well.

- Individuals (self-referrals) can drop into one of the community venues (without an appointment), can telephone for information or make contact via an online contact form.
- Any health and social care professional can refer to The Well
 - There is an online referral form which requires the consent of the person being referred.
- Any health/social care professional can contact The Well to ask for information/advice on community supports for a client/patient.

The Well also receives referrals from the Social Work Contact Centre (there is a data-sharing agreement in place with Social Work). Individuals who are considered vulnerable or in need of support are referred to The Well.

- The Well will attempt to contact every person referred (three attempts to contact). If the person doesn't respond, The Well will send a letter explaining the services and inviting them to get in touch at any time.

Matching process

The Well is primarily an information service. Clients receive a one-hour consultation (approximately). It provides a 'one-touch' service although staff may get back to a client with information after the interview if their request required research. Individuals can also come back to the service to request new/additional information.

Referring onwards

Staff can signpost to local services and can also refer to a service if the client wishes to be referred. The process for referral is determined by the provider. The staff at The Well will make a direct referral to a service if required. There is no follow up with clients to see if they have followed through on information provided or taken up a service.

How is that process recorded

The Well receives initial data about people using its services from its referral form and by email (with the latter used by social workers and self-referrers). The Well then asks staff to fill out "good conversation" records every time someone is in touch. These records have the potential to hold information including: personal details; equalities information; what the person came in about; what they want help with; and outcomes of the interaction, including information around referrals, signposting, and contacting others on the person's behalf. This is currently stored in text boxes/ note format and within spreadsheets (The Well doesn't have a formal customer relationship management system). Information around topics people discuss are used to categorise the conversations in to broad themes that have emerged over the time the service has been running. Themes include community support, physical health, mental health, social care, housing support, and financial support. These themes are used to collate information in data visualisation software.

12 February 2025
Agenda Item No.7

Supporting the Levenmouth Local Community Plan – Variation to Spend

Report by: Paul Vaughan, Head of Communities and Neighbourhoods

Wards Affected: Ward 21

Purpose

The purpose of this report is to seek agreement from the Area Committee for a transfer of an underspend of £4904 from the Leven skatepark project to an alternative ward 21 project, namely the renewal of some of the play equipment at the adjacent beach play area.

Recommendation(s)

The Committee is asked to: -

- 1) agree a contribution of £4904 which was previously allocated to the Leven skatepark project to another project within ward 21;
- 2) note that the preferred recipient project is the adjacent beach play area; and
- 3) note that additional funding will still need to be identified to take the beach play area project forward, however this underspend reallocation helps that approach.

Resource Implications

The proposal in front of members today will not impact the current level of budget available, as it is funding which has previously been allocated to a project.

Legal & Risk Implications

There are no inherent risks in this report, the main aim is to best use the funding available to bring forward improvement projects that directly support the aims of the Levenmouth local planning approach, to improve play space and making the most of our current assets.

Impact Assessment

An Equalities Impact Assessment is not required because the report does not propose a change or revision to existing policies and practices.

Consultation

There is no specific consultation linked with this request, other than this report.

1.0 Background

- 1.1 While this sum has already been agreed by members to be spent on the skatepark programme on the Promenade in Leven, we have been advised by our Finance colleagues that it is necessary to gain further permission to reallocate this spend to the Promenade play park upgrade proposal.

2.0 Issues and Options

- 2.1 As noted it is proposed that this underspend in funding which, identified as a separate budget to the main skatepark improvements project will be moved to the beach play area improvements proposal.

3.0 Conclusion

- 3.1 This project aligns strongly with the core objectives within the Thriving Places and Opportunities for All themes, contained within the local community plan for Levenmouth.

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12 February 2025
Agenda Item No. 8

Supporting the Levenmouth Local Community Plan – Cash First Levenmouth

Report by: Paul Vaughan, Head of Communities and Neighbourhoods

Wards Affected: Wards 21 & 22

Purpose

The purpose of this report is to seek agreement from the Area Committee for a contribution from the LCPB Anti-Poverty fund of £25,000, to promote a two-phase Cash First initiative in Levenmouth.

Recommendation(s)

The committee is asked to: -

- 1) consider the proposal for a cash first project approach as noted in the report and agree the funding request of £25,000; and
- 2) note that this pilot will be used to inform our future approaches to poverty interventions in Levenmouth.

Resource Implications

Approval of this funding will reduce the LCPB Anti-Poverty funding for Levenmouth by £25,000. Members should note that discussions are currently underway with Scottish Government to secure funding for this approach, any funds received through this negotiation will be used to offset costs to the LCPB, these funds will then be reused in other initiatives in the Levenmouth area.

Legal & Risk Implications

There are no legal implications inherent in this report.

Impact Assessment

An Equalities Impact Assessment has not been carried out as this approach does not represent a change to policy.

However, there will be extensive evaluation of the approach carried out to ensure we derive good quality data to inform our approach to mitigate the impacts of poverty in the Levenmouth area

Consultation

This proposal was formed through the work of the Welfare Reform and Anti-Poverty group in Levenmouth, and follows the report to the Levenmouth Area Committee on 20th March 2024 (Agenda Item 12 Pages 60-87) where officers advised members of their intention to promote a Cash First approach as the default position to address anti-poverty issues in Levenmouth.

1.0 Background

- 1.1 The Scottish Government published its action plan with the objective of ending the need for food banks (Cash-First: Towards Ending the Need for Food Banks in Scotland) in June 2023. The core ambition of the plan is that everyone has sufficient money to access essentials (like food) with dignity and choice. It acknowledges that ending the need for food banks, is a long-term goal.
- 1.2 Providing a cash-first approach is linked to Fife's work on developing a No Wrong Door framework, ensuring early, joined up, holistic, person-centred support, with the overarching aim of helping people at the right time to avoid future crises situations.
- 1.3 Fife Council was one of 8 authorities who submitted plans to be awarded funding by the Scottish Government to run a series of tests of change. The submission to the government built on the Kirkcaldy Area 'Choice First' cash-first initiative.

Key expected outcomes include:

- Building understanding and shared learning of what works and does not work to support those who need it, including hearing from those with direct experience of accessing support
- Promoting local partnership working and development of sustainable pathways of support
- Improved wellbeing and financial resilience for those in crisis
- Develop and adopt a Fife Dignity Charter – a set of principles for how people are supported.

As noted in this report in the Resource Implications section above, there are ongoing discussions around the awarding of funding from Scottish Government to support a range of Cash First initiatives across Scotland, however local officers are looking to take the initiative and progress the Levenmouth project based on our original plans to use anti-poverty funds which cover wards 21 and 22, as noted if we are successful in securing funds from the government initiative this will offset the local funds being utilised. There is no guarantee that funds received will cover 100% of the proposed expenditure for this initiative.

- 1.4 Early stages of this anti-poverty work were dedicated to raising awareness of what a Cash-First approach is. Workshops, briefings, and presentations were delivered, and local area projects were developed. Alongside this a stakeholder group was established to overview and drive the agenda.
- 1.5 All Areas in Fife have worked with local partners to build relationships and scope how support can be provided in their locality. For some this has included identifying potential participants, exploring payment method options, data collection/reporting requirements and data protection procedures.
- 1.6 The proposal for a Levenmouth approach is noted in the paragraphs below. Members will also be able to discuss elements of the approach with the Local Development Officer for Levenmouth who is leading on the work.

2.0 Issues and Options

- 2.1 In Levenmouth we have been working as a partnership to increase our knowledge of the Cash first approach through development sessions to raise awareness and share the principles of the approach with a wider audience.
- 2.2 Levenmouth has a strong project team with staff representation from a range of organisations including Levenmouth Foodbank, Fife Council Rents Team, Fife Gingerbread, Fife Health and Social Care as well as Fife Council's Communities team.
- 2.3 This brings together an effective range of skills knowledge and experience in supporting people as well as expertise in project management and development.
- 2.4 This group has met regularly since April 2024 and through discussion and research have refined the Levenmouth Cash First pilot proposal into one which is grounded in dignity, local knowledge, and sustainability.
- 2.5 This report is seeking support to run Levenmouth's Cash First pilot project which would run between April 2025 and March 2026. It will be focussed on two learning cycles to better understand how we can most effectively offer support as part of the area's community-based welfare offer.
- 2.6 Over those two learning cycles a total of 20 households will be directly supported.
- 2.7 The first approach will focus on supporting 10 households who will be facing the 5 week minimum wait for Universal Credit either as part of a new claim or managed migration. Households in this cohort will receive the equivalent of 5 weeks of Universal Credit entitlement via payments made by Kingdom Community Bank.
- 2.8 We have already been able to commission an evidence review which was carried out by Iconic Consulting to ensure the initial approach we intend to take is appropriate and has relevance for people in the Levenmouth community
- 2.9 This approach has been informed by local people accessing the foodbank who identified this element of Universal Credit as a key weakness in UC and one which can

be difficult to recover from causing ongoing adverse circumstances. We believe in working alongside local household in this circumstance we can reduce a reliance on having to accept 'Advance Payments' which are then repayable from UC, therefore reducing debt and a potential need for crisis interventions. Thus, enabling local people to be supported to work towards goals including learning, employment and empowerment.

