



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON  
WEDNESDAY 26 MARCH 2025 AT 10.00 AM  
THIS WILL BE A HYBRID MEETING AND JOINING  
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT  
Participants Are Asked to Join Ten Minutes  
Ahead of the Scheduled Start Time**

**AGENDA**

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<b>1</b>	<b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b>	<b>David Ross</b>	<b>Verbal</b>
<b>2</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b>	<b>David Ross</b>	<b>-</b>
<b>3</b>	<b>MINUTE OF PREVIOUS MEETING AND ACTION NOTE 29 JANUARY 2025</b>	<b>David Ross</b>	<b>3-19</b>
<b>4</b>	<b>CHIEF OFFICER UPDATE</b>	<b>Lynne Garvey</b>	<b>Verbal</b>
<b>5</b>	<b>COMMITTEE CHAIR ASSURANCE REPORTS</b> 5.1 Strategic Planning Group 5.2 Quality & Communities Committee 5.3 Finance, Performance & Scrutiny Committee 5.4 Audit & Assurance Committee	<b>Vanessa Salmond</b>	<b>20-27</b>
<b>6</b>	<b>STRATEGIC PLANNING &amp; DELIVERY</b> 6.1 Strategic Plan Annual Report 2024 & Year 3 Delivery Plan 2025 6.2 Carers Eligibility Criteria	<b>Audrey Valente</b>  <b>Roy Lawrence</b>	<b>28-110</b>  <b>111-142</b>
<b>7</b>	<b>LIVED EXPERIENCE &amp; WELLBEING</b> 7.1 Podiatry Service - Prevention of Amputation (presentation)	<b>Lynn Barker / Sharon Wiener-Ogilvie</b>	<b>Verbal</b>
<b>8</b>	<b>INTEGRATED PERFORMANCE &amp; QUALITY</b> 8.1 Finance Update	<b>Audrey Valente</b>	<b>143-158</b>

	8.2 Revenue Budget 2025/26 & Medium-Term Financial Strategy	<b>Audrey Valente</b>	159-222
<b>9</b>	<b>GOVERNANCE &amp; OUTCOMES</b> 9.1 Membership Update 9.2 Draft IJB Workplan 2025-26	<b>Vanessa Salmond</b> <b>Vanessa Salmond</b>	223-225 226-230
<b>10</b>	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b> 10.1 Winter Covid-19 and Flu Vaccine Delivery Campaign 2024-25	<b>Lisa Cooper</b>	231-250
<b>11</b>	<b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM</b> <b>Quality &amp; Communities Committee</b> Confirmed Minute from 10 January 2025 <b>Local Partnership Forum</b> Confirmed Minute from 14 January 2025 <b>Finance, Performance &amp; Scrutiny Committee</b> Confirmed Minute from 15 January 2025 <b>Audit &amp; Assurance Committee</b> Confirmed Minute from 17 January 2025	<b>Sinead Braiden</b> <b>Kenny McCallum</b> <b>Alastair Grant</b> <b>Dave Dempsey</b>	251-262 263-271 272-277 278-280
<b>12</b>	<b>AOCB</b>	<b>ALL</b>	<b>Verbal</b>
<b>13</b>	<b>DATE OF NEXT MEETINGS</b> <b>IJB DEVELOPMENT SESSION – Wednesday 30 April 2025</b> <b>INTEGRATION JOINT BOARD – Wednesday 28 May 2025</b>		

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

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



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) – WEDNESDAY 29 JANUARY 2025 AT 10.00AM

<b>Present:</b>	<p>David Ross (DR) (Chair)          Arlene Wood (AW) (Vice-Chair)          Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Mary Lockhart (ML), Lynn Mowatt (LM), Margaret Kennedy (MK) and Louise Kennedy-Dalby (LKB)          NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB)          Amanda Wong (AW), Associate Director, Allied Health Professionals          Debbie Fyfe (DF), Joint Trade Union Secretary          Janette Keenan (JK), Nurse Director, NHS Fife          Kenny McCallum (KMcC), Staff Representative, Fife Council          Lynne Parsons (LP), Employee Director, NHS Fife          Morna Fleming (MF), Carer Representative          Paul Dundas (PD), Independent Sector Lead          Vicki Bennett (VB), Staff Representative, NHS Fife</p>
<b>Professional Advisers:</b>	<p>Lynne Garvey (LG), Director of Health and Social Care/Chief Officer          Audrey Valente (AV), Chief Finance Officer          Lynn Barker (LB), Director of Nursing</p>
<b>Attending:</b>	<p>Aylene Kelman (AK), Associate Medical Director          Cara Forrester (CF), Communications Advisor          Chris Conroy (CC), Head of Community Care Services          Emma O’Keefe (EO), Consultant in Dental Public Health, NHS Fife          Lisa Cooper (LC), Head of Primary &amp; Preventative Care Services          Roy Lawrence (RLaw), Principal Lead for Organisational Development &amp; Culture          Vanessa Salmond (VS), Head of Corporate Services          Gemma Reid (GR), H&amp;SC Co-ordinator (Minute)</p>

	TITLE	ACTION
<b>1</b>	<p><b>CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES</b></p> <p>David Ross, Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting and extended his best wishes for the New Year.</p> <p>David welcomed Vicki Bennett, newly appointed LPF Co-Chair to her first IJB meeting.</p> <p>David advised that apologies had been received from Chris McKenna, Jackie Drummond, Jillian Torrens, Joy Tomlinson, Fiona Forrest, Helen Hellewell and</p>	

	<p>James Ross, noting that Paul Dundas and Cllr David Alexander would be joining later in the meeting and Cllr Lynn Mowatt would be leaving early due to other commitments.</p> <p>David also advised the Board that Cllr Louise Kennedy-Dalby was deputising for Cllr Sam Steele.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p> <p>David highlighted the opening of the new Morar Living facility in St Andrews with formal opening taking place on 8<sup>th</sup> February where all are welcome to attend. David advised that an invitation would be forwarded following the meeting and any queries should be directed to Paul Dundas, Independent Sector Lead.</p>	<b>GR</b>
2	<p><b>DECLARATION OF MEMBERS' INTERESTS</b></p> <p>There were no declarations of interest highlighted.</p>	
3	<p><b>MINUTES OF PREVIOUS MEETING &amp; ACTION NOTE 4 DECEMBER 2024</b></p> <p>The Minute and Action Note from the meeting held on Wednesday 4 December 2024 were both approved as an accurate record.</p> <p>Arlene Wood requested that timescales were added to the action note in respect of the 3 open items.</p>	<b>GR</b>
4	<p><b>CHIEF OFFICER UPDATE</b></p> <p>Lynne Garvey began her update by welcoming everyone to the IJB and in response to Arlene's request confirmed that some actions would be closed and others updated.</p> <p>Lynne gave thanks to those who joined Fiona's retirement celebrations.</p> <p>Reflecting back to November when she took up post, Lynne acknowledged the immense contribution provided by Arlene Wood during her time as Chair of the IJB and expressed her delight that she will continue in the valued role of Vice-Chair. Lynne welcomed Cllr David Ross as Chair acknowledging his passion for health and social care.</p> <p>Lynne noted that the start of 2025 has been challenging, particularly around the significant impact on our teams from the prevalence of flu within our communities. Lynne also noted the additional pressures caused by Storm Eowyn, acknowledging the positive staff response and the swift implementation of Business Continuity Plans, highlighting the fantastic response from services and partners which ensured minimal disruption to service delivery. Lynne wished to formally record her gratitude to Carol Potter and Ken Gourlay for their complimentary emails which recognised the response of staff in these challenging circumstances.</p>	

	<p>Lynne confirmed that the recruitment process for the Principal Social Work Officer has now successfully concluded, and more details would be shared in the near future. Lynne further explained that she is in active discussion with HR regarding recruitment to the Head of Strategic Planning post and more detailed communication around this will be forthcoming when recruitment is agreed.</p> <p>Lynne highlighted the work of the King’s Trust, with 7 young people having recently completed a 4-week programme on Health and Social Care. Lynne was delighted to share that these young people have all been successful in either securing employment or advancing to further education.</p> <p>Lynne noted the work being carried out to promote wellbeing within Ward 1 at Queen Margaret Hospital, with the implementation of a Therapet Programme.</p> <p>Lynne concluded by noting that 2025-26 will be the most challenging year to date due to our ongoing financial challenges, however assured members that through her leadership and support from SLT colleagues, every effort will be taken to deliver safe health and social care services to the people of Fife.</p> <p>Cllr David Ross reiterated his thanks to staff for their efforts during Storm Eowyn.</p>	
<p><b>5</b></p>	<p><b>COMMITTEE CHAIR ASSURANCE REPORTS</b></p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa Salmond advised that these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports was discussed at the Quality and Communities Committee on 10 January 2025, Finance, Performance &amp; Scrutiny Committee on 15 January 2025 and Audit &amp; Assurance Committee on 17 January 2025.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Sinead Braiden, Chair of the Quality and Communities Committee noted no areas of concern and nothing to be escalated to the IJB, with committee content to remit the reports to the IJB.</p> <p>Dave Dempsey highlighted paragraph 5 on page 20, noting that committee were concerned that the audit plan cannot be executed due to lack of resources.</p> <p>Alastair Grant noted that he appreciated the efforts taken to minimise the overspend and the committee were grateful for the update.</p> <p><b>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</b></p>	

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## STRATEGIC PLANNING & DELIVERY

### 6.1 Fife Immunisation Strategic Framework 2024-27

This report was discussed at the Quality and Communities Committee on 10 January 2025.

David Ross introduced Lisa Cooper who presented this report.

Lisa presented the salient points from the report and referenced the previous report from 2021-24, highlighting that the updated paper demonstrates what has been achieved and what we continue to build on. Lisa drew members attention to the visuals within the framework detailing the aims and priorities and highlighting the integrated partnership approach. Lisa noted a continued focus on ensuring vaccine programmes are equitable and accessible, highlighting a need to continue the ongoing quality improvement approach in an effort to reduce inequality across Fife. Lisa drew members attention to Appendix 2, the draft Direction to NHS Fife.

David Ross then invited Sinead Braiden, Chair of the Quality & Communities Committee to comment before opening to questions from Board members.

Sinead Braiden, Chair of the Quality and Communities Committee advised that committee were assured by the report

Arlene Wood queried where approval of the strategic framework occurred. In addition, Arlene noted that whilst the focus priority section was very good and focussed on aims for the year, there appeared to be no reference to performance framework improvements within the report.

Lisa Cooper responded highlighting that, as detailed in the paper, we have established a Transformation Group to provide quality improvement data around how vaccines are delivered, noting that detail in relation to ongoing improvements are captured through the Integrated Performance and Quality Report (IPQR). It was identified within performance reporting that uptake of HPV is an area for improvement, and this is a focus moving forward.

Lisa confirmed that the Strategic Framework has been presented and supported through numerous Governance Committees and was fully supported for progression to the IJB for approval of the accompanying Direction.

Morna Fleming thanked Lisa for a comprehensive report and the opportunity for discussions following Quality and Communities Committee. Morna requested clarity on number of areas with the report. Lisa responded to the queries.

Lisa confirmed that the decline in the uptake in Fife was noted and recognised in the Annual Immunisation Report, with the Transformation Group being convened in response to this to reduce inequalities, whilst being mindful that vaccination is a choice.

Lisa thanked Morna for the highlights and advised the paper would be updated.

Lisa acknowledged inconsistencies in scheduling however noted that scheduling is complex and is discussed and agreed at a national level, with the model changing yearly.

LC

	<p>Dave Dempsey noted that the drop-in clinics are suitable for many. Dave noted that on page 19, figure 7 is an image and therefore breaches accessibility guidelines.</p> <p>Dave expressed concern around the content of the Direction and intimated that he could not support the issuing of this Direction as it currently stands</p> <p>Lynne Garvey responded confirming that Lisa Cooper and Vanessa Salmond will connect separately with Dave out with the IJB to support the revision to this Direction prior to seeking IJB approval to issue.</p> <p>Louise Kennedy-Dalby highlighted the omission of delivery of vaccinations at high-risk clinics within the report. Louise also noted issues around stock levels at some clinics.</p> <p>Lisa Cooper responded taking these comments on board, noting there had been no escalations around this however provided assurance to members that we work closely with pharmacy using intelligence and projections to ensure adequate stock levels.</p> <p>John Kemp shared Dave’s concern regarding Directions, however noted that increasing delivery of vaccinations is the priority.</p> <p><b>Recommendation</b></p> <p>The Board noted the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for assurance.</p> <p>The Board discussed the Direction and agreed to await revisions as discussed.</p>	<p>LC</p> <p>LC / VS</p>
<p>7</p>	<p><b>INTEGRATED PERFORMANCE</b></p> <p><b>7.1 Finance Update</b></p> <p>This report was discussed at the Local Partnership Forum on 14 January 2025 and the Finance Performance &amp; Scrutiny Committee on 15 January 2025.</p> <p>David Ross introduced Audrey Valente, Chief Finance Officer who presented the report.</p> <p>Audrey Valente, Chief Finance Officer provided an update on the financial position based on actuals to November 2024, confirming that we are currently projecting a £34.9m overspend, which is a worsening position from September 2024 of £7.8m.</p> <p>The key areas of overspend are detailed within the report. Audrey highlighted that weekly Progress Reporting Update meetings (PRUs) had been put in place with Service Managers to scrutinise non-delivery of savings and noted that it is unlikely that we will see delivery of these savings this year, which is therefore reflected in the latest monitoring position.</p> <p>Audrey reported that 59% of the savings approved in March 2024 will be delivered (£23m by end of current financial year) noting that whilst this is good progress it doesn’t meet the gap.</p> <p>Audrey advised members that the recovery plan approved in October has proven challenging and we are unlikely to deliver significant savings due to increased</p>	

demand, however highlighted that we have increased the frequency of meetings with partners and now meet every 4 weeks to ensure increased scrutiny.

Audrey concluded her report by assuring continual scrutiny of spend for the remainder of year to reduce the overspend, stressing that delivery of savings is a priority.

David Ross then invited Kenny McCallum, Chair of the Local Partnership Forum and Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.

Alastair Grant stated that he was grateful for the update and appreciates the work ongoing to minimise the overspend, however with 2 months remaining he sought reassurance that throughout December - January nothing has changed in the financial position since the data presented in the report.

Audrey responded noting that early indications confirm there is a worsening position since November, and the impact of Storm Eowyn will also need to be reflected. Audrey was unable to confirm the exact position as we are awaiting information from partners.

Kenny McCallum confirmed that the LPF continue to engage with the financial situation, highlighting more robust discussions around finances than anything else at their regular meetings. Kenny advised Trade Unions continue to seek clarity on remobilisation and noted Audrey's work with Trade Unions which is appreciated.

Dave Dempsey highlighted that section 10 references Directions, but stated it is unclear whether a Direction is required. Audrey confirmed that we are awaiting information from NHS Fife in order to draft the Direction with a view to bring this forward to the next IJB.

Arlene Wood thanked Audrey for the paper and whilst she recognised the challenges, she noted the savings achievement of £23m. Arlene highlighted Section 3.1 of SBAR which states that given the pressures we are facing we are unlikely to deliver on the recovery actions and questioned what would be delivered by the end of the financial year. Arlene queried the partners position on the overspend and whether any feedback had been received. Finally, Arlene sought information around the plan for the last quarter of year, questioning if there is anything else that can be paused and queried what actions are being undertaken. Arlene acknowledged the strong commitment and intent but highlighted the need to learn from the last couple of years and the challenges of delivering what we agree.

Audrey responded noting that the recovery plan has generated £1m additional income along with other small areas, however confirmed that the large areas have not delivered significant savings. Audrey assured members that we continue to try and achieve the savings, working with Staffside and Trade Unions. Partners are meeting every 4 weeks and are aware of the current position with discussions ongoing around risk share. Audrey stressed that we are doing all we can to minimise the overspend, highlighting Lynne Garvey's email in relation to non-critical spend, stressing to the Board that we are turning every stone.



	<p>Lynne Garvey noted her optimism for delivery into the next financial year and confirmed continual scrutiny is in place and embraced by SLT. The need to engage with the workforce further has been recognised and engagement with Trade Union and Staffside will be crucial to this. Lynne confirmed that a meeting will be scheduled with SLT along with all Trade Union and Staffside members.</p> <p><b>Recommendation</b></p> <p>The Board noted the report and were assured that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1.</p>	
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	<p><b>7.2 Performance Report – Executive Summary</b></p> <p>This report was discussed at the Finance, Performance and Scrutiny Committee on 15 January 2025</p> <p>David Ross introduced Audrey Valente who presented this report.</p> <p>Audrey noted that this report comes quarterly to the IJB and was welcomed at Finance, Performance and Scrutiny. Audrey advised that the report contains updates on efforts to improve performance and new indicators will be brought forward once approved by SLT.</p> <p>Audrey drew the Boards attention to improvements in average length of stay which has improved in the last 6 months, CAMHS referral to treatment time and psychological therapies 18 weeks referral to treatment, which has improved but noted there remains a lot to do to reach the national target. Audrey highlighted that the Drugs and Alcohol 21-day referral to treatment was above the 90% target for the 2<sup>nd</sup> quarter in a row.</p> <p>Audrey noted improvements required in the areas of assessment beds average length of stay, smoking cessation and complaints.</p> <p>David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair Grant commended the report and noted no further comments from Committee.</p> <p>Arlene Wood welcomed the new approaches highlighted and recognised the work that had gone into the report. Arlene noted the work around indicators and queried how we link this back to strategies. Arlene highlighted the red indicators, stating the need to see planned actions for these with timescales. Arlene was surprised to see delayed discharges in red as we usually fare well in the national reports.</p> <p>Lynne Garvey responded, advising that benchmarking was looking at other Boards and local targets were ambitious, confirming that due to increasing demand the target needs to be revised. Lynne advised that the report via NHS Fife governance is reported on the Scottish average and neighbouring Boards, and we are in the bottom half of the table, highlighting that we are one of the Boards with a high level of confidence in delivery.</p>	
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	<p>Sinead Braiden noted that it was positive to see improvements in data reporting and collection.</p> <p>Audrey will pick up on Arlene’s comment regarding linking to strategies and confirmed conversations are ongoing with the team to build this in.</p> <p>Margaret Kennedy was assured by improvements around CAMHS, noting that GP practices are seeing an increased demand in Mental Health assistance. Margaret noted her concern that we are not engaging with families early enough and questioned if we need to improve interactions within schools.</p> <p>Lynne Garvey highlighted that psychology services have a strong emphasis on prevention. All AHPs utilise the early conversation model prior to any intervention and signpost people to necessary services, utilising third and voluntary sector organisations. Lynne noted the work ongoing with GPs around promoting prevention and early intervention, highlighting good pathways into those services.</p> <p>Lisa Cooper highlighted the whole system approach, providing an example of Health Visiting services supporting with sleep training. Lisa referred to the neuro-development pathway, first point of contact for parents who have concerns, being able to direct people to the correct service and ensuring people get the support when they need it from the right person.</p> <p>Rosemary Liewald gave thanks for the report, noting the small gains and emphasising that there needs to be greater emphasis on prevention which she is seeing across localities particularly at primary and secondary school level as evidence states they are effective. Rosemary referenced Our Minds Matter and SAMH which stem the need for services before they get to critical level, commending the staff who are working within these areas.</p> <p>Roy Lawrence noted that in 2024, 3500 people came through the Wells, with 13 Wells across 7 localities. Roy advised that the ability to link in has been improved through Sky Gateway to support with GP referrals.</p> <p><b>Recommendation</b></p> <p>The Board were assured that the full report had been discussed at the relevant Committees, the areas which require improvement are under development and are subject to continual scrutiny by Heads of Services.</p>	
8	<p><b>GOVERNANCE &amp; OUTCOMES</b></p> <p><b>8.1 Mainstreaming the Equalities Duty &amp; Equality Outcomes Progress Report</b></p> <p>This report was discussed at the Quality and Communities Committee on 10 January 2025 and the Finance, Performance &amp; Scrutiny Committee on 15 January 2025. David Ross introduced Audrey Valente who presented this report.</p> <p>Audrey advised that the report was being submitted for decision and following approval it will be published on HSCP website, in line with the requirements of the Equality Act 2010. Fife HSCP last published report was in 2023 when it set out new equality outcomes as part of the strategic plan for 2023-26. This report provides a progress update on the 5 equality outcomes. Audrey highlighted the action plan at appendix 2 (page 134) and noted that progress with actions is</p>	

highlighted in the graph within the SBAR on page 95. Audrey highlighted that the Equality and Human Rights Commission (EHRC) Scotland Team are due to audit all IJBs in 2025.

David Ross invited Sinead Braiden, Chair of Quality & Communities Committee and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committees before opening to questions from Board members.

Sinead Braiden advised that members were assured by the report, and that positive progress is being made on the identified outcomes and therefore committee were content to remit the report to the IJB for formal approval.

Alastair Grant confirmed that committee were content with remitting the report to the IJB with no further comments to make.

Morna Fleming commended the report and was glad to see points around refreshing the carers strategy and additional support for unpaid carers. Morna queried whether the training for staff to promote safe eating and drinking for those with learning difficulties is available to unpaid carers. Morna welcomed equalities training and questioned whether other training on Oracle is mandatory for staff and queried what records are kept around mandatory training completion and compliance.

Lisa Cooper was unable to confirm if this training is available to unpaid carers but took an action around this to speak with the professional Head of Service for Dietetics.

Lynne Garvey confirmed Equality, Diversity and Inclusion is part of the core training package and is regularly monitored through performance reporting, with any areas of concern given improvement targets to encourage uptake.

Arlene Wood suggested that a Development Session would be welcomed around outcomes and how these are quantified, noting that the performance framework referenced on page 113 is useful, but it would be helpful to understand this and how well we are performing against indicators. Arlene queried how adverse events are captured when a breach of protected characteristics occurs and how IJB gets assurance around the specific duties of the Equality Act which are related to the Health and Social Care workforce.

Audrey responded to Arlene's queries around a Development Session and performance metrics, confirming she would discuss this with Lynne Garvey and Vanessa Salmond. In terms of metrics, Audrey will take action on how we report back on these.

Janette Keenan confirmed adverse events and incidents are reported via the Datix system however we are aware that less serious incidents are not always reported. Janette assured the Board that reports are taken to the Staff Governance Committee for assurance but can also be shared with IJB Committees if required in order to provide assurance that we are addressing these issues.

Lynne confirmed that the Local Partnership Forum is instrumental in reporting this work through and if escalation is required it would come forward to the IJB.

LC

AV

<p>Rosemary gave her thanks for the report and highlighted gender balance within the home carer workforce. Rosemary questioned how we are doing in terms of recruitment, engagement and retention. Audrey advised that she would take this question away and feedback offline.</p> <p>Lynne Garvey highlighted job forums, recruitment campaigns and posters in supermarkets, noting that the efforts to attract carers into Fife needs to be recognised.</p> <p>Debbie Fyfe noted the ongoing work in schools and colleges, noting the need to see career progression for carers as this is not advertised or provided as part of the induction. Debbie highlighted that Staffside and Trade Unions have good relationships with Karen Marwick, Service Manager, and work closely on recruitment and retention.</p>	<p><b>AV</b></p>
<p>Mary Lockhart queried the issue around gender balance in home carers, questioning if there is any data around service user preference as to the gender of those caring for them, noting personal care is often preferred by a carer of the same gender.</p> <p>Lynne Garvey advised that Care at Home is centred around people's choice, with the service striving 100% of the time to ensure any specific requests are granted. In regard to workforce characteristics, we do have this data which Roy Lawrence can share. Whilst this shows the majority of carers are female, Lynne confirmed there are sufficient male in the workforce to allow us to provide a male carer when requested. In any cases where we have been unable to fulfil a specific request, the lead officer would have a conversation with the patient and mitigations are in place such as a double up (2 carer) visit.</p> <p>Roy Lawrence highlighted the well-established Equality, Diversity and Inclusion steering group which includes Trade Union representation.</p> <p>Morna Fleming welcomed Debbie's comments, noting that public perception of social care is not attractive and queried if there are any financial incentives.</p> <p>Debbie Fyfe responded, advising that offering incentives is not permitted and would worsen the current financial situation.</p> <p>Paul Dundas noted that Care at Home in Fife for the independent sector is attractive for international recruitment and retention, with the Minister reinforcing the significance of continued focus on the international supply line. Paul highlighted the successful recruitment of international male staff in Fife, noting that role development is key with continued focus on upskilling staff.</p> <p>Janette Keenan noted the male/female gender split in nursing where there is a 90% female workforce despite attempts locally and nationally. International recruitment has been successful in nursing with great retention rates, with the successful recruitment of over 100 internationally educated nurses and radiographers. There are discussions ongoing around how to attract Gen-Z into the workforce.</p> <p>Chris Conroy noted a good track record in Fife in creating a sustainable workforce and highlighting that our ability to deliver services effectively is commented on at a national level, noting that the Home First strategy will allow us to maintain Fife as a positive place to work.</p>	<p><b>RL</b></p>

	<p>Kenny McCallum commented on the recruitment of Care at Home staff, highlighting a recruitment fayre held in November in Dunfermline. Kenny commended the work of both the Care at Home and Residential Care Home teams who he noted were young teams and promoted the roles well. Kenny has provided feedback to the relevant service managers.</p> <p><b>Recommendation</b></p> <p>The Board were content that the Partnership is meeting its requirements within the Equality Act 2010.</p>	
<p><b>9</b></p>	<p><b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b></p> <p><b>9.1 Chief Social Work Officer Report</b></p> <p>This report was discussed at the Finance, Performance &amp; Scrutiny Committee for noting only on 15 January 2025.</p> <p>David advised that James Ross had sent his apologies for the meeting and therefore any queries on the content of this report should be directed to James via email (james.ross-fc-d1@fife.gov.uk)</p> <p><b>Recommendation</b></p> <p>The Board noted the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.</p>	
	<p><b>9.2 Fife Dental &amp; Oral Health Improvement Annual Report</b></p> <p>This report was discussed at the discussed at the Quality and Communities Committee on 10 January 2025.</p> <p>David Ross introduced Lisa Cooper and Emma O’Keefe who presented this report.</p> <p>Lisa advised the Board that this was the annual report for 2024 is being brought forward for information and is attached as appendix 1, with a focus on the delegated services which are managed by the IJB. Lisa handed over to Emma O’Keefe, Consultant in Dental Public Health to talk through the salient points of the report.</p> <p>Emma shared the highlights of the annual report, which is a collaborative piece of work with both NHS and Fife HSCP. Emma noted that dental workforce continues to be a challenge, with these concerns impacting on patient access. Emma highlighted the work ongoing around communication and trying to get the message out that for any urgent needs patients should call the dental advice line where they will be seen within national standard timescales. This is a UK wide issue around workforce, with ongoing conversations with Scottish Government, the Minister for Public Health and the Chief Dental Officer. Areas which are in our control such as the public dental service are picking up a lot of work with patients who have been de-registered from NHS dental care.</p> <p>Emma stressed the importance of self-care and prevention in oral hygiene with the Annual National Dental Inspection report showing Fife as having the worst</p>	

dental health in 5-year-olds. There is an ongoing focus on children's oral health, further strengthened by links with midwifery services.

The report highlights the collaborative work of improvement programs, such as the Childsmile programme, work within Care Homes and within the Fife Alcohol Support Service. Dental services are a complex landscape, and we need to be mindful of what is in our control. Emma noted that there is no legislative duty to ensure the whole population is registered with a dentist, however we will see all those needing emergency care at some point. Emma stressed that the focus must be on prevention and communication to ensure the right messages are being sent out.

David Ross then invited Sinead Braiden, Chair of the Quality and Communities Committee to comment on discussions at the Committee before opening to questions from Board members.

Sinead confirmed that the Committee were assured by the annual report.

Rosemary Liewald noted that she was fully aware of challenges within this service however wished to highlight work ongoing within nurseries, where immediately after meals children are encouraged to brush their teeth. Literature has been produced, with a book aimed at pre-school and primary one level. Rosemary noted that whilst recognising the challenges we must commend the staff carrying out early work on the preventative aspect of oral health.

Morna Fleming noted the inability of adults to be registered with an NHS dentist with those practices who are accepting referrals limiting these to children under 16. Morna highlighted an issue with communication with the public unaware that this is a national shortage. Morna requested that Fife HSCP communicate that this issue is not specific to Fife as dental services are at risk of abuse from patients who are unaware of current situation.

Arlene questioned the plans for 2025-26 which are within the Partnership's control. Arlene highlighted the improvement priorities and queried how these will be measured around reducing inequalities across Fife and asked if there was a specific measures framework in place.

John Kemp noted that he was happy to take level of assurance, but his opinion is that the system is fundamentally not working, and we are failing on prevention in adults through check-ups and dealing with issues before they escalate. John noted that private dentists are available and prefer to treat privately than work with NHS.

Lisa Cooper responded to Morna's comment re communication, noting that work is ongoing with national colleagues to ensure a consistent message. The public dental service is very active in engaging with communities. Lisa acknowledged that the current focus is on younger adults however confirmed that we are able to offer emergency care to those who are not registered with a dentist.

In response to Arlene's question, Lisa highlighted a Dental Improvement Group which was convened to take forward improvement actions and work on prevention. Oral Health Improvement plans have been recovered and remobilised such as Childsmile. Lisa recognised the challenges around registration highlighting the Scottish Dental Access Initiative which is being utilised to encourage practices and support more uptake in Fife.

	<p>Emma O’Keefe agreed that we need to look at other ways of getting the message out, noting that elected member briefings are being utilised. Regarding check-ups, Emma advised that we are awaiting management information and looking at national reporting frameworks.</p> <p>David Alexander questioned if there are barriers to international recruitment with Emma confirming that Brexit resulted in overseas dentists leaving Scotland. Emma advised that the dental regulator is looking at ways to make the process easier for dentists to come to work in UK with lots of work taking place but some of this requires legislative change at UK level. Emma noted the budget which is looking at ways to increase the dental workforce, but this will take time. Emma concluded by highlighting that the workforce issues are a challenge across Scotland, with the bigger cities also struggling to recruit.</p> <p><b>Recommendation</b></p> <p>The Board noted the content of the report and agreed a moderate level of assurance that the senior management and professional leadership team ensure oversight and management in regard to quality of dental care and access, in line with the powers available to them in accordance with dental regulations.</p>	
10	<p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</b></p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> <li>• Strategic Planning Group (unconfirmed) – 7 November 2024</li> <li>• Quality &amp; Communities Committee – 8 November 2024</li> <li>• Finance, Performance &amp; Scrutiny – 12 November 2024</li> <li>• Local Partnership Forum – 12 November 2024</li> <li>• Audit and Assurance Committee – 15 November 2024</li> </ul> <p>David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.</p>	
12	<p><b>AOCB</b></p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.</p>	
13	<p><b>DATE OF NEXT MEETINGS</b></p> <p><b>IJB DEVELOPMENT SESSION – WEDNESDAY 26 FEBRUARY 2025 (09:30-12:30, Town House, Kirkcaldy)</b></p> <p><b>INTEGRATION JOINT BOARD – WEDNESDAY 26 MARCH 2025</b></p>	

**ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 26 MARCH 2025**

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



	Page 19, figure 7 is an image which breaches accessibility guidelines	<b>Lisa Cooper</b>		
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**COMPLETED ACTIONS**

<b>IJB 290125 – Fife Immunisation Strategic Framework</b> Concern around content of Direction – Lisa and Vanessa to connect with Dave Dempsey to support revision of Direction.	<b>Lisa Cooper / Vanessa Salmond</b>		Teams meeting scheduled – meeting progressed, following meeting it was agreed Direction no longer required. Action closed.
<b>IJB 290125</b> Timescales to be added to action note	<b>Gemma Reid</b>	<b>Following meeting</b>	Complete - further updates requested and some actions now closed with one ongoing (Q&C revised ToR)
<b>IJB 290125</b> Invitation to Morar Living Open Day to be circulated to members	<b>Gemma Reid</b>	<b>Following meeting</b>	Complete 290125
<b>Risk Review –</b> Audrey to meet with Avril Sweeney & Committee Chairs to progress risk review.	<b>Audrey Valente</b>	<b>Action closed</b>	Meeting held with Dave Dempsey, summary report will be presented to A&A Committee.
<b>Finance Update –</b> Audrey/Vanessa to decide how financial position can be reported more regularly to members.	<b>Audrey Valente / Vanessa Salmond</b>		Complete – extraordinary FPS scheduled with any escalation reported via Chair’s assurance report.
<b>Armed Forces Covenant Duty –</b> measures framework to be developed for inclusion in next report.	<b>Lesley Gauld / Jillian Torrens</b>	Next annual report	Lesley bringing to next meeting of AFC working group
<b>Workforce Report –</b> Roy to pick up amendments with Chris McKenna	<b>Roy Lawrence</b>		Completed – CM drafting extract for inclusion in revised doc.
<b>IJB Development Session (cancelled 18/12/24) –</b> date to be agreed for rescheduled Development Session, focused on the Integration Scheme, Financial Regulations & Directions.	<b>Vanessa Salmond / Gemma Reid</b>		Action complete – to progress with next scheduled Development Session 26/2/25
<b>Directions Tracker –</b> amend wording re delivery outcomes taking place, but not saying resources allocated.	<b>Vanessa Salmond</b>		Action complete

<b>Lived Experience</b> – video to be emailed to members following IT issues during meeting.	<b>Gemma Reid</b>		Action complete
<b>Finance – formally write to partners to seek additional funding</b>	<b>Audrey Valente</b>		Action complete
<b>Prevention &amp; Early Intervention Strategy</b> – amendment required to 4 <sup>th</sup> column of table on p.28, to include “and future needs”	<b>Lisa Cooper</b>	<b>Immediate</b>	<b>Complete</b> 01/11/24 - confirmation from Kay Samson that SBAR updated
<b>Prevention &amp; Early Intervention Strategy</b> – strategy to be used to aid the uptake of screening – to be built into delivery plan.	<b>Lisa Cooper</b>		Complete. 01/11/24 Confirmation that Ruth Bennett taking forward as Senior Lead for Implementation.
<b>From Sept IJB</b> <b>Q&amp;C Revised ToR</b> – Diagram 1 to be changed prior to publication to ensure accessible format.	<b>Helen Hellewell</b>		<b>Action Complete</b> – diagram on ToR updated.