- 2.10 For the second cohort of households, we are developing a learning cycle where cash first is one of a suite of interventions available as part of community-based welfare support approach.
- 2.11 We would be looking to understand where welfare workers would choose to utilise this approach with households who are referred to them individually as opposed to a thematic group.
- 2.12 This pilot allows the area to test the cash first approach in a 'real life' context and develop a greater understanding of how the approach could be applied when it is embedded in longer term community welfare support intervention options.
- 2.13 The overarching importance of this work is to build effective and trusting relationships with households to enable them to achieve goals and increase their ability to make choices rather than consistently rely on support just to manage household essentials.
- 2.14 We will make effective use of our local projects to ensure barrier removal work can take place, as well as linking households to learning, employability and wellbeing projects where these are appropriate to the individual circumstances.
- 2.15 We intend to recruit households in the area through our relationships and connections, we recognise it is a small number of households we are looking to invite to join the project. Due to the targeted nature of this project and the approach there are specific household characteristics we are looking to support; these are highlighted below -
 - Households who reside in the Levenmouth area
 - Households who have the right to access public funds
 - Households who have accessed some form of support in the last six months
 - Households that meet the DWP requirements for Universal Credit and Savings
- 2.16 The project will be monitored on the FORT (Fast Online Referral Tracking system) and use will be made of the CRMS capability within FORT to track support, progress, and outcomes over time.
- 2.17 Project resource will include two staff members who can utilise Quality Improvement tools which will help the team to understand the impact of the interventions for the cohort families.
- 2.18 In terms of direct work, five staff from across the area will be providing face to face support: CLD welfare workers, Fife Gingerbread Support Worker, Furniture Plus Support Worker and CARF Financial Inclusion/ Advice Worker based within Levenmouth Foodbank.

- 2.19 These colleagues are all experienced with supporting people, achieving income maximisation and employability outcomes, and linking people to appropriate support via referrals. The staff team will each support two households and in turn will be supported by the Local Development Officer and Foodbank Manager in one to one support sessions.
- 2.20 Partners involved in the face to face delivery of this project have a range of specialisms which we will utilise to ensure the support local households receive is effective and informed:

Levenmouth Foodbank: hold extensive experience in providing food support for local people experiencing crisis as well as operating successful Cafe Connect provision which enables people to share a meal and build relationships with peers and staff. They are also a Path Finder project within Trussell Trust's network and are one of a handful of foodbanks funded to proactively explore approaches which ends the need for foodbanks. They have a long-standing partnership with CARF in which financial inclusion support is offered to help alleviate the need for crisis support.

Fife Council (CLD) We have representatives from Community Learning and Development team who hold extensive experience in providing welfare support for local people in the community as well as creating support options based on local needs. They as a team have a strong local network and range of opportunities for children and young people, families, adults and community groups.

Fife Gingerbread: Have extensive experience of supporting families in the area by offering holistic support and an approach of 'engage, support, progress' in the work they carry out. They have projects which support our priority groups of children facing poverty, improving wellbeing and employability.

Furniture Plus: have been supporting households in the area for several years by providing access to low cost or free items as well as now having a support worker embedded within the team. The role of this worker is to provide support for local households who may be experiencing challenges in managing their household in the way they would like to, they are able to offer holistic support which includes income maximisation, wellbeing support, practical support and employability.

3.0 Conclusion

- 3.1 This project meets the objectives of the Levenmouth Local Area Plan under the theme of Opportunities for All with the more targeted outcomes being: Targeted Anti-Poverty Opportunities - *Increasing local support options for mitigating the impact of the cost-of-living crisis.*
- 3.2 The proposal also supports the Plan for Fife aims under the ambition of Tackling Poverty and Preventing Crisis, specifically 'to *make it easier to access services through a no wrong door approach and for better intelligence to proactively reach people in need, with a focus on prevention rather than just responding to crisis*'.

List of Appendices

- Levenmouth Cash First: Literature Review and Data Review Findings

Background Papers

- [Link to Levenmouth Area Committee meeting of 20th March 2024](#)
- Plan For Fife
- Levenmouth Local Community Plan

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Levenmouth Cash First

Literature and data review findings

November 2024

Introduction

Fife was awarded funding by the Scottish Government to pilot cash first approaches to tackling poverty and the use of emergency food parcels. Fife has allocated the funding equally across the seven localities, including Levenmouth, to develop local initiatives. Each locality has been allocated £21,000 with an end date of April 2026.

The following definition of cash first was used by Fife Council in information sessions about the pilot:

Cash-first Definition

Ready access to emergency income when someone has no money for food. To prevent future hardship this should be delivered alongside welfare rights and income maximisation advice and support

In Levenmouth, Fife Council’s Local Development Worker convened a small group of partners to develop plans for the area. Discussions involved professionals from Fife Council Community Learning and Development (CLD) and Housing teams, Fife Health and Social Care Partnership, and third sector organisations including Levenmouth Foodbank, Fife Gingerbread, and Citizens Advice and Rights Fife (CARF). There is also a standing invitation to The Poverty Alliance, Fife Council Policy team and Trussell.

The Levenmouth partners acknowledged that a cash intervention to support people in need would not be sustainable beyond the pilot. They agreed to focus on implementing time-limited support that should “cause no harm”. Discussions led to the identification of people affected by the five-week wait for Universal Credit as the intended beneficiaries of the pilot in Levenmouth.

Partners commissioned research to provide a robust evidence base for the pilot. Following a competitive tendering process, Iconic Consulting set out to address the following areas:

- What does current evidence and literature indicate about the assessment period (five week wait) for Universal Credit?
- What local data exists to indicate the link between the assessment period and foodbank/emergency food support in Levenmouth?
- Does the evidence support the planned approach by Levenmouth Cash First Group to provide cash support during the assessment period?
- What are the emerging issues that need to be considered based on the evidence?

This concise report is structured as follows

- An overview of Universal Credit and the five week wait.
- A summary of previous research and literature on the five week wait, its impact on poverty, and links to emergency food provision.
- A review of local data on Universal Credit and the five week wait.
- An assessment of whether the evidence supports the approach planned by Levenmouth Cash First Group to provide cash support during the assessment period.
- Identification of emerging issues that the Group need to consider based on the evidence review.

Universal Credit and the five week wait

Universal Credit was introduced as part of the Welfare Reform Act 2012. Rollout by the Department for Work and Pensions (DWP) started in 2013 and it has been the default benefit for new claims since January 2019. Universal Credit was introduced, in part, to simplify the benefit system superseding the following benefits and tax credits:

- Working Tax Credit and Child Tax Credit.
- Income Support.
- Income-based Jobseeker's Allowance (JSA).
- Income-related Employment and Support Allowance (ESA).
- Housing Benefit, unless you're in supported or temporary accommodation.

Applications to Universal Credit fall into two categories:

- New applicants who are not in receipt of any of the benefits being replaced.
- Existing recipients of the legacy benefits who are moved onto Universal Credit by DWP in a process known as “managed migration”. This process has been rolled out across the UK over an extended period which is due to end in 2025. DWP notifies existing recipients of the upcoming migration via a letter. To continue receiving financial support a Universal Credit claim has to be made by the deadline date given in the letter. This is three months from the date the letter was sent out. Some of the eligibility rules for Universal Credit are different to the benefits being replaced. Transitional protection is designed to help recipients impacted in this way, for a set period. Existing recipients of income-based JSA, income-related ESA, Income Support, and Housing Benefit should keep receiving their current benefit for two weeks as long as they are still eligible for the current benefit. This is known as “run on”. Applicants do not need to pay back these extra payments and they do not affect the Universal Credit claim.

All applications for Universal Credit are made online and require a DWP account. Proof of identity and a bank account are required as part of the application process. Help is available for applicants including those who cannot claim online. An application is deemed to have started on the day the claim is submitted by the account. DWP stated that it usually takes five weeks for applicants to receive their first payment. This period has become known as the “five week wait”. It consists of five days processing time and four weeks before the first payment as Universal Credit is paid monthly in arrears. This was designed to mirror and thereby ease the transition into work. In Scotland, applicants can request more frequent (fortnightly) payments as part of Scottish Choices. Fortnightly payments are not permissible during the first month.

Applicants in need of financial help with their living costs while they wait for their first payment can apply to DWP for an advance. The advance must be repaid. To do so DWP make a deduction from future Universal Credit payments usually over a 24 month period. Debt deductions of up to 25% of the standard allowance can be taken. From April 2025 this will reduce to 15%.

Universal Credit payment is made up of a standard allowance plus additional amounts if applicants have children, a disability or health condition which prevents them from working, or need help paying their rent. The standard monthly allowance amounts for 2024/25 are:

- Single person under 25 - £311.68
- Single person aged 25 or over - £393.45
- Couple both under 25 - £498.23 (total)
- Couple where one or both partners are 25 or over - £617.60 (total)

The additional monthly amounts for 2024/25 are:

- Looking after a child under 16 (or a qualifying young person under 20) - £333.33 for first child if born before 6 April 2017 and £287.92 for other children. This additional payment is usually limited to the first two children
- Childcare costs – 85% of costs up to £1,014.63 for one child and £1,739.37 for two or more children
- Limited capability for work and work-related activity – £416.19
- Unpaid carer for a severely disabled person for at least 35 hours a week - £198.31
- Housing costs – variable amount covering all or part of rent, and some service charges.

Universal Credit is calculated monthly and each month is known as an “assessment period”. Any change in circumstances have to be reported to DWP for assessment, for example, a change in earnings, childcare costs, or savings.

Literature review findings

There is a substantial body of literature on the impact of Universal Credit, including the five week wait, on poverty and demand for emergency food provision. We focus in this report on notable publications that helped establish the link, and on recent reports that provide the latest insights.

For over a decade, issues with benefits payments have been identified as the main reason for referral to foodbanks. A 2014 report, [Emergency Use Only](#), by Trussell, Oxfam, Child Poverty Group and the Church of England found that foodbank use tended to be caused by an immediate, acute financial crisis. The majority of research participants reported they were in crisis due to an issue with the benefits system such as a delay in the receipt of a payment. In 2015/16, Trussell’s statistics showed that 42% of referrals to their foodbank network were due to benefits issues including benefits delays. The emerging evidence led Trussell to carry out three research projects – [Early Warnings](#), [Left Behind](#), and [The Next Stage of Universal Credit](#) - examining the impact of the move to Universal Credit on claimants and the services which support them. The five week wait was identified as a key issue for people referred to food banks, leading to and exacerbating debts, housing issues, and health issues. Trussell also launched a campaign #5WeeksTooLong to raise awareness of

the issue. Other organisations such as Citizens Advice, National Housing Federation and independent foodbanks also highlighted the negative impact of the five week wait – see for example [Voices from the Frontline: the impact of deductions from Universal Credit payments](#) (Citizens Advice Scotland, 2018) and [Voices from the Frontline: the impact of the five-week wait](#) (Citizens Advice Scotland, 2019).

In 2019, as part of the #5WeeksTooLong campaign, Trussell published the report [#5WeeksTooLong Why we need to end the wait for Universal Credit](#). The research focused on new claims as the managed migration process had not started at that time. It involved extensive qualitative and quantitative research including case studies of people affected by the five week wait, and analysis of data from Trussell, DWP, and a major social housing provider. The report highlighted that the time period for new Universal Credit claims was reduced from six to five weeks in February 2018 but was still substantially longer wait than previous benefits for which applicants typically tended to receive their first payment after two weeks. The research noted that five weeks was the minimum wait and in reality some people experienced longer delays. It highlighted there were several points when an application could be closed or the first payment delayed due to an error by the claimant or jobcentre. Citizens Advice reported that one in four people they helped took longer than a week to complete their Universal Credit claim. DWP data showed that 44% of people making claims online made multiple attempts to complete their application. In addition, DWP research showed that claimants may not apply as soon as they experience a change of circumstances, and can accrue arrears in the run-up to making a claim for Universal Credit.

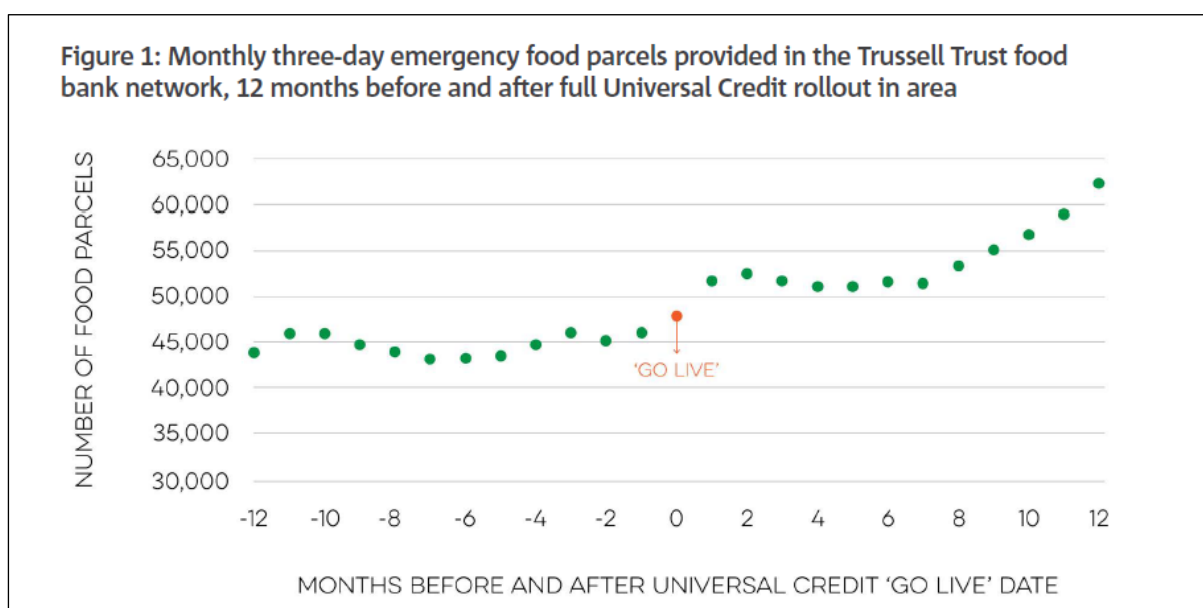
The report identified two potentially significant impacts of the five week wait:

- Acute and immediate financial hardship, and worsened financial resilience. This included signs of destitution (inability to afford food or heating, going hungry), housing insecurity (rent arrears, eviction risk and homelessness) and indebtedness (multiple debts, high-risk loans, suspended utilities). Examples of people with no income at all during the five week wait were reported. Others had to be helped or borrow from friends and family, accumulated rent arrears or got into debt which had to be repaid and impacted on future finances. The report highlighted a statistical correlation between the rollout of Universal Credit and increased referrals to foodbanks (see below). Some landlords, particularly in the private rented sector require rent paid a month in advance which can be a problem for people during the five week wait. Examples of people being evicted were reported. People with mortgages were adversely affected as well.
- Mental health issues and strained relationships. The wait itself caused a high level of anxiety, as people did not know how much they would receive and when exactly they would receive it. In addition, accruing rent arrears and debts added to stress and anxiety especially when people received debt notifications and warnings, threats of eviction, and in some cases court action. Individuals noted how the resultant anxiety and depression was all-consuming and led to sleepless nights, feeling unable to seek work or leave the house, and some reported feeling suicidal. Examples were reported of people with no money for their phone or bus fares leading to social isolation and mental ill-health. There was also an impact on relationships, including a person’s ability to leave an abusive relationship.

The report emphasised that the five week wait can make a bad situation worse. The change of circumstances that triggered a new claim for Universal Credit is often due to an initial financial shock, which already reduces financial resilience. Examples include losing a job, losing eligibility for support received through disability benefits, the knock-on impact of health conditions or other significant - sometimes traumatic - life events.

In financial hardship, claimants turned to support from local authority crisis provision, advice services, housing providers and voluntary crisis provision like emergency food aid. This can lead to stretched services, housing insecurity and people turning to support which may not be adequate to resolve their crisis - such as a foodbank parcel. Evidence was presented that the move to Universal Credit led to increased demand for support from local welfare schemes. For example, 1 in 10 crisis grant applications to the Scottish Welfare Fund between July and September 2018 were due to a benefit delay. Southwark Council reported the local welfare scheme had seen double the need for emergency food parcels since Universal Credit rollout.

Foodbanks, both in the Trussell network and independent, reported increased demand due to Universal Credit rollout and the five week wait. Previous research from April 2018, found that foodbanks in areas of full Universal Credit rollout saw an increase of 52% in emergency food parcels provided 12 months after rollout, compared to an increase of 13% in food banks in areas not in full rollout. Detailed analysis for the #5WeeksTooLong report found that **foodbanks in the Trussell network in local authorities where Universal Credit had been rolled out for at least a year recorded a 30% increase in emergency food parcels provided over the 12 months from when Universal Credit went live**. Figure 1 demonstrates the increase in demand for foodbanks in the months immediately following Universal Credit going 'live' in an area, compared to the preceding 12 months. It is also concerning that the longer Universal Credit is live in an area and as claimants move onto the system, foodbank demand continues to rise rather than plateau, as might be assumed if hardship was limited to the five week wait.