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26<sup>th</sup> March 2025</b>
<b>Agenda Item No:</b>	<b>5.1</b>
<b>Report Title:</b>	<b>Chair's Assurance Report Strategic Planning Group</b>
<b>Group Chair:</b>	<b>Lisa Cooper (Acting)</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Introduction

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

## 2 Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. There was one item deferred which was scheduled to be reported at this meeting as per the Groups' workplan which was the Local Housing Strategy Annual Report, all other items of business scheduled to be reported at the March meeting as per the Groups' workplan were presented.

At the meeting on 5<sup>th</sup> March the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log
- Strategy: Mental Health and Wellbeing Strategy
- Annual Reports: Strategic Plan: Year Two Annual Report (2024) and Year Three Delivery Plan (2025)
- Governance: Strategic Planning Group Review 2025

## 3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 5<sup>th</sup> March 2025:-

### Decision

- **Strategic Planning Group Review 2025** – The SPG agreed that a development session to progress an action plan from recent the results of a recent SPG self-assessment would be of value.

### Assurance

- **Strategic Plan: Year Two Annual Report (2024) and Year Three Delivery Plan (2025)**– The SPG were assured by the updates on progress reported within the annual report and the planned activities for the forthcoming year in delivering strategic priorities.

### Recommendations

- **Mental Health and Wellbeing Strategy** - Members discussed this draft strategy and supported progression through the agreed governance reporting structure.

## **4 Escalations/Highlights to the IJB**

A new Chair will be advised prior to the next committee cycle.

## **5 Forward Planning/Horizon Scanning**

There were no issues for highlighting.

**Lisa Cooper, Acting Chair, Strategic Planning Group**



**Meeting Title:** Integration Joint Board

**Meeting Date:** 26<sup>th</sup> March 2025

**Agenda Item No:** 5.2

**Report Title:** Chair's Assurance Report  
Quality and Communities Committee

**Committee Chair:** Sinead Braiden

**Responsible Officer:** Helen Hellewell, Deputy Medical Director  
Lynn Barker, Director of Nursing, HSCP

**Report Author:** Vanessa Salmond, Head of Corporate Governance

## 1 Introduction

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

## 2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. All items of business scheduled to be reported at the March Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 6<sup>th</sup> March the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters Report and Deep Dive Review: Information Governance and Digital Transformation
- Strategic Planning: AHP Professional Assurance Annual Update; Strategic Plan 2023-2026 Year 2 Delivery Plan – Annual Report and Year 3 Delivery Plan (2025); and Developing a Systems-Based Approach to Physical Activity in Fife.
- Legislative Requirement and Annual Reports: Mental Health and Wellbeing Strategy; Carer's Eligibility Criteria Review; Sexual Health and Blood Borne Viruses in Fife 2024 Update and Fife Violence Against Women Partnership Annual Report 2023-24.

## 3 Update on Risks

A deep dive risk review on Information Governance and Transformation was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report.

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

The Quality and Communities Committee made the following decisions at its meeting on 6th March 2024:-

##### Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board. The Committee were informed that the report due to be presented has been delayed due to Storm Eowyn.
- **AHP Professional Assurance Annual Update** – This annual report provides Committee with assurance that all AHP's in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.
- **Strategic Plan 2023-2026 Year 2 Delivery Plan – Annual Report and Year 3 Delivery Plan (2025)** - Members were assured by progress in implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024).
- **Sexual Health and Blood Borne Viruses in Fife 2024** - The Committee were assured by the report which provides and on Sexual Health and Blood Borne Viruses (SHBBV) activity in Fife by referencing cross cutting strategies, identifying good practice and innovation and challenges and priorities for recovery.
- **Fife Violence Against Women Partnership Annual Report 2023-24** - The Committee were assured by the annual report. Members commended the clear and concise layout and content of this report.

##### Recommendations

- **Developing a Systems-Based Approach to Physical Activity in Fife** – The Committee provided support to progress a Fife single system approach to physical activity.
- **Mental Health and Wellbeing Strategy** – Members discussed the draft strategy and provided constructive feedback for progression.
- **Carer's Eligibility Criteria Review** – Members discussed this report and requested some additions/amendments to paper prior to onward submission to the IJB for formal approval

#### 5 Escalations/Highlights to the IJB

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

#### 6 Forward Planning/Horizon Scanning

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

**Rosemary Liewald, (Acting) Chair, Quality and Communities Committee**



**Meeting Title:** Integration Joint Board

**Meeting Date:** 26<sup>th</sup> March 2025

**Agenda Item No:** 5.3

**Report Title:** Chair's Assurance Report  
Finance, Performance and Scrutiny Committee

**Committee Chair:** Alastair Grant

**Responsible Officer:** Audrey Valente, Chief Finance Officer

**Report Author:** Vanessa Salmond, Head of Corporate Governance

## 1 Introduction

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

## 2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. The Medium-Term Financial Strategy (including revenue budget 2025-26) as been deferred to an extra-ordinary Committee meeting, all other items of business scheduled to be reported at the March Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 12<sup>th</sup> March the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update, Deep Dive Risk Review: Information Governance and Digital Transformation; Grants to Voluntary Organisations.
- Performance: Strategic Plan 2023-2026 – Year Two Delivery Plan – Annual Report (2024) and Year Three Delivery Plan (2025)

## 3 Update on Risks

A deep dive risk review of Information Governance and Digital Transformation was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report.

## 4 Committee Levels of Assurance / Decisions / Recommendations



The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 12<sup>th</sup> March 2025:-

#### Assurance

- **Performance Report** – Committee were assured that this report enables the monitoring of performance for the Partnership and work is progressing to achieve improved outcomes.
- **Strategic Plan 2023-2026 – Year Two Delivery Plan – Annual Report (2024) and Year Three Delivery Plan (2025)** - Members were assured by progress in implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024).

#### Recommendations

- **Finance Update** – Following discussion and a Q&A session, Committee were assured by the actions being progressed to continually monitor the financial position and agree to remit to the IJB.
- **Grants to the Voluntary Sector** - Members agreed to the uplift proposed for 2025-26.

### **5 Escalations/Highlights to the IJB**

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

### **6 Forward Planning/Horizon Scanning**

There was an Extended Extraordinary Finance, Performance and Scrutiny Committee held on 17<sup>th</sup> March 2025, providing members with an opportunity to examine 2025-26 revenue budget proposals under development for presentation to IJB for formal approval.

**Alastair Grant, Chair, Finance, Performance and Scrutiny Committee**



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26<sup>th</sup> March 2025</b>
<b>Agenda Item No:</b>	<b>5.4</b>
<b>Report Title:</b>	<b>Chair's Assurance Report Audit and Assurance Committee</b>
<b>Committee Chair:</b>	<b>Dave Dempsey</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Introduction

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

## 2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. All items of business scheduled to be reported at the March Committee cycle as per the Committee workplan were presented.

At the meeting on 14<sup>th</sup> March the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Internal Audit Progress Report, Internal Audit Recommendations Follow-up Report and Recommendations and External Audit Plan.
- Business Cycle: Committee Workplan

## 3 Update on Risks

A review of the IJB Strategic Risk Register was considered, noting following the most recent review, 2 risks have increased their score and now fall into the highest risk category; transformation and contract market capacity. Committee were in agreement with this increased score.

The Committee were assured by the Deep Dive Risk Review report which described the process and outputs of the Deep Dive Reviews undertaken to improve the management of individual risks.

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

The Audit and Assurance Committee made the following decisions at its meeting on 14<sup>th</sup> March 2024:-

##### Assurance

- **Internal Audit Progress Report** - Committee were assured by the progress in relation to the 2024-25 Internal Audit Plan and associated partner audit reports from Fife Council.
- **Internal Audit Recommendations Follow-up** - Committee were assured by the current status of internal audit recommendations.

##### Decisions

- **External Audit Report** – Committee agreed to the external audit strategy, and scope and associated fee for the 2024-25 external audit plan.

##### Noted

- **Internal Audit Standards** – The Committee noted that NHS Internal Audit will develop an internal audit improvement plan to comply with global internal audit standards (replacement for current public sector audit standards with effect from April 2025). This will be monitored by NHS Audit and Risk Committee throughout 2025-26. Arrangements will be put in place for assurance to be provided to this Committee on progress.

#### 5 Escalations/Highlights to the IJB

Internal Audit resource and the ability to deliver the full IJB audit plan during 2023-24 was previously raised by this Committee as a potential concern. Assurance has now been provided by internal audit that audit resource has been identified to commence the IJB Performance Audit in April 2025.

The Committee wished to highlight the positive impact and assurance provided by the Deep Dive Risk Review report which described the process and outputs of the Deep Dive Reviews undertaken to improve the management of individual risks. These update reports will be added to the Audit and Assurance Workplan.

#### 6 Forward Planning/Horizon Scanning

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

**Dave Dempsey, Chair, Audit and Assurance Committee**



# Fife Health & Social Care Partnership

Supporting the people of Fife together

**Meeting Title:** Integration Joint Board  
**Meeting Date:** 26<sup>th</sup> March 2025  
**Agenda Item No:** 6.1  
**Report Title:** Strategic Plan 2023 - 2026  
Year Two Delivery Plan – Annual Report (2024) and  
Year Three Delivery Plan (2025)  
**Responsible Officer:** Audrey Valente, Chief Finance Officer  
**Report Author:** Lesley Gauld, Team Manager – Strategic Planning

## 1 Purpose

**This Report is presented to the Integration Joint Board for:**

- Assurance – this report provides assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024).
- Decision - the Integration Joint Board is asked to review the report and provide final approval for the publication of the Strategic Plan Year Two Annual Report and agree the Year Three Delivery Plan.

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

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

**2 Route to the Meeting**

This report has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- **Senior Leadership Team – 24<sup>th</sup> February 2025**

The report received positive feedback from SLT. A formatting change to the delivery plan table was suggested to improve 'read across' for the action status. This change has been applied to the draft report.

- **Strategic Planning Group – 5<sup>th</sup> March 2025**

The Strategic Planning Group discussed the report and suggested several improvements including clarification on the content of a graph (page 8) and updates to actions in the Year Three Delivery Plan for the Carers Strategy (page 62), the Dementia Strategy, the Home First Strategy and the Workforce Strategy (page 64). The changes have been included in the final report. It was agreed that the report should progress to the IJB for final review and approval.

- **Quality and Communities Committee – 6<sup>th</sup> March 2025**

The Committee discussed the report and requested clarity of the use of 'direction' throughout the report. The report has been updated on pages 6, 25, 26 and 33. On page 9 a query was raised regarding the Dementia Delivery Plan, the text has been updated to clarify that the Fife Dementia Delivery Plan will be aligned with the national Dementia Strategy. It was agreed that the report should progress to the IJB for final review and approval.

- **Finance, Performance and Scrutiny Committee – 12<sup>th</sup> March 2025**

It was agreed that the report should progress to the IJB for final review and approval.

### 3.1 Situation

Fife Integration Joint Board (IJB) approved the ‘*Strategic Plan for Fife 2023 to 2026*’ on 27<sup>th</sup> January 2023. The final version is available here:

[www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026](http://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026).

The Strategic Plan is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to further improve health and social care services in Fife. The delivery plans do not include all of the actions being taken by Fife Health and Social Care Partnership, they include a high-level summary which focusses on the delivery of the strategic priorities identified in the Strategic Plan, and the principal priorities in the relevant supporting strategies. The Year Two Delivery Plan (for 2024) was approved by the IJB in March 2024 and is available on our website here:

[www.fifehealthandsocialcare.org/strategic-plan-year-one-report-2023](http://www.fifehealthandsocialcare.org/strategic-plan-year-one-report-2023).

The Year Two Delivery Plan included 77 separate actions. This Annual Report 2024 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing (some of these have been carried forward into 2025). The report is structured using the same format as the Strategic Plan (2023 to 2026) and the Year One Delivery Plan (2023) to provide consistency and enable cross-referencing.

This means that the 2024 actions are all grouped by strategic theme:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

The tables for each strategic theme are organised alphabetically by strategy and include:

- the long-term objective: ‘Where do we want to be in 2026’.
- the specific activities that were planned: ‘In 2024, we will’.
- a progress update (January 2025).
- RAG status.

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<b>Dementia Strategy</b> Families, care partners and unpaid carers of people living with dementia will be supported to manage their caring role and have a life alongside caring.	Engage with key stakeholders to establish the ‘as is’ and identify opportunities for change. These will form key actions in our Dementia Strategy Delivery Plan.	Partially Completed. The Dementia Strategy Working Group has a wide representation including representation from Fife Carers Centre to ensure that the voice of families, care partners and unpaid carers is heard throughout the development of self-assessment and action planning.	●

The RAG Status column identifies the actions which have been fully completed (Green), partially completed (Amber) and any that have been rescheduled (Not Started/Delayed).

For any action that was not completed as planned, the reasons(s) for noncompletion have been included in each update, along with any changes to planning or delivery methods that are required to reduce the non-completion rate going forward. In addition, an overview for each strategy is provided in the report introduction.

Strategy	Reason for change or delay	Changes applied
Advocacy Strategy	Workforce – resource unavailable.	Recruitment is underway.
Alcohol and Drug Partnership Strategy	One action is partially completed due to an ongoing wider service/system review.	N/A
Carers Strategy	A decision has been made to hold back on further revisions of the Short Breaks Service until further progress has been made on the National Care Service Bill and greater clarity is available on the financial position regarding a further expansion of short breaks opportunities for carers in the medium term.	N/A

The Annual Report also 2024 includes the Strategic Plan - Year Three Delivery Plan and some of the principal actions planned for 2025 (see Appendix 1).

**\*Please note that this report does not replace the Annual Performance Report 2024 to 2025 which is a statutory requirement and will be progressed through the Partnership’s governance process to the Integration Joint Board in Summer 2025.**

### 3.2 Background

The Strategic Plan for Fife 2023 to 2026 sets out the vision and future direction of health and social care services in Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. Annual delivery plans provide the foundation to assess the Partnership’s performance, and identify progress towards implementation of the Strategic Plan. The Strategic Planning Group has oversight of the delivery plans and provides regular reports to the Integration Joint Board.

The health and social care landscape is continually evolving, and there are occasions when we need to update some of our objectives to reflect developing needs and expectations. For example, a whole service and system review is currently being undertaken by Fife Children’s Services. It is appropriate to wait until this work is completed before we recommission services to support families and young people who are affected by substance use (Fife Alcohol and Drug Partnership Strategy).

The Annual Report 2024 also includes a brief update on the ‘*Mainstreaming the Equality Duty and Equality Outcomes Progress Report*’ which was approved by the IJB in January 2025. The full equality report is available here:

[www.fifehealthandsocialcare.org/mainstreaming-the-equality-duty-and-equality-outcomes-progress-report-january-2025](http://www.fifehealthandsocialcare.org/mainstreaming-the-equality-duty-and-equality-outcomes-progress-report-january-2025).

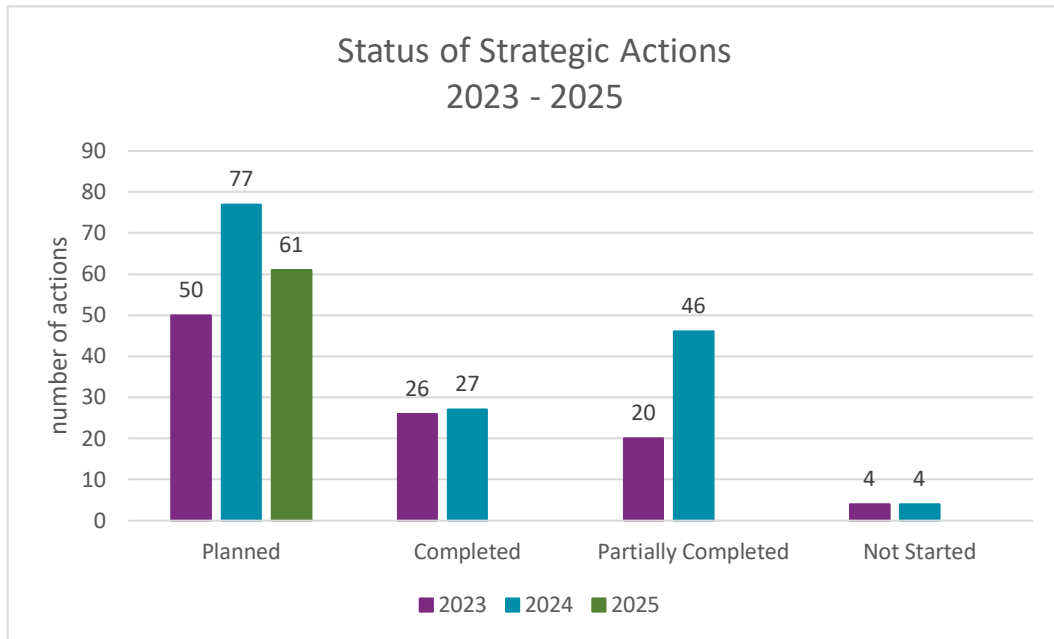
### 3.3 Assessment

During 2024, the Year Two Delivery Plan provided a robust framework to progress our strategic priorities, and ensure that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision to deliver the improvements we have planned. The Year Two Delivery Plan included seventy-seven separate actions (including the actions carried forward from 2023), of these:

- 27 actions were fully completed (35%)
- 46 actions were partially completed (60%)

- 4 actions were not started/delayed/cancelled (5%)

The Year Three Delivery Plan for 2025 sets out 61 actions for the third year of the Strategic Plan. As highlighted in the graph below, over the three years of the Strategic Plan, the Delivery Plans have included 188 strategic actions.



\* Please note that the 'actions planned columns' include the same actions that are shown in the outcome columns (i.e. completed, partially completed, not started). For example, in 2023 there were 50 planned actions and 26 of these were completed etc. An update on the 61 actions planned for 2025 (green column) will be provided in March 2026.

Many of these actions are already progressing and regular updates for each of the supporting strategies and their delivery plans will continue to be reported to the Strategic Planning Group through the current governance process.

### 3.3.1 Quality / Customer Care

The Partnership's Performance Framework will ensure appropriate oversight for all of the activities related to the Strategic Plan and the Delivery Plan. The Partnership's Strategic Planning Group has a principal role in the implementation of the Strategic Plan and regularly reviews quality and performance.

### 3.3.2 Workforce

Any impact on the Partnership's workforce will be managed through the Workforce Strategy.

### 3.3.3 Financial

Financial activities are managed through the Medium-Term Financial Strategy, no additional financial impact is anticipated.

### 3.3.4 Risk / Legal / Management

The Strategic Risk Register includes all of the risks, and identified control measures, related to the delivery of the Strategic Plan.

### 3.3.5 Equality and Diversity, including Health Inequalities.



An Equality Impact Assessment for the Strategic Plan 2023 to 2026 is available on the Partnership's website:

[www.fifehealthandsocialcare.org/EquIA-Strategic-Plan-for-Fife-2023-2026](http://www.fifehealthandsocialcare.org/EquIA-Strategic-Plan-for-Fife-2023-2026).

An Equality Impact Assessment is not required for the Year Two Annual Report update because this section of the report is for performance reporting purposes only. Equality responsibilities for the Year Three Delivery Plan have been considered during the development of the individual strategies and delivery plans. These Equality Impact Assessments are published on our website here:

[www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications).

### **3.3.6 Environmental / Climate Change**

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

A robust engagement process was completed in 2022 with a wide range of activities that informed the final version of the Strategic Plan. In addition, for each of the supporting strategies, an assessment is completed during the development process to identify any specific requirements for participation and engagement. This process produces a bespoke engagement plan for each strategy and ensures that key stakeholders are identified and included in all relevant engagement activities.

## **3.4 Recommendation**

- Assurance – this report provides assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024).
- Decision - the Integration Joint Board is asked to review the report and provide final approval for the publication of the Strategic Plan Year Two Annual Report and agree the Year Three Delivery Plan.

## **4 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Strategic Plan: Year Two Delivery Plan – Annual Report 2024

## **5 Implications for Fife Council**

Once approved by the IJB, the Year Three Delivery Plan will provide direction for Fife Council in the implementation of the Strategic Plan 2023 to 2026, and will support compliance with the requirements of the Public Bodies (Joint Working)

(Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## **6 Implications for NHS Fife**

Once approved by the IJB, the Year Three Delivery Plan will provide direction for NHS Fife in the implementation of the Strategic Plan 2023 to 2026, and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## **7 Implications for Independent Sector**

Once approved by the IJB, the Year Three Delivery Plan will provide direction for the Fife partner agencies in the implementation of the Strategic Plan 2023 to 2026, and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## **8 Implications for Third Sector**

Once approved by the IJB, the Year Three Delivery Plan will provide direction for the Fife partner agencies in the implementation of the Strategic Plan 2023 to 2026, and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## **9 Directions Required to Fife Council, NHS Fife or Both**

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	X
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

### **Report Contact**

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# Strategic Plan 2023 – 2026

## Year Two Report (2024)

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## Section 1

### Foreword

Over the last year we have worked collaboratively with partners and individuals across Fife to progress the implementation of our Strategic Plan 2023 to 2026, and to deliver the essential, extensive, and transformational improvements set out in our Year Two Delivery Plan.

During 2024 we have improved the quality of care available for people by targeting investment at service improvements and ensuring our services are well-organised, effective, and efficient ('better care'). We have reduced health inequalities by promoting and supporting healthier lives from the earliest years, and encouraging approaches for everyone based on anticipation, prevention and self-management ('better health'). The demand for health and social care services is increasing, and our financial resources are reducing as the cost-of-living crisis continues to impact on national and local budgets. We have increased the value of the resources we do have by collaborating with our partners, including the third and independent sectors, and working efficiently to focus resources where they are most needed and where they will achieve positive outcomes in the longer-term, for example through prevention and early intervention ('better value').

Our Year Two Delivery Plan includes 77 separate actions. This Report provides an update on these actions as of January 2025. We have achieved a lot, and there is still more that we can do. I look forward to working with you over the next year to deliver the actions planned for 2025, and achieving our ambition to improve the health and wellbeing of everyone across Fife



Audrey Valente

Chief Finance Officer

Fife Health and Social Care Partnership

## Introduction

Fife Integration Joint Board (IJB) approved the 'Strategic Plan for Fife 2023 to 2026' in January 2023. The final version is available on our website here: [www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026](http://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026).

The Strategic Plan is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to further improve health and social care services in Fife. These delivery plans do not include all of the actions being taken by Fife Health and Social Care Partnership, they include a high-level summary which focusses on the delivery of the strategic priorities identified in the Strategic Plan, and the key priorities of the relevant supporting strategies.

In January 2024 the Year One Annual Report provided an update on the 50 actions that were planned for 2023, at that time:

- 26 actions were fully completed (52%)
- 20 actions were partially completed (40%)
- 4 actions were delayed (8%).

The 24 actions that were partially completed or delayed in 2023 were carried forward to the Year Two Delivery Plan for 2024, along with 53 new actions (i.e. 77 separate actions were planned for 2024). The Year One Annual Report, along with the Year Two Delivery for 2024, was approved by the IJB in March 2024. These documents are available on our website here: [www.fifehealthandsocialcare.org/strategic-plan-year-one-report-2023](http://www.fifehealthandsocialcare.org/strategic-plan-year-one-report-2023).

Over the last year Fife has faced a range of complex challenges including financial pressures, workforce shortages, and an increasing demand for services, along with increased complexity of demand. Throughout this we have worked together, providing additional support where required, and signposting to alternative sources of information and advice where relevant. Together, we have developed our whole system approach by building on our existing integrated working of our health and social care teams and our partners.

Our year two activity demonstrates a commitment to providing the best care and support that we can, to support delivery of our vision for all residents in Fife to live healthy and independent lives. We could not do this without the skilled and dedicated health and social care workforce including our partners in the independent and third sector.

Our key achievements over the last year include:

- The Take Home Naloxone Programme remains on track with over 50 training sessions taking place within the Fife localities. The Harm Reduction Worker in Fife has trained 671 people between April 2024 and January 2025 in overdose awareness.
- Following launch of the Fife Distress Brief Intervention (DBI) service in December 2023, delivered by Scottish Action for Mental Health (SAMH), the service has been rolled out across Fife, with suicide data informing prioritisation of pathways. Outcome data shows high levels of engagement and significant increase in access to DBI.
- A co-ordinated Postgraduate Teaching Programme for Consultant Psychiatrists supported by the Deanery for Doctors with robust supervision arrangements is now in place to enhance recruitment and sustain retention levels.
- Actions have been identified to progress a partnership approach to the development of a child friendly complaints process and governance processes for Children's Rights Impact Assessments.
- Development of the ScotCOM undergraduate medical program, to be delivered in partnership with NHS Fife and St Andrews University, is now complete and the first programme goes live in January 2026.
- Fife's Care at Home Collaborative continues to develop and mature, and attendance at meetings remains high, with active engagement. The annual workplan continues to develop and evolve, considering key themes and priorities for care at home providers in Fife.
- One stop shops in Levenmouth, Kirkcaldy and Cowdenbeath locality for people affected by substance use have continued, and a new group was established with and for women in Methil with regular attendance of 25 women per week.

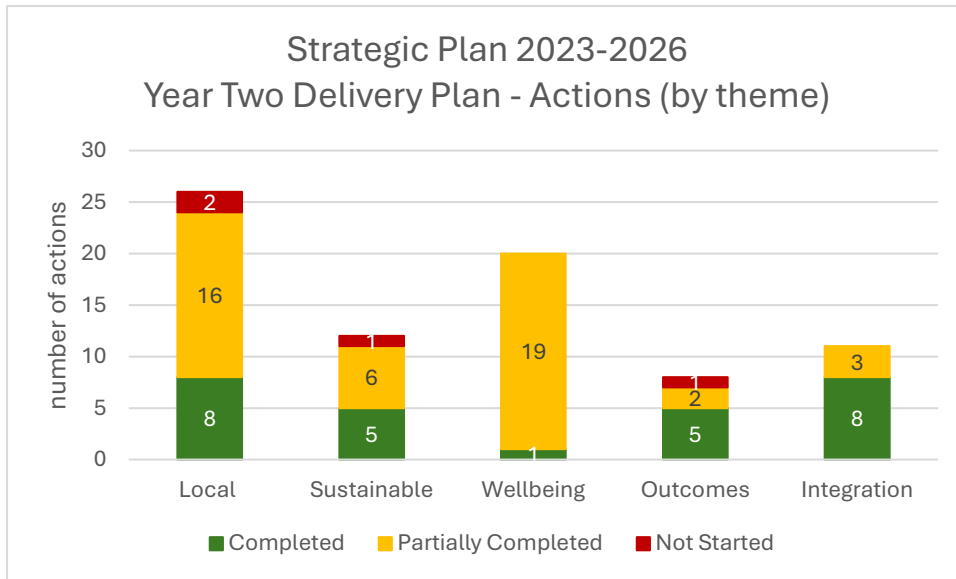
This Year Two Annual Report provides an update on all of the 77 actions planned for 2024, the improvements we have delivered, and any activities which are still ongoing (46 of these actions are almost completed and will be carried forward into 2025).

Of the original 24 actions that were carried forward from 2023:

- 14 actions are now fully completed (58%)
- 5 are partially completed (21%)
- 2 are not started/delayed (8%)
- 3 were not progressed due to funding issues or were cancelled/project closed (13%).

This means that 40 of the original 50 actions (i.e. 80%) in the Year One Delivery Plan (2023) are now fully completed and a further five (10%) are partially completed.

This graph shows the status of the 2024 actions by strategic theme.



This graph includes an update for each of the 77 actions (updated in January 2025).

Green = Completed  
 Amber = Partially Completed  
 Red = Not Started/Delayed\*

\*Some actions will be carried forward into 2025, others have been updated or replaced with new, more relevant actions (for example in response to national changes).

In summary:

- 27 actions were fully completed (35%)
- 46 actions were partially completed (60%)
- 4 actions were not started/delayed/cancelled (5%)

Fife Health and Social Care Partnership has faced a number of challenges during 2024, including increased demand for health and social care services, financial pressures, and workforce shortages. To manage these challenges effectively the Partnership has reviewed and updated some of the actions planned for 2024, others have been combined with other work, or postponed until additional funding or resources are available.

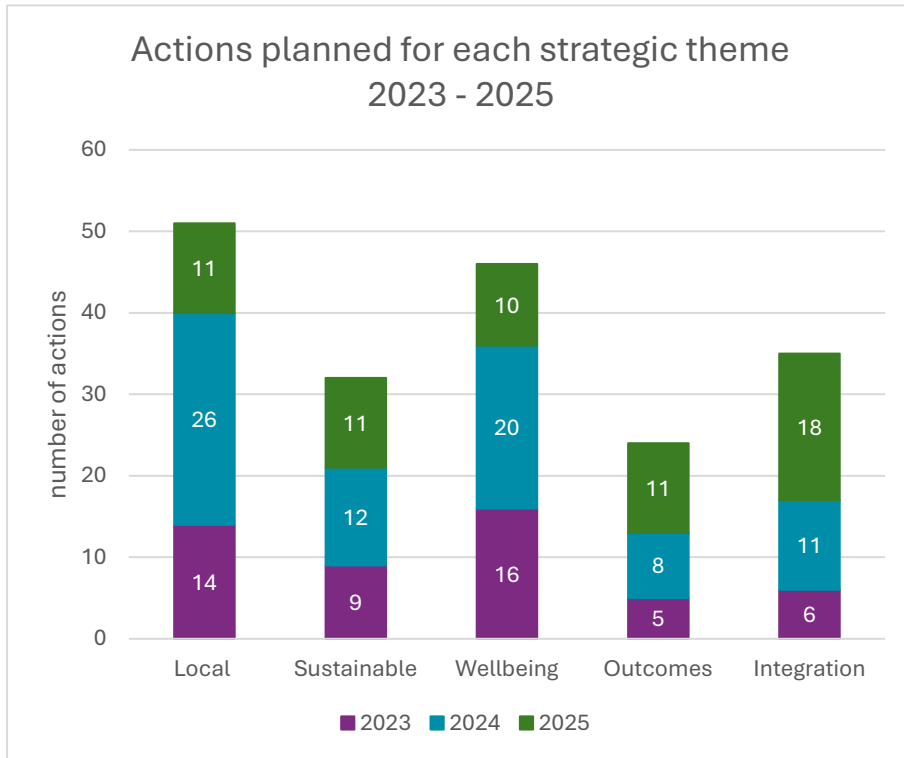


These are some of the specific reasons for changes or delays to the actions that were planned for 2024. Additional information is provided for each action in the Delivery Plan tables in Section 2.