Postcode-level data analysis from researchers at Kings College London demonstrated a positive correlation between monthly starts to Universal Credit and food bank demand, after taking geographic differences into account, which continues to grow in the months following rollout.

The #5WeeksTooLong report examined data on the impact of the rollout of Universal Credit on rent arrears. It showed average rent arrears for Universal Credit tenants increased during the period where Universal Credit had been rolled out. Claimants on Universal Credit saw a 42% increase in average rent arrears, compared to a 20% fall for Housing Benefit claimants, since rollout began in 2015.

At the time of the report, 60% of new Universal Credit claimants took an advance payment. Claimants can borrow up to 100% of the amount that they are entitled to for their first payment. The report noted that most claimants taking an advance payment took out 100% of their entitlement. In effect this means they are a month in debt by the time they receive their first payment. This research suggested that advance payments provide inadequate support to claimants during the wait for their first payment as:

- Repaying advances pushed claimants into hardship for months after claiming.
- Advance repayments came on top of multiple other deductions, leaving people with little to live on.
- The money from advances was not sufficient to bridge the gap; claimants were still forced into hardship and accrued debt.
- There was low awareness that advances were available, with some claimants told that they could not access them.

Further evidence of the impact of the five week wait was provided in [Hardship Now or Hardship Later Universal Credit, debt and the five week wait](#) (Trussell and Step Change, 2019). It showed that waiting for Universal Credit can cause severe and immediate hardship for claimants, can lead to debt and rent arrears, and is felt particularly by people with additional inescapable costs, like disabled people and families with children.

[Financial Resilience and the Transition to Universal Credit](#) (Policy in Practice, 2019) examined the impact that moving onto Universal Credit has on households' financial resilience. Supported by the Joseph Rowntree Foundation, the report drew on evidence from focus groups and interviews with people who had transitioned to Universal Credit, as well as data from the DWP, Office of Budget Responsibility and Family Resources Survey. Seven pressure points were identified that can determine a household's ability to cope with the five week wait involved in moving to Universal Credit. The authors suggested the pressure points could be used to proactively target household to try to prevent hardship and ease the transition to Universal Credit. The pressure points, which can overlap and interact, were:

- Savings and Debts: 14% of people had insufficient savings to cover the five week wait and were already in debt or struggling to pay their bills before they moved to Universal Credit.
- Delays in payments: 11% of people experienced a delay in the processing of their Universal Credit claim and received no payment five weeks on from their initial claim date.

- Income after costs: 25% of households faced an income shortfall during the five week wait but managed to return to surplus after their first payment. A further 16% of households were unable to meet their financial outgoings both during the five week wait, and while repaying a Universal Credit advance.
- Run-on support: As households do not get run-on support for Child Tax Credit, 8% of households received no run-on support at all as they make new claims for Universal Credit.
- Deductions: 25% of the Universal Credit applicants (at that time) faced deductions greater than 20% of the standard allowance.
- A lower award amount under Universal Credit: 28% of households moving onto Universal Credit were eligible for a lower award than under legacy benefits.
- Work ready: 44% of the Universal Credit cohort are not expected to look for work due to illness or caring responsibilities, meaning that work is unlikely to be a route out of any of the financial difficulties they may face.

The report highlighted that households most likely to struggle with the transition to Universal Credit tend to:

- Be in debt before making their claim, compounding their need for an advance payment which they then have to repay.
- Experience a delay of longer than five weeks before receiving their first Universal Credit payment.
- Find that their Universal Credit entitlement is lower than the support they were used to receiving under legacy benefits.

The focus groups and interviews with people in receipt of Universal Credit found that some had to wait more than two months for their first payment. Most participants took an advancement which they valued as it provided money to cope with unexpected costs. They appreciated the loan was interest free and could be repaid directly from their Universal Credit. However, “they simply couldn’t understand how it was right that they had to take out an advance to cope with the initial waiting period”.

In addition to an advance, when faced with the five week wait for Universal Credit the report suggested households have options that include increasing their earnings through work, using savings, taking out loans, or reducing their living costs. The report noted that most households in poverty do not have savings and even if they do “the financial shock of the five week wait dramatically reduces their savings and in most cases completely exhausts them”. The report highlighted that all options open to households during the five week wait place additional strain on the household, meaning the transition to Universal Credit can create hardship.

The House of Commons Work and Pensions Committee looked at the issue in detail and published [Universal Credit: the wait for a first payment](#) in October 2020. The Committee report noted that “Some of the evidence we heard suggested that people on Universal Credit are more likely to need a foodbank or have rent arrears than people on the legacy benefits that it replaces, and that moving to Universal Credit may lead to a rise in psychological distress. This evidence does not prove that Universal Credit, and in particular the wait for a first payment, is the cause of the problems people may face. Further work is

needed to understand these findings and what is causing them. But the evidence shows that people on Universal Credit disproportionately experience problems”. The Government’s [response](#) to the Committee’s finding, published in January 2021, stated that there would be no change in the five week wait. The Government response stated “No one has to wait 5 weeks to receive money through Universal Credit and advances are available from day 1 of a claim for those who need it, with many claimants receiving funds within 72 hours”. The House of Lords Economic Affairs Committee also highlighted the impact of the five-week wait period and recommended it be replaced with a non-repayable grant covering the two weeks before claiming and receiving money.

The five-week wait and its impact on finances and food was also reported in [Claimants’ experiences of the social security system during the first wave of COVID-19](#) (Welfare at a Social Distance, 2021). The waiting period for the first payment caused considerable hardship for some claimants. Although some participants claimed an advance and others felt that they could manage without one, there were many others (17% of all new claimants) who avoided advances because they were worried about benefit debt. However, in many cases they accumulated other debts instead while waiting for their first payment (e.g. borrowing from bank/credit card or friends/ family), and over 40% skipped meals or fell behind on their rent/mortgage/other bills before their first payment. One-in-six new claimants and one in five existing claimants had skipped a meal in the previous two weeks because they could not afford food. Reiterating existing calls to review the waiting period for the first payment, the authors advocated for its removal.

A recent publication from Trussell in 2024 [The Cost of Hunger and Hardship](#) demonstrates that the five week wait continues to be an issue. In the report Trussell use the phrase “hunger and hardship” rather than destitution. The phrase is broader and captures people who are facing significant hardship and are already cutting back on essentials (such as food, clothing, lighting and shelter) or needing to turn to foodbanks for support AND people who may in part be cutting back already and are at a high risk of increasingly going without essentials or needing to turn to a foodbank. Focusing on both groups reflects the main factors that tend to drive people to have to turn to foodbanks and the fluctuations in family incomes and costs which play a significant role in this (adverse life experiences, one-off costs, debt repayments, and losing employment). To measure “hunger and hardship” Trussell adopted the statistical definition that a family is more than 25% below the poverty line.

Trussell acknowledge the Covid-19 pandemic and the cost of living crises were key factors in the rise in demand for emergency food parcels. However, they note demand was rising prior to these two crises “fuelled primarily by weaknesses in the social security system: the roll out of Universal Credit (and particularly the five week wait for the first payment), caps to the amount people could receive, and successive freezes and cuts to the real value of social security payments”.

The report found that four in ten (39%) people in families claiming Universal Credit face hunger and hardship which equates to 5.4 million people across the UK. For comparison, this is two and a half times the rate of all people in the UK with only 14% facing hunger and hardship.

“Deductions from the standard allowance, often paying back an advance (or loan) from the Department for Work and Pensions to cover the five week wait, drive significantly higher levels of hardship for the people affected. Trussell’s survey of people claiming Universal Credit found that 85% of Universal Credit claimants with money deducted from their payments had gone without essentials in the previous six months, compared to 70% of people claiming Universal Credit without deductions. People who’d had money deducted from their social security payments were also more likely to have run out of food in the previous month and to have not had enough money to buy more (64% vs. 43% of people without deductions)”. Two in five (41%) people claiming Universal Credit with deductions had used a foodbank in the previous 12 months - more than two and half times the rate for people without deductions (15%).

In February 2023, 45% of households claiming Universal Credit had deductions to their payments. The average deduction was £61 a month. Some groups had higher rates of deductions:

- Families with children - 49% of families with children on Universal Credit face debt deductions, compared to 41% of families without children. Families with children are also more likely to face larger deductions (over 20% of their standard allowance) than families without children (27% vs. 13%).
- Families with no one in paid work - 55% of families with no one in work claiming Universal Credit face debt deductions, compared to 33% of families with someone in work on Universal Credit. Families without someone in work also face larger deductions (21% vs. 18% of families with someone in work claiming Universal Credit).
- Disabled families or families with someone in ill health - 53% of households containing someone who the DWP has assessed as having limited capability for work (LCW) or limited capability for work-related activity (LCWRA) face debt deductions, compared to 42% of households without LCW or LCWRA.