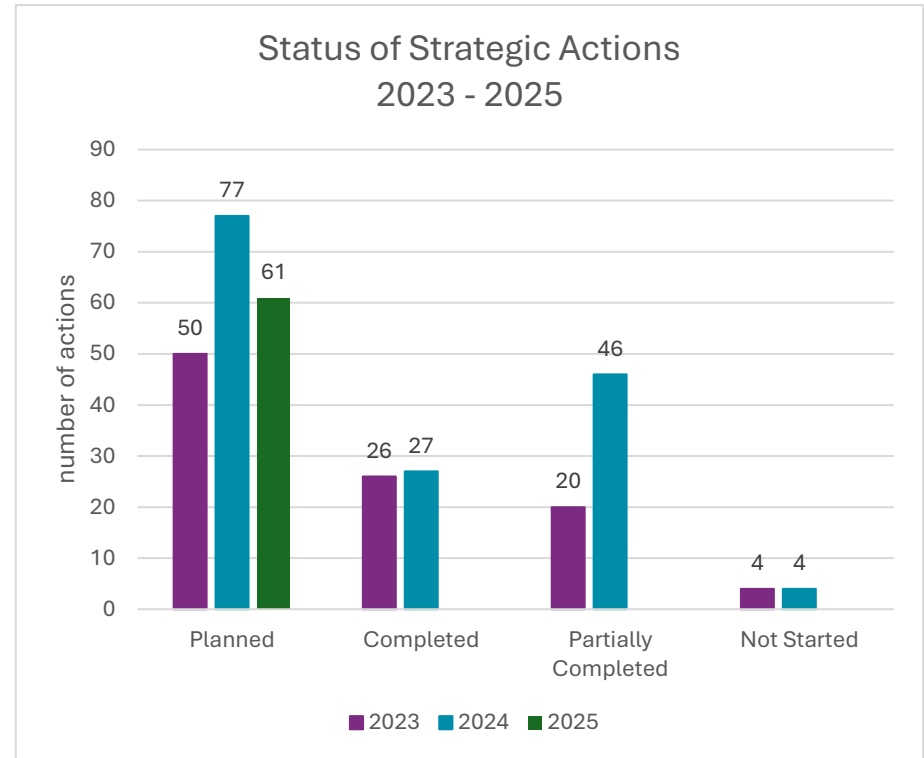
<b>Strategy</b>	<b>Reason for change or delay</b>	<b>Changes applied</b>
<b>Advocacy Strategy</b>	Workforce – resource unavailable.	Recruitment is underway.
<b>Alcohol and Drug Partnership Strategy</b>	One action is partially completed due to an ongoing wider service/system review.	N/A
<b>Carers Strategy</b>	The Fife Carers Short Breaks Service Statement set out our initial plans to support unpaid carers to understand and access breaks from caring. The planned review of this work was paused during 2024/2025 as we awaited further clarity on the proposed National Care Service Bill from Scottish Government. As the Government have recently made an announcement on this, we will prioritise a review of the Short Breaks Service within our Carers Strategy Delivery Plan for 2025/2026, ensuring compliance with Parts Two and Three of the Bill as it develops.	N/A
<b>Childrens Services Plan</b>	Rolling programme of work being progressed, this spans across several years and is aligned to Fife Childrens Services priorities and plan.	N/A
<b>Dementia Strategy</b>	National Dementia Delivery Plan delayed.	A Fife approach in terms of how we consider and implement the national strategy locally has been agreed by the Fife Dementia Working Group.
<b>Home First Strategy</b>	The Centralised Scheduling project has now been closed following a report to the Partnership’s Senior Leadership Team (SLT) highlighting estimated costs for potential digital solutions, footfall data analysis, lessons learned and ad hoc improvements by the services in scope.	N/A

	SLT has decided therefore to stop the project considering the current financial situation versus the considerable investment required whilst limited benefits would be achieved.	
<b>Mental Health and Wellbeing Strategy</b>	<p>Several factors have impacted the progress of the actions planned for 2024:</p> <ul style="list-style-type: none"> <li>• Retirement of Head of Service.</li> <li>• Financial pressures in some areas including capital funding.</li> <li>• Development of the Mental Health and Wellbeing Strategy was delayed due to a workforce resource issue.</li> <li>• Reduction in the workforce resources available to support the Mental Health Service Redesign Programme</li> </ul>	New Head of Complex and Critical Care Services appointed. The Mental Health Service Redesign Programme has been reviewed and the workstreams revised. Funding requested for additional project managers. A Working Group was established to progress development of the Mental Health and Wellbeing Strategy (now completed).
<b>Prevention and Early Intervention Strategy</b>	Rolling programme of work being progressed.	N/A
<b>Primary Care Strategy</b>	Rolling programme of work being progressed.	N/A
<b>Workforce Strategy</b>	Develop new workstyles to support more flexible and inclusive working across the Partnership. Supporting Complex and Critical Care Services to address the workforce challenges of introducing a new model of overnight care includes consultation with service providers. A new approach has been introduced to deliver this transformation through 2025/2026.	N/A

This graph shows the number of actions planned for each strategic theme over the three years of the Strategic Plan 2023 to 2026.



This graph shows the status of these strategic actions (at the time of each annual report). An update on the 61 actions planned for 2025 (shown in green) will be provided in March 2026.



Please note that the 'actions planned columns' include the same actions that are shown in the outcome columns (i.e. completed, partially completed, not started). For example, in 2023 there were 50 planned actions and 26 of these were completed etc.

# In 2024:

3 strategies were approved by the IJB

- Alcohol and Drug Partnership Strategy
- Digital Strategy
- Prevention and Early Intervention Strategy

3 more strategies/plans are in development

- Dementia Delivery Plan (aligns to national strategy)
- Learning Disability Strategy
- Mental Health and Wellbeing Strategy

we reviewed the progress of our supporting strategies through:

3 Annual Reports and

16 Flash Reports



5 meetings of the Strategic Planning Group



we produced 3 Easy Read Translations of our key strategies

we published our Annual Performance Report



## Connecting to Outcomes

### National Outcomes

Fife's Strategic Plan 2023 to 2026 sets out how the nine national Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. The Year Two Delivery Plan identified the actions we planned to take in 2024 to help us achieve these goals. This Year Two Report 2024 provides an update on those actions, the improvements we have delivered, and any activities which are still ongoing.

Where relevant, we have updated the actions planned for 2025 to ensure that Fife's Year Three Delivery Plan continues to align with national initiatives, legislative requirements, and identified best practice.

More information on the national outcomes and priorities is available in the [Appendix](#).

### Local Outcomes



The health and social care landscape is continually evolving and the demand for services increases daily. We have to balance our duty of care for the people of Fife, providing high quality essential services when and where they are needed, with our duty to provide best value and a balanced budget using finite resources. To do this effectively we have reviewed and updated some activities and plans to reflect developing needs and expectations, including a new financial recovery plan which was approved by the Integration Joint Board in October 2024.

Our Year Three Delivery Plan for 2025 aligns with national initiatives, legislative requirements, and identified best practice. Whilst ensuring that Fife remains on track to deliver the outcomes identified by local communities across Fife and summarised in our Locality Action Plans. These local themes provide the structure for our Strategic Plan and supporting strategies, the key drivers that will help us to deliver our vision:

**‘to enable the people of Fife to live independent and healthier lives’.**

## Equalities

Fife Integration Joint Board published its 'Mainstreaming the Equality Duty and Equality Outcomes Progress Report' in January 2025. The report sets out the approach we are taking to mainstream equality and ensure that all of the services and support that we provide, including commissioned services, consider the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010.
- advance equality of opportunity between persons who share a protected characteristic and persons who do not.
- foster good relations between persons who share a protected characteristic and those who do not.

The full report is available on our website: [www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications). These are some examples from 2024.



We have reviewed and updated our key performance indicators to improve our collection and use of equality data, including advanced analytics and better crisis response.



Working with Fife Carers Centre we have established a Carers Forum to ensure that carers' voices are central to planning and decisionmaking processes that impact them.



We are working on a collaborative project with Fife Council to test a digital tool that can produce easy read translations quickly and easily with minimal cost.



Our Equality, Diversity and Inclusion Steering Group have worked with Fife Centre for Equalities to develop a three-year action plan that promotes workforce diversity.



Using social media posts and stories with targeted information we have promoted improved understanding, such as highlighting how to support people with communication/and or eating, drinking and swallowing difficulties.

Participation and Engagement

In 2024:



we helped develop **3** new public engagement forums:

- Fife Carers Forum
- Carers Providers Forum
- Fife Wide Public Engagement Forum



we engaged with **2354** people

(of these, **469** people (20%) identified as unpaid carers)

**70** engagement activities were developed

## Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees. A focus on locality working is one of our five key themes within the strategic plan. To demonstrate commitment and leadership to locality planning there is a member of Senior Leadership Team (SLT) assigned to support each locality group. There is also a commitment to present an Annual Report to the seven Fife Council Area Committees, providing an overview of locality planning and any joint areas of interest.

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes. The overarching goals of localities are to:

Promote healthy lifestyle choices and self-management of long-term conditions

Support people to live healthy well independent lives while living in their own home for as long as possible

Reducing the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital

Efficiently and effectively manage resources available to deliver Best Value

Support staff to continuously improve information and support and care that they deliver

Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing



Over the last few years locality planning has gone from strength to strength. Critical to the success has been the collaborative/systems working approach. This has enabled locality groups to play a powerful role in making integration a success across Fife. By applying the insights, experience, and resources the partnership has been able to improve local networks, develop robust, productive professional relationships and improve outcomes. The diagram below highlights the work undertaken by locality planning groups in 2024.



**The Locality Annual Stakeholder Event took place on 5<sup>th</sup> November 2024.**

The aim of this event was to bring together stakeholders who were currently supporting locality planning, and to invite people who were working with health and social care, however had no active involvement with locality planning groups. The objective was to increase stakeholder knowledge and understanding of locality planning and the importance of how we can all work together to improve the health and wellbeing outcomes for people living in Fife. **Event outcomes** →



**Event feedback**

Really powerful to see local projects centered around people, making a real difference to outcomes

Fabulous event

Really good informative session

Really well organised event, well done!

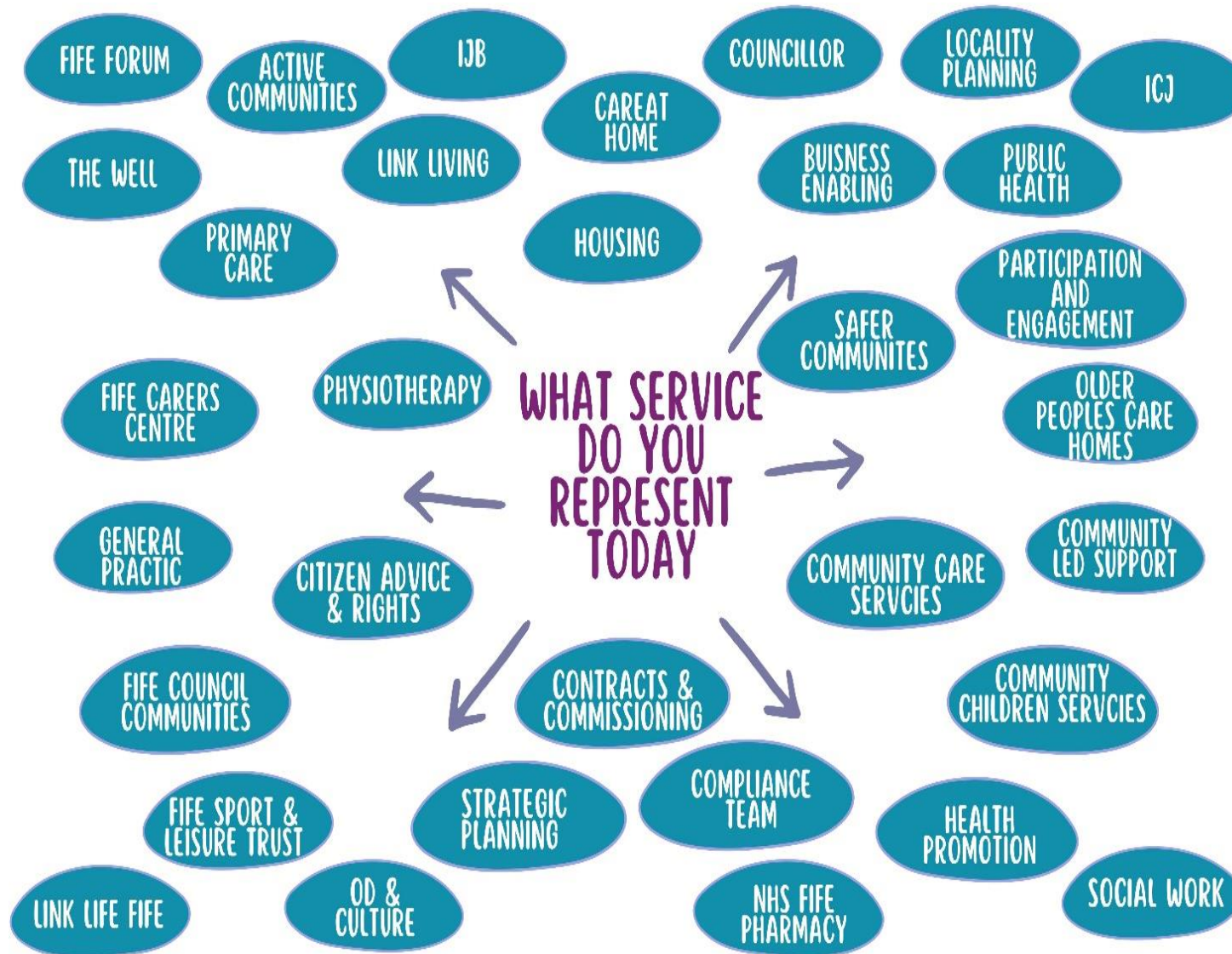
Great range of successful locality driven projects

Impactful Presentation and powerful case studies

Really impressive to see how locality planning has developed

Really positive developments that highlight the impact a localities approach can have

## Delegates at the event





Monitoring and evaluation of the Community Led Support Service is key to inform workforce and service development. In 2024 the Service introduced the evidenced based 'CollaboRATE' Tool as a means to measure the shared decision making in the interaction from the perspective of the person engaging with the service.

Link Life Fife and Improving the Cancer Journey introduced the tool in January 2024 with the Well adopting the tool in July 2024.

The CollaboRATE Tool consists of three questions that focus on **understand, listen and include** and have a maximum score of 27.

Community Led Support has gradually embedded the Tool and received, to date, 214 responses with an average scoring of 26.3. This score indicates that the services have successfully ensured that people who engage feel involved in the supporting process and that their opinions and feelings are considered when making decisions.

The tool also provides an opportunity for those who access the service to provide feedback. These are some examples:

'I feel like a whole load of weight has been lifted from my shoulders. Thank you for being there and listening to me'

'You were a lifeline, so glad I was referred to LLF, waited 7 years to do this.... Thank you. I am very happy to be housed in Dunfermline near my son'

'It's amazing cancer service, you have listened and supported and referred me to the Macmillan benefits advisor – I feel so supported now and know that I can come back to you at any time'

'Really appreciate the visits and time you spent talking to us. Thank you for the information and we will be back in touch if and when required'



## Housing

Fife Local Housing Strategy 2022 to 2027 (LHS) provides a vision for housing in Fife across all tenures. It sets out outcomes and actions within the following five priority areas which will help achieve the vision to 'Provide housing choices for people in Fife'.