The report also highlighted that people with deductions tend to have no savings. It cited research in mid-2022 research by Trussell found that 65% of people claiming Universal Credit with deductions had no savings - compared to 45% of people without deductions.

As part of the above research, Trussell commissioned YouGov to survey of just over 2,000 Universal Credit claimants in 2024. The headline [findings](#) show:

- 68% of working households in receipt of Universal Credit have gone without essentials in the last six months.
- Almost half (48%) of people claiming Universal Credit ran out of food in the last month and did not have enough money to buy more.
- An estimated that 1.6 million people claiming Universal Credit had needed to use a food bank in the last 12 months.
- Just over two fifths (46%) of people claiming Universal Credit were either behind on bills and credit commitments or were finding it a constant struggle to keep up with them.
- 32% of people claiming Universal Credit had taken an advance.

A personal account of the migration process was provided in a recent BBC Scotland News report [Calls to scrap 'five-week-wait' for Universal Credit](#). It focused on an applicant who is a

full-time carer. The article from July 2024 highlights the financial impact which included an additional £800 of debt as well as the “very stressful” emotional impact.

Personal accounts are also evident in [Why are We Waiting? The Five-Week Wait for Universal Credit and Food Insecurity Among Food Sector Workers in the UK](#) (University of London, 2024). Qualitative research with people working in the food sector demonstrated the five-week wait is forcing them to depend on family, friends and foodbanks for money and/or food, inducing shame and isolation, and negatively impacting their physical and mental health.

The issues has also been reported in academic papers such as [Indentured: Benefit deductions, debt recovery and welfare disciplining](#) (Daniel Edmiston, 2023, in Social Policy and Administration). It noted “The 5-week wait for UC and system of advance payments to bridge the gap in social security entitlements has hard-wired debt into the working-age benefits system..... Inadequate benefit levels and the 5-week wait for UC payments left low-income claimants with little choice but to access advances (public credit) or incur debts with private lenders and third parties over time”.

Numerous organisations have publicly called for the UK Government to end the five week wait for Universal Credit. This includes [Joseph Rowntree Foundation](#), [Trussell](#), [Citizens Advice](#), [Citizens Advice Scotland](#), [Trades Union Congress](#), [Poverty Alliance](#), and [Step Change](#). Generally these organisations call for the introduction of non-repayable grants during the assessment period, and more frequent payment schedule (as is the case in Scotland).

Data review findings

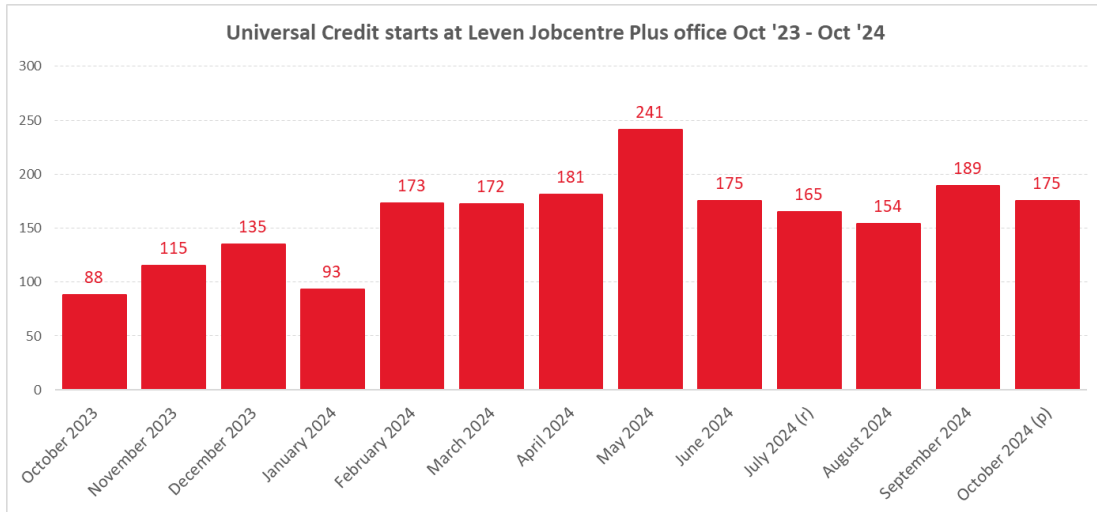
The data reviews presents information on Universal Credit, emergency food provision, and poverty in Levenmouth. The data was sourced from DWP, Levenmouth Foodbank, and Fife Council.

Universal Credit

DWP publish Universal Credit statistics online on Stat-Xplore. Data is available for Jobcentre Plus offices and postcodes districts. The Jobcentre Plus office data provides a closer match to Levenmouth than the postcode district data (which was in any case not always published due to administrative errors by DWP). For the following analysis we present the results for Leven Jobcentre Plus Office as proxy for the Levenmouth area. The other Jobcentre Plus offices in Fife are: Cowdenbeath, Cupar, Dunfermline, Glenrothes, Kirkcaldy, and St Andrews.

On average 158 people per month started¹ Universal Credit between October 2023 and October 2024. This gives an indication of the size of the monthly target group for the proposed Levenmouth Cash First pilot. Monthly starts varied from 88 in October 2023 to 241 in May 2024 showing there was a degree of fluctuation.

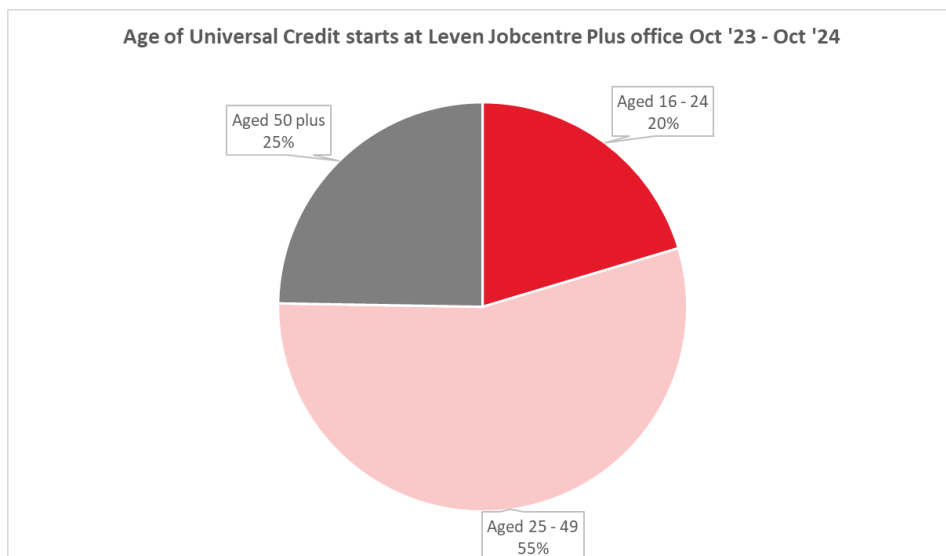
¹ Figures provided for starts show the Jobcentre Plus office recorded at the start of the claim. Separate figures for the number of people on Universal Credit are representative of the current Jobcentre Plus office that the claimant is attending. It is possible for people to have started on Universal Credit in one office and moved to another office during their claim, and for this reason, the number of people on Universal Credit can be higher than the starts figure for any particular office.



October 2024 data is provisional and subject to revision in future data releases by DWP on Stat-Xplore.

During the period October 2023 to October 2024, 52.6% of Universal Credit starts at Leven Jobcentre Plus office were female and 47.4% were male.

More than half the starts were aged 25 – 49. A quarter were aged 50 plus and a fifth were younger people aged 16 – 24.



Of the new Universal Credit claims at Leven Jobcentre Plus in July 2024 (the latest data available), 88.0% were recorded as receiving the “full payment on time”, 6.0% as “some payment on time (not including full payment on time)” and 6.7% as “no payment on time”. The data is provisional and subject to revision in future data releases by DWP on Stat-Xplore. DWP state the data does not sum to 100% as statistical disclosure control has been applied to the data to avoid the release of confidential data. Nonetheless, the data indicates that around 1 in 10 new Universal Credit claimants at Leven Jobcentre Plus office do not receive their full payment on time. No explanation is given on “payment on time”, however, we would assume it means paid five weeks after their claim was submitted.

Some data on Stat-Xplore was only published for households on Universal Credit rather than starts. One such stat showed that in August 2024, 27.9% of households on Universal Credit at Leven Jobcentre Plus office were paid in two instalments via the Scottish Choices More Frequent Payment.