These are the five strategic priorities:

- Ending Homelessness
- More Homes in the Right Places
- A Suitable Home
- A Quality Home
- A Warm Low Carbon Home

Fife Health and Social Care Partnership works closely with Fife Housing Partnership and the Local Housing Strategy is linked to the Partnership's Strategic Plan 2023 to 2026 through shared priorities and delivery plans. This includes local housing services which provide support to vulnerable adults and older adults such as long-term housing support, for example in sheltered housing and care villages, adaptations to existing homes, and technology enabled care.



Work underway at Cupar Care Village

During 2024 there has been significant progress towards housing outcomes in the Partnership's Strategic Plan, including:

- Housing Adaptations – 175 permanent adaptations and 289 temporary adaptations have been completed. This will help the service users that these have been installed for continue to live independently in their home.
- Over 150 service users who were delayed in hospital for housing related reasons received housing options advice to help them return home.

- Over 37% of new affordable housing in Fife has been designed to meet the needs of people with specific housing needs, for example adapted properties.
- 35 new build houses were built for older people with housing support services attached.

In addition, the Independent Living Advice Hub in Kirkcaldy has been completed. The Advice Hub offers a range of services to help people continue to live independently. There are two room pods within the hub that allow people to be assessed for adaptations. There is also a technology lending library to allow people to borrow devices to get themselves connected to digital services.

This photograph was taken at the official opening of the Independent Living Advice Hub.

Further information is available here:  
[www.fife.gov.uk/facilities/resource-centre/independent-living-advice-hub](http://www.fife.gov.uk/facilities/resource-centre/independent-living-advice-hub).



Independent Living Advice Hub

The Local Housing Strategy 2022 to 2027 is available on Fife Council's website, along with an Annual Update for 2024. These are the links:

[www.fife.gov.uk/housing/local-housing-strategy](http://www.fife.gov.uk/housing/local-housing-strategy)

[www.fife.gov.uk/LHS-2022-2027-Annual-Update-2024](http://www.fife.gov.uk/LHS-2022-2027-Annual-Update-2024).

## Finance

Fife Integration Joint Board continues to operate in uncertain times, facing significant budget challenges and pressures. Our Medium-Term Financial Strategy (MTFS) sets out the resources available and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan. The strategy will inform decision making and actions required to support financial sustainability in the medium term. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights areas of financial pressure.

The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver services in the most effective way whilst balancing the budget. Demand for health and social care services continues to increase, an ageing population, and rising costs, mean our finances are under significant pressure. One approach we are taking to address this is to redesign our services and do things differently. For example, increased use of digital solutions such as technology enabled care, and new delivery models which enable individuals to stay healthy and well at home for longer.

Significant programmes of transformational change are underway which will improve outcomes and quality of service for the people of Fife, utilising our resources effectively and delivering financial benefits such as cost avoidance through prevention and early intervention, efficiency savings from providing more cost-effective services, and cashable savings from completely transforming services.



## Section 2

### Update on Year Two Delivery Plan (2024)



#### Local - A Fife where we will enable people and communities to thrive.

- We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.
- We will engage and listen to individuals, local communities, and provide support to more people enabling them to live well at home, or in a homely setting.
- We will maximise opportunities to provide safe, sustainable, and appropriate housing.

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<b>Alcohol and Drug Partnership Strategy</b> <b>Theme: Risk is reduced for people who take harmful substances.</b>	We will continue to support the peer distribution Take Home Naloxone (THN) model and the community training model to ensure it has a broad reach and have commenced partnership working with all seven locality boards of the Health and Social Care Partnership. This will be measured by people trained in overdose awareness and THN	Completed. The Take Home Naloxone programme remains on track with over 50 training sessions taking place within the Fife localities. The Harm Reduction Worker in Fife has trained 671 people between April 2024 and January 2025 in overdose awareness and naloxone who have subsequently taken a kit post training. Further to that another 70 people have received	<span style="color: green;">●</span>



Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	and by the number of THN distributed.	vital overdose awareness training but have decided not to carry a kit. Fife Alcohol and Drug Partnership has worked closely with locality teams to offer training based on local need and identifying areas that may require more support.	
	The refresh of the harm reduction service within community pharmacy will focus on increasing Take Home Naloxone availability to all pharmacies distributing injecting equipment, be targeted in areas with high prevalence and improve distribution targets in existing delivering pharmacies	<p>Completed</p> <p>Work continues with Fife Council to embed a Naloxone Policy that will support carrying of a naloxone kit. Community Pharmacy Harm Reduction Service have appointed a project management and over the year the following results have been achieved:</p> <ul style="list-style-type: none"> <li>• The number of pharmacies registered to provide take home naloxone in Fife has increased from 39 to 63 – which is 74% of all pharmacies in Fife.</li> <li>• 58 community pharmacies, with over 300 staff members have been trained in total.</li> <li>• There are 23 community pharmacies in Fife that are registered for the Injecting Equipment Provision service and 65% of the target has been achieved.</li> </ul>	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		<p>Fife ADP has set its own target to distribute 1,400 kits per year to those at risk, their families and their communities. For quarter 1 and quarter 2 alcohol and drug services distributed 805 kits. This is still on target but lower than corresponding quarters in the previous year.</p>	
	<p>We will have reviewed the Alcohol Brief Interventions (ABI) delivery programme throughout Alcohol and Drug Partnership (ADP) services, including in priority areas, and have a more targeted and prioritised delivery model to address areas where alcohol related harm is highest.</p>	<p>Completed.  This year there has been a focus on Alcohol Brief Interventions at a locality board level in collaboration with Public Health and other key partners, as part of the Whole Population Approach to address alcohol harm. Each locality board area has had an opportunity to examine alcohol consumption and alcohol related harm at their locality. As part of this a training plan has been devised to expand ABI training out with the current ADP system of care, maternity service, A&amp;E and primary care. This approach aligns closely with Public Health Scotland's latest guidance on mainstreaming conversations about alcohol across various health and social settings and thus ensuring a wider reach and greater accessibility for this intervention. Fife ADP is currently exceeding the Scottish</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		Government quarterly target (1,047) for both Q1 (1,558) and Q2 (1,543) and thus is on track to achieve its annual target of 4,187. Public Health Scotland have recently reviewed the ABI programme, and it is currently unclear if it will remain a Scottish Government national target for 2025/26. Fife ADP will continue with this intervention and will consider the recommendations against the local context and need going forward.	
<b>Carers Strategy</b>	A carers experience survey will be developed and used to priorities additional improvements in support for carers, and to celebrate the successes so far. The results will be reported to the Carers Strategy Group (Quarter Two 2024).	Completed.	●
	Complete the review and update of the Short Breaks Service Statement using the results of the carers experiences survey and other engagement opportunities, ensuring the final review aligns to the national position	Partially Completed. A desk top review has been undertaken but a fuller planned review of this work was paused during 2024/2025 as we awaited further clarity on the proposed National Care Service Bill from Scottish Government. We will prioritise a review of the Short Breaks Service within our Carers Strategy Delivery	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	<p>Initial the review of commissioned partners using a risk-based approach (to be agreed):</p> <ol style="list-style-type: none"> <li>1. performance not meeting Service Level Agreement expectations;</li> <li>2. partner is failing to engage with the Health and Social Care Partnership collaboration activities;</li> <li>3. complaints and customer satisfaction data;</li> </ol> <p>based on timing of initial commission and value of overall investment</p>	<p>Plan for 2025/2026, ensuring compliance with Parts Two and Three of the National Care Service Bill as it develops.</p> <p>Partially Completed A full review of all arrangements with commissioned partners has taken place as part of the Partnership's Reimagining the Third Sector work. This reviewed the Service Level Agreements and updated them. The results of these reviews will determine the next actions with providers, and these will be set out in the Carers Strategy Delivery Plan for 2025/26.</p>	●
<p><b>Dementia Strategy</b> A shared local vision that is owned by everyone in Fife working together to deliver a better experience for people living with dementia, their families and carers.</p> <p>This will be aligned to the national vision for a Scotland where people living with dementia have their strengths</p>	<p>Re-establish the Dementia Strategic Implementation Group and agree membership and Terms of Reference for the Group. In 2024 the group will work collaboratively to create a shared strategic approach for dementia support, aligned to national and local priorities.</p>	<p>Partially Completed. The Dementia Strategy Working Group was established in 2024 with the first meeting of the Working Group taking place in November 2024.</p> <p>The Terms of Reference have been agreed, and the membership remains open to include different people at different times reflective of the needs</p>	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p>recognised, their rights upheld, and where they, their families and care partners/ unpaid carers are supported to live an independent life, free from stigma and with person centred treatment and care, when and where they need it.</p> <p>People will receive the support they need, when they need it by ensuring timely and person-centred diagnosis and post-diagnostic support is available regardless of age, stage, sensory loss or where people live.</p>		<p>of the group at various stages of its development.</p> <p>A Fife approach in terms of how we consider and implement the national strategy locally has been agreed by the Fife Dementia Working Group.</p>	
<p><b>Home First Strategy</b> People in Fife will be able to live longer healthier lives at home or in a homely setting.</p>	<p>Continue to plan and deliver the Home First Programme and service associated initiatives to implement the Home First vision.</p>	<p>Partially Completed. A Home First Workshop is planned for February 2025 to review the progress so far and agree strategic priorities for the next year.</p>	<p>●</p>
<p><b>Home First Strategy</b> Individuals require fewer hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.</p>	<p>Enhancing skills in Community Nursing to further support early discharge and prevention of admission through administration of intravenous (IV) antibiotics</p>	<p>Partially Completed One District Nursing (DN) locality team is now upskilled in providing intravenous antibiotics for certain conditions for patients under the care of Hospital at Home service.</p>	<p>●</p>
	<p>Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home</p>	<p>Partially Completed Further to an in-depth analysis by the Service and pharmacy colleagues, it was established that this initiative would not be currently suitable for patients under the care of Hospital at</p>	<p>●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		Home service at this time. This is due to compatibility issues of common community antibiotics with the required equipment not currently in use in the community.	
	Seven-day criteria led discharge process/model.	Completed Seven-day model for discharge in place in line with Home First criteria	●
<b>Home First Strategy</b> All patients and service users will be offered the opportunity to develop an appropriate Anticipatory Care Plan.	Digital systems/applications being scoped to enable multiagency access to a single Anticipatory Care Plan (ACP).  Roll out single Anticipatory Care Plan to all care and nursing homes in Fife.	Partially Completed ReSPECT Tool (process to create a personalised clinical care in an emergency situation when the person is no longer able to make or express choices) is no longer supported by Scottish Government. In light of the development work around a national digitally integrated health and social care record, it would not be appropriate to build a specific Fife solution and will therefore work with the resources that we have available to us now.	●
	Roll out to Fife Carer's Centre to adopt the form in supporting unpaid carers in using the Anticipatory Care Plan.	Partially Completed Test of change in Levenmouth area building on ACP work where Care Home Advanced Nurse Practitioners (ANPs) are taking the lead with clinical discussions and recording on NHS systems to allow other clinicians to access. Initial focus will be on three	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		<p>care homes in collaboration with the Care Home Support Nurse. The Care Home Staff will continue to have 'what matters to me' conversations with residents and the ANPs will have the more detailed clinical conversations around treatment and escalation and will capture this on special notes on Key Information Summaries (KIS) which can be viewed by secondary care. Alerts can also be added to TRAK which will then be visible on the clinical portal. ANPs discussions will be captured on current ACP documentation.</p>	
<p><b>Home First Strategy</b> Only individuals who require acute care and whose needs cannot be met at home, or in a homely setting, are admitted to Victoria Hospital Kirkcaldy (VHK).</p>	<p>Recruitment for additional permanent in-reach practitioners that will cover a seven-day service.</p>	<p>Partially completed. Specialist Teams continue to recruit to provide sufficient establishment to support a seven-day service, with models of care being developed.</p>	●
	<p>Enhancing skills in Community Nursing to further support early discharge and prevention of admission through administration of IV antibiotics</p>	<p>Partially completed. In-reach nurse practitioner posts have been introduced supporting smoother, more timely and appropriate discharges to the Hospital at Home service.</p>	●
	<p>Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home.</p>	<p>Partially completed. A successful test of change during 2023 and 2024 evidenced that the Hospital at Home In-Reach support</p>	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		significantly increased the number of step-down referrals accepted by this service.	
	Continue to work with the Scottish Ambulance Service (SAS) to increase direct referrals to the Community Respiratory Service for exacerbations of Chronic Obstructive Pulmonary Disease.	Completed Referral pathways continue to be in place between SAS and community respiratory service.	●
<b>Home First Strategy</b> People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.	Integration of community service pathways to increase capacity of services utilising step-up and step-down models of care.	Completed Referral pathways have been reviewed and streamlined.	●
	Seven-day referral acceptance to support discharges, urgent visits and timely treatment for disease exacerbations.	Partially Completed. Poster and abstract developed for NHS Scotland conference. Implemented with qualitative and quantitative discharge profile and robust electronic process. Further development of the model of care between community and acute hospitals has commenced.	●
	In-reach heart failure service to the acute hospital to expedite discharges and enhance the support available in the community.	Cancelled No practitioner role is now in place within the Acute setting, with work ongoing to develop a collaborative model between HSCP and Acute.	●



Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	Continue to work with the Scottish Ambulance Service (SAS) to increase direct referrals to the Community Respiratory Service for exacerbations of Chronic Obstructive Pulmonary Disease.	Partially Completed Referral pathways continue to be in place between SAS and community respiratory service.	●
	Improving the efficiency of scheduling to reduce inefficient travel and time between visits, and maximise care of people in their home environment.	Cancelled Centralised Scheduling project has now been closed following a report to the Partnership's Senior Leadership team (SLT) highlighting estimated costs for potential digital solutions, footfall data analysis, lessons learned and ad hoc improvements by the Services in scope. SLT has decided therefore to stop the project considering the current financial situation versus the considerable investment required whilst limited benefits would be achieved	●
	Scoping of digital systems / applications to realise integration and create locality single points of access.	Partially Completed	●
	Increasing the skill set and staffing in specialist services to increase capacity and ability to expand clinical interventions available in the community.	Partially Completed Increased skill set and collaborative working continues as part of the ongoing service delivery.	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Mental Health and Wellbeing Strategy</b>  <b>Improved response to mental health distress and crisis:</b>            People experiencing mental health distress or crisis will have access to timely, compassionate support.</p>	<p>We will work collaboratively to ensure that people experiencing mental health distress or crisis receive person centred support, by the right person, in the right time and place by embedding our approach to Distress Brief Intervention (DBI), reviewing our response to urgent and unscheduled care, and continuing to implement the Fife Suicide Prevention Action Plan.</p>	<p>Completed.            Following launch of the Fife Distress Brief Intervention (DBI) service in December 2023, delivered by SAMH, the service has been rolled out across Fife, with suicide data informing prioritisation of pathways. Outcome data shows high levels of engagement and significant increase in access to DBI. The Distress Brief Intervention Services has been rolled with suicide data supporting prioritisation of pathways. In 2025 long term funding needs to be identified and allocated to ensure the DBI service continues.</p> <p>In 2024 an options appraisal to determine the future urgent and unscheduled care service model was drafted. In 2025 this options appraisal will be finalised, progressed through the governance structure and the implementation of the identified preferred option will be initiated.</p> <p>We are on track with Fife Suicide Prevention Action Plan Year Two deliverables. Key highlights:</p> <ul style="list-style-type: none"> <li>• Shout text message service</li> <li>• Understanding and Responding to Children and</li> </ul>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		<p>Young People at risk of suicide guidance updated and disseminated</p> <ul style="list-style-type: none"> <li>• Raising awareness of sources of support: Suicide Prevention campaign; refresh and dissemination of suite of Keeping Connected resources</li> <li>• Workforce development: delivery of suite of mental health and suicide prevention training to key staff groups</li> </ul>	

Sustainable - A Fife where we will ensure services are inclusive and viable.

- We will work together to identify unpaid carers within our communities. We will offer, and increase the support available for all carers, including enabling regular breaks for carers, and supporting all models of care.
- We will work with our partners in the third and independent sector to deliver services that are collaborative.
- We will ensure our financial viability is considered in any transformation work identified.

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Dementia Strategy</b> Families, care partners and unpaid carers of people living with dementia will be supported to manage their caring role and have a life alongside caring.</p>	<p>Engage with key stakeholders to establish the 'as is' and identify opportunities for change. These will form key actions in our Dementia Strategy Delivery Plan.</p>	<p>Partially Completed. The Dementia Strategy Working Group has a wide representation including representation from Fife Carers Centre to ensure that the voice of families, care partners and unpaid carers is heard throughout the development of self-assessment and action planning.</p> <p>Further to this, the Working Group is working closely with the HSCP Participation and Engagement Team on a preliminary piece of engagement work to share the working groups initial thoughts around the Fife approach. The Working Group is keen to ensure that our key stakeholders are informed, have the opportunity to comment and that we bring our key stakeholders on this journey with us.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Learning Disability Strategy</b> We will be working towards achieving a shared local vision, aligned to the national approach 'Keys to life', to ensure that people with learning disabilities are empowered to:</p> <ul style="list-style-type: none"> <li>• Live healthy and active lives.</li> <li>• Learn to reach full potential.</li> <li>• Participate in an inclusive economy.</li> <li>• Contribute to a fair, equal and safe Scotland.</li> </ul>	<p>A Senior Learning Disability Service Manager will be appointed in 2024. Following this, the Learning Disability Strategic Implementation Group (LD SIG) will be established who will have delegated responsibility for the development, delivery, and oversight of the strategy. They will work collaboratively to plan and undertake extensive consultation activities with key stakeholders to inform a draft strategy and delivery plan.</p>	<p>Not started/delayed.</p>	<p style="text-align: center;">●</p>
<p><b>Mental Health and Wellbeing Strategy Recovery oriented specialist support, care and treatment:</b> People living with complex mental health conditions can access timely, high quality support, care and treatment which is as local as possible and as specialist as necessary.</p>	<p>We will work collaboratively to improve the experience of care, support, and treatment for people living with complex mental health challenges through the delivery of our Alternatives to Admission project and monitoring of core mental health standards.</p>	<p>Partially Completed. The Alternatives to Admission project has not been established, however working collaboratively to improve the experience of care, support, and treatment for people living with complex mental health challenges continues to be a priority of the Mental Health Service Redesign Programme, for which a Business Case has been drafted and will be progressed through the governance structure in early 2025, to support the programme to progress into delivering its ambitions.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		<p>A self-assessment tool for measuring achievement and progress against the core mental health standards was released by Scottish Government in 2024, we have implemented this and will continue to use it in 2025.</p> <p>Core Mental Health standards are now inbuilt into the Mental Health Services data collection process with an improvement program in place to ensure that any gaps in service delivery aligned to the standards are addressed. Work is continuing with Health Improvement Scotland and Scottish Patient Safety Programme to embed learning from boards across the country as part of the national core standards self-assessment process.</p>	
<p><b>Workforce Strategy</b> Implement “grow your own” and develop pathways that set out career progression, succession planning and retention. (Attract).</p>	<p>Development of a workforce Succession Planning Model for all levels of roles in adults and community services.</p>	<p>Partially Completed. We are building capacity to develop sustainable programmes through innovative recruitment including a youth apprenticeship programme that is being developed and increasing the numbers of Kings Trust placements and have supported two places via the Life Chances alternative recruitment pathway. Work is also progressing to recruit assistants to</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		further develop plans. This action is carried into the year three workforce plan.	
	Development of a quality training experience for Consultant Psychiatrists.	Completed. A co-ordinated Postgraduate Teaching Programme supported by the Deanery for Doctors with robust supervision arrangements is in place to enhance recruitment and sustain retention levels. There is now established a bimonthly forum for trainees to meet with the Clinical Lead for Education and Training and completion of several actions from an Action Plan which was generated by NHS Education for Scotland (NES).	●
	Grow the Healthcare Support Care Worker (HSCW) role to improve capacity and support career progression.	Completed. The HCSW worker role has developed into a 3-level structure which encompasses Assistant Practitioners at Bands 2, 3, and 4 and has improved the skill mix within wards. Their professional development is supported through attendance at a local college to gain the SVQ (Scottish Vocational Qualification) for each band level, enhancing the practice knowledge and increasing opportunity for development of our workforce.	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	Further develop career pathways to social work roles including aspiring social worker programme.	Partially Completed. Planning is underway with all stakeholders and a plan to launch a programme by October 2025 is set out in the year three workforce plan.	●
	Plan for further Advanced Practice roles within the Assessment and Rehabilitation Centre Model.	Partially Completed. This work is underway, but conversations are taking place regarding the impact of the current financial pressures, which will shape the final design. This action is carried into the year three plan	●
	Develop opportunity to increase the number of Mental Health Officer posts.	Partially Completed Plans are developing with the social work service and the Fife Council Workforce Development Team to stimulate interest. The work includes redeveloping the service level agreement and seeking to increase opportunities for social workers, including the potential for a 6-month secondment, with the overarching goal to double the intake of Mental Health Officer's in Fife. This action is carried into the year three workforce plan.	●
	Further develop career pathways with education including Scot Com medical degree, Foundation Apprenticeships, and	Completed. Development of the ScotCOM undergraduate medical program, to be delivered in partnership with NHS Fife and St	●



Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	Introduction to Health Care in Fife high schools.	<p>Andrews University, is now complete and the first programme goes live in January 2026.</p> <p>A refreshed approach for employers supporting Foundation Apprenticeship work placements has been implemented. This has included devising an employer database with details of responsible contacts, equality information and improved safeguarding requirements for monitoring pupil attending the out of school work placement. The learning programme has introduced attendance at the Health and Social Care career events planned for March each year to provide a progression pathway where pupils can meet employers, consider their career options and connect the course learning to job opportunities.</p> <p>A series of interactive carousel style career events for Fife High Schools has been developed with the first of two dates per year planned from March 2025. The events are specifically for pupils with an interest in a career in health, social care or social work starting with S2 pupils in March, and S4/5/6 in November.</p>	

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Workforce Strategy</b> Invest in our culture and leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and organisational development approaches. (Train).</p>	<p>Deliver the second cohorts for the Extended Leadership Team and Integration Leadership Team system leadership courses.</p>	<p>Completed. We have delivered the system leadership courses to the Extended Leadership Team and the third cohort for the leadership course specifically for the Integration Leadership Team is in planning with the second cohort completing in February 2025. The demand is high for this course with a capacity of 16 places across the whole partnership including colleagues in NHS Fife and the independent and voluntary sector. The overall feedback confirms the use of psychometric testing to improve self-awareness and the value this brings to how as leaders they engage with their teams. We have fully embedded our ELT and ILT development approaches with annual development programmes co-designed with our ILT 'Keep Connected' Working Group and a refreshed ELT Programme for 2025/26.</p>	<p>●</p>
	<p>Introduce Leadership sessions for enhanced mental health clinical leadership that focuses on developing the strategic role</p>	<p>Completed. The introduction of the leadership sessions facilitated by clinical leads that focuses on developing the strategic role, role models behaviours and enhances understanding of</p>	<p>●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		systems leadership approaches has been received well with the first two sessions well attended and plans are developing for more sessions.	

Wellbeing - A Fife where we will support early intervention and prevention.

- We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.
- We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.
- We will promote prevention, early intervention, and harm reduction.

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Alcohol and Drug Partnership Strategy</b>  <b>Theme: Children, families and communities affected by substance use are supported.</b></p>	<p>In partnership with Education and Childrens Services, the Alcohol and Drug Partnership (ADP) intends to recommission its whole family support and young people services to improve support for those affected by substance use - either their own use or within their family. The ADP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.</p>	<p>Partially Completed.                      The recommissioning of the whole family support service is delayed due to a whole service and system review undertaken by Childrens Services currently. It is prudent to wait until this has completed so the provision can be fully aligned with the new approach. The service continues to be monitored, and recommissioning is a priority for 2025/2026.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	<p>Through continued investment in its adult support and carer's service for people affected by a family members' use, the ADP will develop a training programme to improve family inclusive practice across the ADP services ensuring the voice of family members is integrated into the system of care.</p>	<p>Partially Completed. Family inclusive practice has been delivered through the implementation of the MAT Standard programme throughout the ADP system of care. This is monitored by ensuring service policy and workforce are provided opportunities for family members to be engaged in care if requested by patients and service users. Scottish Drugs Forum are commissioned to interview service users, family members and staff to provide evidence of MAT Standards implementation from January to March 2024. 15 Family members were interviewed and a further 9 were interviewed again from August to October 2024. There were significant improvements in involvement, awareness of support and services and increased knowledge of MAT Standards and rights. Of the 19 people interviewed and receiving treatment nearly half had their family member involved with their care.</p>	<p style="text-align: center;">●</p>
<p><b>Children's Services Plan</b>  <b>Supporting wellbeing:</b> promote and support the emotional, mental and physical wellbeing of children and young</p>	<p>Continue to develop a programme in relation to sleep.</p>	<p>Partially Completed. These actions are being progressed in partnership with Closing the Equity Gap work.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
people, for example we will support parents and carers to maintain healthier options such as reducing smoking and increasing breastfeeding (where appropriate).	Develop our approach to supporting breastfeeding in the community	The work generated by Closing the Equity Gap is being monitored through Whole Family Wellbeing and Children In Fife.	●
	Focus on the impact of vaping and smoking by young people.		●
<b>Children’s Services Plan</b> <b>Closing the equity gap:</b> improve opportunities and choices for children and young people who experience barriers to good health and wellbeing, for example increasing access to income maximisation advice and looking for ways to minimize the impact of poverty on children’s access to healthcare.	Ensure Getting It Right For Every Child (GIRFEC) is embedded in practice and culture.	Partially Completed. Closing the Equity Gap – Key Priorities and work identified: <ol style="list-style-type: none"> <li>1. Communications and information provided by Children’s Health Services are clear, inclusive and accessible.</li> <li>2. Children’s Services understand and advocate the specific challenges children and young people with disabilities and their families encounter.</li> <li>3. Children’s Services workforce is skilled, knowledgeable and connected with a focus on continued development to support children &amp; young people with disabilities and their families.</li> </ol> Action plans are being developed to progress work against each of the key priorities.	●
	Develop income maximisation services.		●
	Link Anchor Institution ambitions to child poverty priority groups.		●
	Develop approach to Was Not Brought.		●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		Whole Family Wellbeing projects: (1) Sleep and (2) Lets Connect were completed in January 2025.	
<p><b>Children’s Services Plan</b>  <b>Promoting children’s rights:</b> ensure that the rights of children are embedded into practice across all services, for example ensuring that the voice of the child, their family and carers is heard in service redesign, and reducing appointment waiting times.</p>	<p>Prepare for United Nations Convention of the Rights of the Child (UNCRC) Act being in force on 16 July 2024 across health services in Fife.</p>	<p>Partially Completed.  Completed within Children’s Services but some ‘Partially Completed’ actions outstanding in relation to fully incorporating UNCRC legislation across the wider organisation.</p>	●
	<p>This will involve training, communications, development of a child friendly complaints process, and Children’s Rights Impact Assessment processes, using national resources as appropriate.</p>	<p>Partially Completed.  The Participation and Engagement Framework has been refreshed in line with new legislation.</p> <p>Actions identified to progress a partnership approach to the development of a child friendly complaints process and governance processes for Children’s Rights Impact Assessments.</p> <p>A report has been submitted to senior leadership to support wider strategic support for implementation of UNCRC across the wider organisation.</p>	●
<p><b>Children’s Services Plan</b>  <b>Delivering the Promise:</b> improve the experiences and outcomes of those who experience care, are on the edge of care, and have additional needs to support them to live safely at home, for</p>	<p>Continue to develop online learning resources.</p>	<p>Partially Completed.  Identified health action from Plan 24-30 (Published June 2024) still to be agreed at national level before being explored at local level.</p>	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p>example listening to the views of care experienced young people about our services and making any changes required to improve.</p>	<p>Continue work within Child and Adolescent Mental Health Services (CAMHS) for care experienced young people, with the following;</p> <ul style="list-style-type: none"> <li>• offer a service without a threshold,</li> <li>• offer an initial assessment meeting offered within the waiting time threshold unless there is a lack of response from referring social work service,</li> <li>• increase the number of face-to-face meetings for initial assessment meetings to support collaborative working,</li> <li>• continue with pilot of psychiatric liaison for the service,</li> <li>• report on parenting group outcome information.</li> </ul>	<p>Partially Completed. Partnership Corporate Parenting Plan not yet agreed.</p> <p>Workforce development modules available on TURAS for staff.</p>	<p style="text-align: center;">●</p>
	<p>Begin meaningful engagement with adult services to ensure they recognise their responsibilities to care</p>	<p>Data dashboard being developed in line with Partnership Corporate Parenting Plan.</p>	<p style="text-align: center;">●</p>



Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	<p>experienced children and young people as corporate parents.</p> <p>Review of the governance arrangements currently in place and bring forward recommendations to strengthen them if needed.</p> <p>Exploration of the development of an evaluation and monitoring framework to evidence our progress and the positive impact this has had on care experienced children, young people and families.</p>	<p>Governance arrangements currently in place through Child Health Management Team (CHMT) but require recommendations to strengthen these across the wider organisation.</p>	<p>●</p>
<p><b>Dementia Strategy</b>            People living with dementia will be supported to live well and participate in their community.            People living with dementia and their care partners will have access to timely and culturally sensitive information, advice and support.</p>	<p>Review our existing dementia services and assets and consider how these can be strengthened to improve health and wellbeing outcomes for people living with dementia, their families, and carers.</p>	<p>Partially Completed.            The Dementia Strategy Working Group is at the beginning stages of using a self-assessment tool to benchmark current activity against the national dementia strategy delivery plan. The outcome of the benchmarking activity will underpin and inform our action plan for Fife to support strengthening existing dementia services, supports and assets to ultimately improve outcomes for people living with dementia, their families and their carers.</p>	<p>●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Mental Health and Wellbeing Strategy Prevention, early intervention and recovery:</b> People will have access to the digital and local resources they need to look after and nurture their own mental health and wellbeing.</p>	<p>We will support early intervention, prevention and recovery by enabling access to integrated community-based services and support shaped by local people through the delivery of the Mental Health and Wellbeing in Primary Care and Community Settings Project.</p>	<p>Completed. Location of existing services and supports have been mapped; digital therapy options have been expanded. Taking into account available resources and using the participation and engagement findings, a Test of Change, 'How services work together in North East Fife' has been developed and agreed which will be taken forward during 2025. Learning from the Test of Change will inform next steps in other localities; further participation and engagement work is planned to help shape and refine digital offer.</p>	<p style="text-align: center;">●</p>
<p><b>Prevention and Early Intervention Strategy</b></p>	<p>Share the approved Prevention and Early Intervention Strategy across the Health and Social Care Partnership and our partner agencies including communicating the P&amp;EI definitions.</p>	<p>Partially Completed. The Easy Read version is being developed and will be uploaded to the Partnership's website.</p>	<p style="text-align: center;">●</p>
	<p>Promote a culture of proactive health management, leading to healthier individuals and communities</p>	<p>Partially Completed. A rolling programme of work is being progressed via delivery groups and key leads.</p>	<p style="text-align: center;">●</p>
	<p>Ensure the voices of those who use and those who deliver</p>	<p>Partially Completed.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	health and social care services is heard and actively used to inform the development of services and improvement plans.	A rolling programme of work is being progressed via delivery groups and key leads.	

Outcomes - A Fife where we will promote dignity, equality and independence.

- We will work with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality.
- We will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities.
- We will actively work to improve health and wellbeing outcomes across Fife.