Emergency food provision

Levenmouth Foodbank Annual Report October 2023 – September 2024 shows there were:

- 1,310 fulfilled referrals.
- 678 households supported consisting of 1,750 adults and 801 children.
- 40.7% of customers were new.
- 1.93 referrals per household which demonstrates a level of ongoing need.
- 80% of fulfilled referrals were on benefits and had no other earnings.
- 6% had no income.
- 53% were single adult households, 14% multi adult households, 18% single adult family households, and 15% multi adult family households.
- Benefit delay was recorded as the reason for the referral in 230 cases, behind only the rising cost of essentials and the ongoing impact of physical or mental health condition.



Poverty

Fife Council provided information from the Low Income Family Tracker (LIFT) which combines a number of datasets to give a holistic view of low-income households across Fife. All households within LIFT are in receipt of one, or more, means-tested benefits and so deemed to be on a low-income. LIFT does not hold data on every household in Fife. The data provided for Levenmouth relates to October 2024.

There were 5,184 low income households² in Levenmouth including 2,372 on Universal Credit.

Table 1 - Total low income households and number on Universal Credit

Ward	Total low income households	Low income households on Universal Credit
Buckhaven, Methil and Wemyss Villages	3,305	1,580
Leven, Kennoway and Largo	1,879	792
LEVENMOUTH	5,184	2,372

Table 2 breaks down the figures by household type. It shows there were 3,534 single occupancy households in Levenmouth which was 68.2% of the total. For low income households on Universal Credit, there were 1,282 single occupancy households which accounted for 54.0% of the total. Around a third were lone parent households. The Levenmouth Cash First Group may wish to consider prioritising both these household types.

Table 2 - Number of low income households per household type and Universal Credit

Household type	On Universal Credit		Total
	No	Yes	
Couple with children	46 1.6%	197 8.3%	243 4.7%
Couple without children	401 14.3%	127 5.4%	528 10.2%
Lone parent	113 4.0%	766 32.3%	879 17.0%
Single	2,252 80.1%	1,282 54.0%	3,534 68.2%
LEVENMOUTH	2,812	2,372	5,184

² Low Income Household

Policy in Practice (the creators of LIFT) use qualification for means-tested benefits as the definition of a low-income household for the purposes of LIFT. All households in LIFT are in receipt of one, or more, means-tested benefits and so deemed to be on a low-income. A means-tested benefit is one that's awarded based on a person's income and the amount of capital they have. These benefits consider financial circumstances.

Table 3 breaks down the low income households data by economic status. There were 2,558 low income households that were not in work due to disability and this was almost half the total (49.3%). This is another group the Levenmouth Cash First Group may wish to consider prioritising.

Table 3 - Number of low income households by economic status

Ward	In work	Not in work carer	Not in work disabled	Not in work lone parent	Not in work other	Total
Buckhaven, Methil and Wemyss Villages	240	224	1,629	157	1,055	3,305
Leven, Kennoway and Largo	128	116	929	75	631	1879
LEVENMOUTH	368 7.1%	340 6.6%	2,558 49.3%	232 4.5%	1,686 32.5%	5,184

There were 2,904 low income households below the poverty line, 598 in food poverty³ and 3,188 in fuel poverty⁴.

Table 4 - Number of low income households in poverty

Ward	Below poverty line	In food poverty	In fuel poverty
Buckhaven, Methil and Wemyss Villages	1,837	388	2,028
Leven, Kennoway and Largo	1,067	210	1,160
LEVENMOUTH	2,904	598	3,188

Table 5 provides further details on food poverty. It shows approximately three quarters (74.7%) of low income households in food poverty were on Universal Credit.

Table 5 - Number of low income households in food poverty and Universal Credit

Ward	On Universal Credit		Total
	No	Yes	
Buckhaven, Methil and Wemyss Villages	86	302	388
Leven, Kennoway and Largo	65	145	210
LEVENMOUTH	151 25.3%	447 74.7%	598

³ Food Poverty

Households are categorised as being in food poverty if their estimated income after priority costs is less than the Minimum Income Standard (MIS, what households need to spend to reach an acceptable standard of living, based on detailed deliberations by groups of members of the public) for food expenditure, based on the number of occupants in the household.

⁴ Fuel Poverty

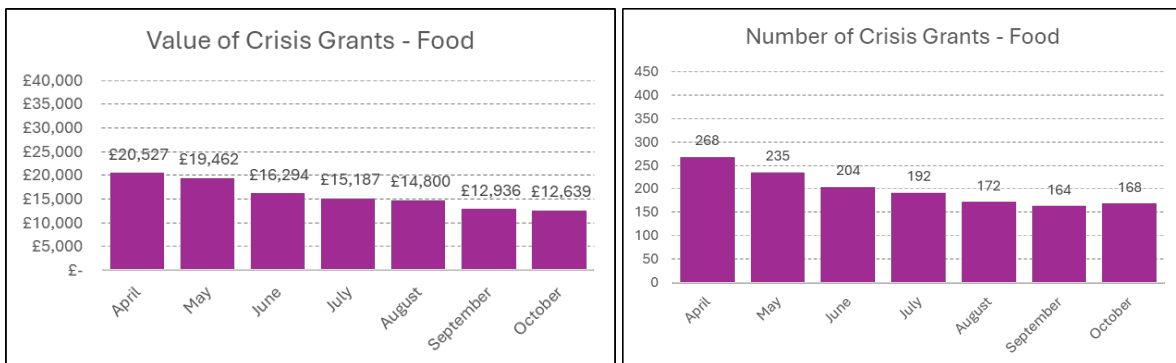
Household-level information about property energy requirements and incurred fuel prices are not included in the main datasets used to populate LIFT. This means it is not possible to capture precisely which households meet the low energy efficiency criterion. To minimise the risk of excluding at-risk households, LIFT defines fuel poverty according to the low-income criterion only – Households are categorised as being in fuel poverty if their income is already below the relative poverty line, or if fuel expenditure at the median UK level would bring their income below the relative poverty line.

A presentation to Fife Tackling Poverty and Preventing Crisis Board in November 2024 showed Levenmouth ranked second in terms of low income households, households below the poverty line, households in fuel poverty, and households in food poverty. The presentation included data on children benefitting from Scottish Child Payments and children living in relative poverty. The data was sourced from Social Security Scotland and DWP respectively; no dates were given for the data. It showed:

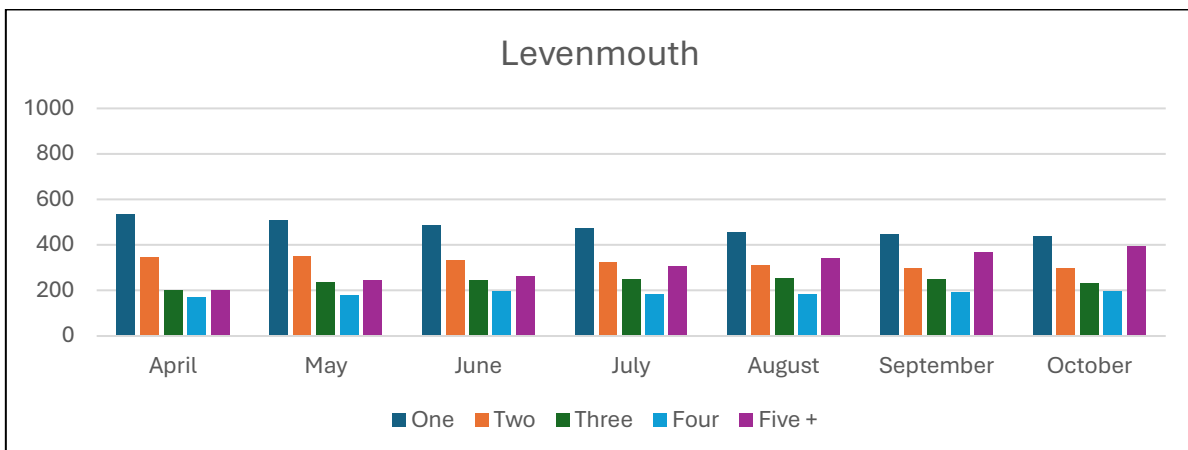
- In Levenmouth 3,560 children were benefitting from the Scottish Child Payments. This equates to 52.9% of all children aged 0-15 in Levenmouth and was the highest rate of the seven localities in Fife. The Fife rate was 39.0%.
- In Levenmouth 1,954 children live in relative poverty. The rate of 29.0% was the second highest rate in Fife. The rate across the whole of Fife was 23.3%.

Complementary data from Fife Council for the Cost Of Living Co-Ordination Group in November 2024 included data on Scottish Welfare Fund Crisis Grants. This data showed in Levenmouth in October 2024 there were:

- 168 Crisis Grants for food to the value of £12,639. A breakdown of the number and value of Crisis Grants for food in Levenmouth from April to October 2024 is shown below.
- 120 Crisis Grants for fuel to the value of £5,947
- 103 Crisis Grants for living expenses to the value of £4,322
- 11 Crisis Grants for carpets to the value of £3,491



The data also showed the frequency of repeat applications to the Scottish Welfare Fund (Crisis Grants and Community Care Grants). This reinforced other findings that there is an ongoing need among some households.



Finally, Fife Local Economic Profiles 2022-2023 provides further contextual information on Levenmouth. It highlights:

- Levenmouth’s population was estimated to be 37,902 in mid-2021.
- The locality had the second lowest employment rate in Fife, 71.6% compared to 75.0% for Fife; and the second highest economic inactivity rate of 23.1% compared to Fife 21.0%. On both these measures only the Glenrothes area is worse than Levenmouth.
- Levenmouth had 1,159 people claiming out of work benefits in 2023. The area had the second highest claimant rate of 5.1%, behind Kirkcaldy. The Fife rate was 3.4%.
- At 7.4% Levenmouth had the highest claimant rate for 16-24 year olds. The Fife rate was 4.0%.

Does the evidence support the planned approach by Levenmouth Cash First Group to provide cash support during the assessment period?

The evidence does, in our view, support Levenmouth Cash First Group’s planned approach to provide cash support during the assessment period. The literature review noted that there is a considerable volume of evidence on the adverse impact of the five week wait for Universal Credit. Our summary of the evidence highlighted that the wait can contribute to acute and immediate financial hardship that included an inability to afford food and going hungry as well as an inability to afford heating and housing insecurity. There was also evidence the wait contributed to debt and worsened financial resilience, and taking an advance payment from the DWP during the wait can lead to financial hardship over an extended period. Evidence also highlighted the personal cost of the wait in terms of mental health issues and strained relationships. The literature also emphasised that the five week wait is a minimum and new claimants can experience longer waits.

Local data specifically on the five week wait was limited. However, some evidence came from the prominence of benefits delays as a reason for referral to Levenmouth Foodbank and DWP stats that show around 1 in 10 new Universal Credit applicants at Leven Jobcentre Plus office do not receive their “full payment on time”. In addition, the data on Universal Credit and poverty in Levenmouth show that the hardship associated with the five week wait for Universal Credit established in the literature review will be as relevant to new claimants in Levenmouth as anywhere else. The local data on Universal Credit and poverty in Levenmouth also provide useful context and some pointers for the Levenmouth Cash First Group as they finalise their plans.

What are the emerging issues that need to be considered based on the evidence?

The main issue, in our view, arising from the evidence review is not should the Levenmouth Cash First Group support people during the five week wait but how can they support households that would benefit most from it. The Group may, therefore, wish to consider prioritising households and, based on the literature and data review findings, we suggest this could include the following:

- Households already in debt.
- Single occupancy households.
- Lone parent households.
- Households with a person with a disability.
- Households with children.

Date 12 February 2025

Agenda Item No.9

PROPERTY TRANSACTIONS

Report by: Alan Paul, Head of Property Services

Wards Affected: 21 and 22

Purpose

The purpose of this report is to advise Members of action taken using the List of Officer Powers in relation to property transactions.

Recommendation(s)

The Committee is asked to note the contents of this report.

Resource Implications

There are no resource implications arising from these transactions, as any expenditure is contained within the appropriate Service budget.

Legal & Risk Implications

There are no legal or risk implications arising from these transactions.

Impact Assessment

An EqIA is not required and is not necessary for the following reasons: the items in this report do not propose a change or revision to existing policies and practices.

Consultation

All consultations have been carried out in relation to this report.

1.0 Background

- 1.1** In dealing with the day to day business of the Council there are a number of matters relating to the purchase, disposal and leasing of property and of property rights. This report advises of those transactions dealt with under powers delegated to officials.

2.0 Transactions

2.1 Disposals

2.1.1 SUDS Pond, Langside Crescent, Kennoway

Date of Sale: 7 November 2024
Price: £0

2.2 Acquisitions

2.2.1 Land at Mountfleurie to the north of the River Leven, north west of Methil Brae, formerly known as Kirklands Yard, Leven

Date of Acquisition: 29 October 2024
Price: £185,000

2.2.2 Land at Mountfleurie to the south of the River Leven, west of Methil Brae

Date of Acquisition: 11 October 2024
Price: £80,000

2.3 Leases by the Council – New Leases

2.3.1 Office 16 Fife Renewables Innovation Centre, Ajax Way, Methil

Term: 22 November 2024 for 3 years
Rent: Stepped – Yr 1 - £6,842, Yr 2 - £7,871 and Yr 3 £9,260
Tenant: SGN Futures (H100) Ltd

2.3.2 Office 25 Fife Renewables Innovation Centre, Ajax Way, Methil

Term: 2 December 2024 for 3 years
Rent: Stepped – Yr 1 - £5,124, Yr 2 - £6,222 and Yr 3 £7,320
Tenant: Farmadosis Ltd

3.0 Conclusions

- 3.1** These transactions are reported back in accordance with the List of Officers Powers.

List of Appendices

1. N/A

Report Contact

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12 February 2025

Agenda Item No. 10

Levenmouth Area Committee Forward Work Programme

Report by: Eileen Rowand, Executive Director, Finance & Corporate Services

Wards Affected: 21 and 22

Purpose

This report supports the Committee's consideration of the workplan for future meetings of the Committee.

Recommendation(s)

It is recommended that the Committee review the workplan and that members come forward with suggestions for specific areas they would like to see covered in any of the reports.

Resource Implications

Committee should consider the resource implication for Council staff of any request for future reports.

Legal & Risk Implications

Committee should consider seeking inclusion of future items on the workplan by prioritising those which have the biggest impact and those which seek to deal with the highest level of risk.

Impact Assessment

None required for this paper.

Consultation

The purpose of the paper is to support the Committee's discussion and therefore no consultation is necessary.

1.0 Background

- 1.1 Each Area Committee operates a workplan which contains items which fall under three broad headings: items for decision, supporting the Local Community Plan and Scrutiny/Monitoring. These items will often lead to reactive rather than proactive scrutiny. Discussion on the workplan agenda item will afford members the opportunity to shape, as a committee, the agenda with future items of business it wishes to review in more detail.

2.0 Conclusions

- 2.1 The current workplan is included as Appendix one and should be reviewed by the committee to help inform scrutiny activity.

List of Appendices

1. Workplan

Background Papers

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act, 1973:-

None

Report Contact

Helena Couperwhite
Committee Services Manager
Telephone: 03451 55555 Ext. No. 441096
Email- helena.couperwhite@fife.gov.uk

Levenmouth Area Committee of 2 April 2025			
Title	Service(s)	Contact(s)	Comments
Mental Health Triage Car Levenmouth - Second Phase Funding for Test of Change - £91,857	Communities and Neighbourhoods Service	Jacquie Stringer-fc, Michelle Mclaughlin	Moved from Feb 25 to Apr 25 meeting to align with other reports coming from Service.
Health and Social Care Locality Annual Update Report	Health and Social Care	Jacquie Stringer-fc	Annual Report. Last reported March 2024. Next Scheduled 1.4.26.
Public Health Report - Annual Progress Update	Education	Pamela Colburn	Annual Report. Last presented 20/3/24. Next Scheduled 1.4.26.
On Fife Levenmouth Activity Update		Christine McLean	This report was last reported to 27/11/24 meeting where by committee requested an update be presented outlining long term plans at the 02.04.25 committee.
Educational Outcomes 23/24	Education	Shelagh McLean	Annual Report. Last reported August 2024, next due April 2026.
Levenmouth Anti Poverty Work Annual Update	Communities and Neighbourhoods Service	David Paterson	Annual Report. Last presented 20.03.24. Next scheduled 1.4.26.
Anti Social Behaviour Approach Levenmouth - Police Resource	Communities and Neighbourhoods Service	David Paterson	Annual report. Last reported Jan 2024. Next Scheduled 1.4.26.
LRP Grant Funding	Roads & Transportation	Phil Clarke	8.1.25 - added to workplan at request of service.
Temple Project - Changing Places - 30K CRF Funding Request	Communities and Neighbourhoods Service	David Paterson	Added to workplan 20/1/25 - DP
Consideration of Objections - Buckhaven and Methil – 20mph speed limits	Roads & Transportation	Lesley Craig	
River Leven Programme Update	Roads & Transportation	Phil Clarke	Update report to be brought to each Area Committee Meeting.
STEM Approach- Goblin Car Project with Schools	Communities and Neighbourhoods Service	David Paterson	30/1/25 - added to workplan - DP

Levenmouth Area Committee of 25 June 2025			
Title	Service(s)	Contact(s)	Comments
2023/24 Local Area Economic Profiles	Economy, Planning and Employability	Alison Laughlin	Annual report. Scheduled on forward workplan for 11/2/26 and 13/1/27 meetings.
Levenmouth Local Community Plan Update	Communities and Neighbourhoods Service	David Paterson	
Eagle Road MUGA - Resurfacing Proposal Funding Request	Communities and Neighbourhoods Service	David Paterson	
Community Recovery Fund (CRF) Project Proposals - Update and Current Spend Profile	Communities and Neighbourhoods Service	David Paterson	Annual Report. Next Scheduled 24.06.26.
Grounds Maintenance Service Domestic Waste and Street Cleansing Service Annual Review	Environment & Building Operations (AT&E)	Scott Clelland, Alexander Anderson-Es	Annual Report. Last reported May 2024. Next Scheduled 24.06.26.
LRP Grant Funding	Roads & Transportation	Phil Clarke	8.1.25 - added to workplan at request of service.

Levenmouth Area Committee of 20 August 2025			
Title	Service(s)	Contact(s)	Comments
Update on Fife Heritage Rail Conservation Building (Large Grant Funding)	Roads & Transportation	Phil Clarke	1 year Update report requested at 21.08.24 meeting.
Area Roads Programme 2024/25 Outturn Report	Roads & Transportation	Vicki Storrar	26/11/24 item added to workplan for annual reporting.

Levenmouth Area Committee of 1 October 2025			
Title	Service(s)	Contact(s)	Comments
Safer Communities Team Update	Housing Services		Annual Report. Last reported May 2024. Next Scheduled 7.10.26. Jan 2025 request made by Service to

Levenmouth Area Committee of 1 October 2025			
Title	Service(s)	Contact(s)	Comments
			amend reporting cycle to report Sept/October annually. Safer Communities, Scottish Fire and Rescue Service and Operational and Community Briefing on Policing Activities to all be realigned to report at same meetings.
Scottish Fire & Rescue Service Local Plan Annual Performance Report	Communities and Neighbourhoods Service		Annual Report. Last reported May 2024. Next Scheduled 7.10.26. Jan 2025 request made by Service to amend reporting cycle to report Sept/October annually. Safer Communities, Scottish Fire and Rescue Service and Operational and Community Briefing on Policing Activities to all be realigned to report at same meetings.
Operational and Community Briefing on Policing Activities within Levenmouth	Police Scotland		Annual Report. Last reported May 2024. Next Scheduled 7.10.26. Jan 2025 request made by Service to amend reporting cycle to report Sept/October annually. Safer Communities, Scottish Fire and Rescue Service and Operational and Community Briefing on Policing Activities to all be realigned to report at same meetings.
Area Housing Plan 2025-26	Housing Services	Peter Nicol	Annual Report. Last reported 27.11.24. Next scheduled 7.10.26.
Supporting the Levenmouth Local Community Plan - Festive Lights	Communities and Neighbourhoods Service	David Paterson	Annual report. Last reported 27.11.24. Next Scheduled 7.10.26

Levenmouth Area Committee of 1 October 2025			
Title	Service(s)	Contact(s)	Comments
Supporting the Levenmouth Local Community Plan - Corra Support - Anti Poverty Funding	Communities and Neighbourhoods Service	David Paterson	Following 27/11/24 meeting further report to be scheduled in October 2025.
Education - Pupilwise and Parentwise Surveys	Education	Jackie Funnell	Annual report - last reported 2/10/24. Next due 7/10/26.

Levenmouth Area Committee of 3 December 2025			
Title	Service(s)	Contact(s)	Comments
Complaints Annual Update Report		David Thomson-CRM, Diarmuid Cotter	Report last presented 27.11.24. Next scheduled 7.10.26.
Local Capital Budget - Annual Update Report	Communities and Neighbourhoods Service	David Paterson	last reported Nov 24
Common Good and Settlement Trust Funds Annual Report 2024/2025	Finance and Corporate Services	Eleanor Hodgson	Annual Report. Last reported to 27.11.24 committee. Next scheduled 25.11.26
Supporting the Levenmouth Local Community Plan - Justice Social Work (JSW) Welfare Support Worker	Communities and Neighbourhoods Service		Initial report presented to committee on 27/11/24. Follow up report scheduled for 3/12/25.

Levenmouth Area Committee of 11 February 2026			
Title	Service(s)	Contact(s)	Comments
Levenmouth Community Plan Update Report	Communities and Neighbourhoods Service	David Paterson	Annual Report. Last presented 12.02.25. Next Scheduled 13.01.27.
Local Economic Profiles - Annual Report	Economy, Planning and Employability	Alison Laughlin	Annual Report. Last scheduled 12/2/25 meeting. Next scheduled 13/1/27.
Area Roads Programme 2026 - 2027	Roads & Transportation	Vicki Storrar	26/11/24 item added for annual reporting to the 11/2/26 meeting.

Levenmouth Area Committee of 1 April 2026			
Title	Service(s)	Contact(s)	Comments
Health and Social Care Locality - Annual Update	Health and Social Care	Jacquie Stringer-fc	Annual Report. Last presented 2.4.25.
Public Health - Annual Progress Report	Education	Pamela Colburn	Annual Report. Last presented 2.4.25.
Levenmouth Anti Poverty Work Annual Update	Communities and Neighbourhoods Service	David Paterson	Annual Report. Last Presented 1.4.25.
Educational Outcomes 24/25	Education	Shelagh McLean	Last reported April 2025.
Anti Social Behaviour Approach Levenmouth - Police Resource	Communities and Neighbourhoods Service	David Paterson	Annual Report. Last reported 2.4.25. 2027 Date to be finalised.

Levenmouth Area Committee of 24 June 2026			
Title	Service(s)	Contact(s)	Comments
Grounds Maintenance Service Domestic Waste and Street Cleansing Annual Review	Environment & Building Operations (AT&E)	Scott Clelland, Alexander Anderson-Es	Annual Report. Last presented 25/6/25.
Educational Outcomes 24/25	Education	Shelagh McLean	Annual Report. Last presented 25.6.25.
Community Recovery Fund (CRF) Project Proposals - Update and Current Spend Profile	Communities and Neighbourhoods Service	David Paterson	Annual Report. Last presented 25.6.25.

Levenmouth Area Committee of 19 August 2026			
Title	Service(s)	Contact(s)	Comments
Area Roads Programme - Outturn Report	Roads & Transportation	Vicki Storrar	26/11/24 added to forward workplan for annual reporting.

Levenmouth Area Committee of 7 October 2026			
Title	Service(s)	Contact(s)	Comments
Safer Communities Team - Annual Update	Housing Services	Liz Watson-SC	Annual report. Last presented 1.10.25. Jan 2025 request made by Service to amend reporting cycle to report Sept/October annually. Safer Communities, Scottish Fire and Rescue Service and Operational and Community Briefing on Policing Activities to all be realigned to report at same meetings.
Scottish Fire and Rescue Service Local Plan Annual Performance Update	Scottish Fire & Rescue Service		Annual report. Last presented 1.10.25. Jan 2025 request made by Service to amend reporting cycle to report Sept/October annually. Safer Communities, Scottish Fire and Rescue Service and Operational and Community Briefing on Policing Activities to all be realigned to report at same meetings.
Operational and Community Briefing on Policing Activities within Levenmouth	Police Scotland		Annual report. Last presented 1.10.25. Jan 2025 request made by Service to amend reporting cycle to report Sept/October annually. Safer Communities, Scottish Fire and Rescue Service and Operational and Community Briefing on Policing Activities to all be realigned to report at same meetings.
Supporting the Levenmouth Local Community Plan - Festive Lights	Communities and Neighbourhoods Service		Annual Report. Last presented 1.10.25.
Area Housing Plan	Housing Services	Peter Nicol	Annual Report. Last presented 1.10.25
Education - Pupilwise and Parentwise Surveys	Education	Shelagh McLean	Annual Report - last reported October 2025.

Levenmouth Area Committee of 25 November 2026			
Title	Service(s)	Contact(s)	Comments
Complaints Annual Update Report	Customer Services Improvement Service	David Thomson-CRM	Annual report. Last presented 3.12.25
Common Good and Settlement Trust Funds Annual Report	Finance and Corporate Services	Eleanor Hodgson	Annual Report. Last presented 3.12.25.
Local Capital Budget Annual Report	Communities and Neighbourhoods Service	David Paterson	Last reported Dec 2025.

Levenmouth Area Committee of 13 January 2027			
Title	Service(s)	Contact(s)	Comments
Levenmouth Local Community Plan - Update Report	Communities and Neighbourhoods Service	David Paterson	Annual Report. Last presented 11.2.26.
Local Economic Profiles - Annual Report	Economy, Planning and Employability	Alison Laughlin	Annual Report. Last presented 11.2.26.

Unallocated			
Title	Service(s)	Contact(s)	Comments
Property Transactions	Property Services	Michael Ogorman	To be added to agenda when required.
Levenmouth Area Community Learning and Development Action Plan	Communities and Neighbourhoods Service	Robert Graham	Last reported 15/5/24. Dates to be agreed for reporting annually by Service.