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Advocacy Strategy</b> Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.</p>	<p>Procurement will progress work for the new advocacy contract (due to start in July 2024).</p> <p>The Joint Advocacy Planning Group (JAPG) will be reinstated to develop a detailed Delivery Plan for the Advocacy Strategy. The JAPG will include colleagues from the Health and Social Care Partnership and other key stakeholder groups: Fife Advocacy Forum, NHS Fife, Fife Council Housing Services and Police Scotland.</p>	<p>Completed.</p> <p>The tender exercise for the renewal of the Independent Advocacy Contract was completed during April - July 2024, with VoiceAbility being awarded the Contract. The new contract commenced in September 2024.</p> <p>Transition meetings took place with both our incumbent supplier (Circles Network) and our new provider (VoiceAbility) bi-weekly to ensure a smooth transition was achieved and that there was no disruption to the service and no impact for our service users.</p> <p>Communications were issued to all service users, social work teams and through our localities.</p>	<p style="text-align: center;">●</p>
<p><b>Advocacy Strategy</b> Delivery of a comprehensive professional independent advocacy contract which adheres to legislative</p>	<p>The Joint Advocacy Planning Group (JAPG) will be reinstated to develop a detailed Delivery Plan for the Advocacy Strategy. The JAPG will include</p>	<p>Partially Completed.</p> <p>Prior to the COVID-19 pandemic, the Health and Social Care Partnership had established a Joint Advocacy Planning Group (JAPG). The JAPG</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p>requirements and meets the advocacy needs of the people of Fife.</p>	<p>colleagues from the Health and Social Care Partnership and other key stakeholder groups: Fife Advocacy Forum, NHS Fife, Fife Council Housing Services and Police Scotland.</p>	<p>had overall responsibility for ensuring that the Advocacy Strategy and supporting Action Plan was implemented effectively during the period 2018 to 2021. Due to the demands of the social care landscape following 2020, the JAPG had not continued.</p> <p>The JAPG was reinstated in 2024 with the first meeting being held in August 2024. The terms of reference for the group were discussed and agreed.</p> <p>The JAPG meetings are currently on hold due to lead for Advocacy and Chair of the group no longer being in post.</p>	
<p><b>Alcohol and Drug Partnership Strategy</b>  <b>Theme: People at most risk have access to treatment and recovery and people receive high quality treatment and recovery services.</b></p>	<p>A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue, and will inform and measure the impact of the improvement work.</p>	<p>Completed.</p> <p>A performance monitoring framework is in place for the MAT Standards. Process, numerical and experiential data is gathered monthly and reported to the ADP Committee on a quarterly basis with a supporting implementation plan. The service level agreements have been through a full review. They now include the MAT Standards and look for services to provide evidence of implementation if MAT critical and examples of</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
		alignment for those that are MAT compliant. The Service Level Agreements now include standardised reporting templates to ensure quality feedback about service performance in a qualitative and quantitative way. Face to face appointments with service users should be the default as indicated by lived experience groups.	
	One-stop-shops will be considered for extension into other localities and provide bespoke delivery for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.	Completed. One stop shops in Levenmouth, Kirkcaldy and Cowdenbeath locality have continued, and a new group was established with and for women in Methil with regular attendance of 25 women per week. In November, the Cowdenbeath one stop shop has moved from Lochgelly to Cowdenbeath town to respond to increases in harm in this area.	●
	The Alcohol and Drug Partnership (ADP) and its partners will implement recommendations from the joint Health Improvement Scotland and ADP audit and assessment of Fife's residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing	Completed. During 2024, in partnership with Health Improvement Scotland and local partners an assessment of pathway to, though and post residential rehabilitation was conducted. In November 2024, a sub-group has been established to action recommendations made within the final Healthcare Improvement Scotland (HIS) report. Some actions	●

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	<p>services and building pathways to ensure there is equity of access for priority groups (women, young people, veterans and people with mental health problems) identified by the Scottish Government.</p>	<p>include fostering a more integrated and responsive system that evolves with emerging needs and best practices, identify and removing direct and indirect barrier for access and better post Residential Rehabilitation recovery support and linkage to community-based provision. Work has consisted of simplifying and redefining criteria to ensure it does not act as a barrier and mapping community support.</p> <p>For the first two quarters of this year, 13 people attended residential rehabilitation. This is a significant increase from previous years when only 10 to 12 people attended for the full year. There is an even split between alcohol and drug use for this treatment pathway</p>	
<p><b>Learning Disability Strategy</b> We will have a robust framework in place for monitoring the impact of our local strategy (and services) and supporting continuous improvement processes which will include the development of local experience and outcome measures.</p>	<p>Through consultation we will identify the outcomes we want to achieve and coproduce measures and tools (including experience surveys) to monitor if these outcomes are being achieved and where we need to improve.</p>	<p>Not started/delayed.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Mental Health and Wellbeing Strategy</b>  <b>Talking about Mental Health:</b> People will be able to talk more openly about mental health and wellbeing, without fear or judgement, and feel supported to seek help if needed.</p>	<p>We will work with partners, staff, local communities, and individuals to challenge mental health stigma and discrimination by coproducing and delivering a Fife Mental Health Strategy Communications Plan, aligned to national anti-stigma and awareness raising campaigns.</p>	<p>Partially Completed.</p>	<p style="text-align: center;">●</p>
<p><b>Primary Care Strategy</b>  A localities-based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers.</p>	<p>We will implement the Fife wide primary care strategic communication and engagement plan and through our locality action plans, cluster improvement plans, and strategic performance and assurance framework, we will evaluate the impact of delivery of the strategy in line with our communities needs, and seek opportunities for ongoing improvement in our approaches and impact, with a focus on quality outcomes for people, families and carers.</p>	<p>Completed.  The strategic priorities for 2025 remain sustainability and quality. We continue to focus on effective communication and engagement through our agreed communication plan now being implemented working collaboratively with all stakeholders including our communities across all seven localities of Fife.</p>	<p style="text-align: center;">●</p>



Integration - A Fife where we will strengthen collaboration and encourage continuous improvement.

- We will champion collaboration and continuous improvement, enabling our workforce to be responsive and innovative.
- We will manage our resources effectively to increase the quality of our services and provide them to those individuals and communities most at need.
- We will continue the development of an ambitious, effective, and ethical Partnership.

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Commissioning Strategy</b> Commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.</p>	<p>Fife's Care at Home Collaborative continues to develop, with an annual Work Plan in place to support collaboration across care at home providers in Fife. In 2023, the Health and Social Care Partnership, along with Fife based care home providers, began discussion around establishing a Care Home Collaborative. In 2024, the Partnership and the providers will continue to develop the collaborative model to support local care home providers and aiming to bring closer working relationships across this sector.</p>	<p>Completed. Fife's Care at Home Collaborative continues to develop and mature, and attendance at meetings remains high, with active engagement Annual workplan continues to develop and evolve, considering key themes and priorities for care at home providers in Fife.</p> <p>Our Care Home Collaborative is still developing and will continue to evolve, aiming to bring care home providers from across Fife to work closer together and establishing closer working relationships. Meetings and planning for ongoing development of this Collaborative will continue into 2025.</p>	<p style="text-align: center;">●</p>
	<p>During 2024, several care contracts will be awarded through formal tendering processes, supported by Fife Council's Procurement Service.</p>	<p>Completed. Fife HSCP has worked closely with Procurement colleagues to complete tender exercises, direct awards and minutes of variation as appropriate in</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	<p>The main contract to be awarded will be the framework for Supported Living Services, where a number of care providers will be accepted onto the contract framework, and we will build on existing services and relationships, or establish new relationships with new providers who want to deliver care and support services in Fife, with an expectation that all care providers will provide high quality and local services to the people in Fife who need care and support in their own home.</p>	<p>line with the relevant Public Procurement legislation.</p> <p>Service Level Agreements have been reviewed and updated as appropriate in line with Fife Council's Monitoring and Evaluation Framework.</p>	
<p><b>Dementia Strategy</b> Our workforce (including partners) will be supported. skilled and equipped to best support those living with dementia.</p>	<p>We will recruit a Dementia Coordinator Post and re-establish the Dementia Strategic Implementation Group who will consult on, understand, and progress a plan to support the needs of the workforce.</p>	<p>Partially Completed. The Dementia Strategy Working Group was established in 2024 with the first working group taking place in November 2024.</p> <p>Recruitment for a Dementia Coordinator Post has been paused. This is due to the working group being in its early stages. There will be self-assessment activity carried out which will help to determine if the need for this post still exists. This also takes account of the wider financial position of Fife HSCP.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Mental Health and Wellbeing Strategy</b>  <b>Our workforce:</b>  Our core and wider mental health and wellbeing workforce is diverse, skilled, supported and sustainable.</p>	<p>We will strengthen and diversify our core mental health workforce by commissioning, supporting, and evaluating a pilot to embed peer practitioners in Community Mental Health Teams.</p>	<p>Completed.  Following a competitive application process, the project implementation group awarded SAMH a grant to deliver this pilot project. SAMH and the Dunfermline and West Fife Community Mental Health Team (CMHT) are working closely to develop the service. A specialist research company, Habitus Collective, were successful in a competitive application process for the evaluation of the three-year pilot. The project is ready to go live, pending approval of a data sharing agreement to enable SAMH employed peer practitioners' appropriate access to NHS systems in order to work safely with the risk and complexity that can be associated with CMHT patients.</p>	<p style="text-align: center;">●</p>
<p><b>Primary Care Strategy</b>  A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.</p>	<p>With our strategic focus on the priorities of quality and sustainability, we will continue to develop and deliver the primary care workforce plan in collaboration with our independent contractors and managed services aligned to the Partnership's Workforce Strategy Year Two deliverables.</p>	<p>Partially completed.  Our strategic focus remains the priorities of quality and sustainability. We continue to develop and deliver the Primary Care Workforce Plan in collaboration with our independent contractors and managed services aligned to the Partnership's Workforce Strategy Year Two deliverables.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
<p><b>Prevention and Early Intervention Strategy</b> Preventative care is fully embedded in care services across Fife.</p>	<p>Establish a Prevention and Early Intervention Strategy Implementation Group (P&amp;EI SIG) consisting of key stakeholders to collaborate and guide the implementation process. Additional delivery groups will contribute and support the P&amp;EI SIG providing feedback and insights to aid decision making process.</p>	<p>Completed.</p>	<p>●</p>
<p><b>Re-imagining Third Sector Commissioning</b> An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.</p>	<p>Further develop annual monitoring of activities, to be sorted by domains, which will be reported to the Strategic Planning Group to ensure alignment to strategic priorities and local needs, and provide evidence of need to relevant decision-making groups.</p>	<p>Partially Completed. Organisations with newly developed SLAs from exercise below in 2024 are currently being subjected to an annual monitoring exercise to determine performance against the expectations of the SLA and reflect revisions in SLA for 2025/2026. Further work will then be required using this data in the summer to report against strategic priorities.</p>	<p>●</p>
	<p>Develop new health and social care Service Level Agreement (SLA) template, aligned to the wider Fife Council SLA template review, which will better record outcome focussed activities, incorporate specific collaboration activities and</p>	<p>Completed. New SLAs will be subject to review and possible revision by June each financial year following annual monitoring exercise as per Fife Council's Monitoring and Evaluation Framework.</p>	<p>●</p>

Where do we want to be in 2026	In 2024, we will:	Update January 2025	RAG Status
	expectations of facilitating participation and engagement.		
<b>Strategic Planning Group</b> The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.	Continue to monitor and manage quality and performance updates for the supporting strategies and related delivery plans as they are implemented.	Completed. The Strategic Planning Group (SPG) had five meetings in 2024. This included reviewing 16 updates (Flash Reports) and three Annual Reports for the Strategic Plan’s supporting strategies.	●
	Review and support draft strategies as they are developed, and ensure alignment with the Partnership’s strategic priorities.	Completed. During 2024 the SPG supported the development of six new strategies and related delivery plans.	●
	Contribute to the development of the Partnership’s Annual Performance Report 2023 to 2024.	Completed. The SPG also provided feedback on the Partnership’s Annual Performance Report 2023 to 2024 which was approved by the Integration Joint Board in July 2024.	●

## Section 3



# Strategic Plan 2023 to 2026 Year Three Delivery Plan (2025)

[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



## Introduction

There is much we can be proud of over the last year, there is always more we can do to improve on the care and support we deliver and how we do this, and we have great foundations in place to build on this year.

Our financial position was challenging last year and given the finite budget for the year ahead and the increasing demand for services it is likely that the financial challenges will continue. It is a statutory duty for Fife's Integration Joint Board to deliver a balanced budget, therefore essential for us to continue on our transformation journey, look at different ways to deliver care and support and reduce non-critical spending where we can. It is more important than ever to focus on integrated working with our partners and colleagues from the independent and third sectors to provide the best care and support we can and best value with the resources we have available – it's tough ask, however working together with a common purpose to do the best for the people of Fife, and those working across health and social care will help us to do this.

The strategies developed that underpin our Strategic Plan has helped us to focus on key areas we want to progress with this year and activities we want to deliver including support for carers and access to information, upskilling our workforce and reduce spending on supplementary staffing, improvements to advocacy support, support for families and communities affected by substance use, the continued promotion of preventative care and population wellbeing.

Lots of great work ahead and opportunities to make a difference, we look forward to working with you all to deliver our collective ambitions for Fife.

Best wishes

Lynne and David



**Lynne Garvey**  
Director of Fife Health and Social  
Care Partnership, and  
Chief Officer,  
Fife Integration Joint Board



**David Ross**  
Chair, Fife Integration Joint Board



## Year Three Delivery Plan (2025)



### Local

Where do we want to be in 2026	In 2025, we will:
<p><b>Carers Strategy</b> All commissioned partners will have been reviewed within a three-year period and reported on their performance in line with SLA expectations.</p>	<p>Utilise the results of the commissioned providers review that took place in 2024/2025 to underpin a refreshed approach that ensures providers plans are fully connected to our Carers Strategy Delivery Plan for 2025/2026.</p>
<p><b>Carers Strategy</b> The service to access ACSP will be easy to access, streamlined, co-ordinated, meaningful and highly regarded by carers,</p>	<p>Complete the ongoing review to inform the improvement of our approach to preparing Adult Carer Support Plans both internally and through commissioned partners. The focus of this work is to ensure all carers who are identified are offered an Adult Carer Support Plan within the recognised timeframe.</p> <p>We aim to deliver 2,000 offered <u>and</u> completed Adult Carer Support Plans (including reviews) during each year. These are in addition to the Adult Carer Support Plans that are commissioned to be offered by our commissioned partners, specifically Fife Carers Centre and Fife Young Carers, which are monitored through individual organisations' service level agreements.</p>
<p><b>Carers Strategy</b> Carers will certify, through the carers experience survey, that they have easy access to quality information.</p>	<p>Work with our internal and external partners to continue to raise awareness of the range of supports available to unpaid carers, including the continued development of information that is easily available in accessible formats and in places that carers have asked that it is made available.</p>



<b>Where do we want to be in 2026</b>	<b>In 2025, we will:</b>
We have a coordinated communications and awareness raising campaign in place.	
<b>Dementia Delivery Plan</b> People will have access to the information that they need, in a way that is accessible to them, to make informed decisions about their care, treatment, support and housing options.	We will review all of our information to ensure that it is accessible to everyone including all protected characteristics groups. We will review the accessibility of our information to ensure people have equal access and ensure that throughout a person's dementia journey that information is available at each transition stage.
<b>Home First Strategy</b> Single Handed Care is the preferred pathway for appropriate patients.	Single Handed Care will be fully implemented in Fife, following successful roll out in the community setting, the community hospitals wards will implement with Queen Margaret Hospital, being the first in Fife to adopt this new model of care with enhanced staff training and specialist equipment. Roll out to remaining hospitals will take place during 2025.
<b>Home First Strategy</b> Community Rehabilitation and Care model implemented in Fife, complimented by suitable bed-based model and enhanced wrap around in the community.	Community Hospitals Review project to deliver two wards repurposing and frailty/ stroke and neurorehabilitation specialist centres in Fife during 2025.
	Continue to commission Red Cross services for further 12 months in line with HF strategy, all patients considered for home to assess model rather than progression to assessment bed.
	Review of interim care beds to include Short Term Assessment and Rehabilitation model (STAR) and Assessment beds will conclude with the future model of interim beds for Fife, with outcomes to be delivered in 2025.
<b>Home First Strategy</b> Redesigned community model of assessment and rehabilitation	A virtual multi-disciplinary team (MDT) will be established between the Community Nursing ANPs team, therapy staff from the Intermediate Care Teams (ICT) and a senior member of the medical team.
	This MDT will facilitate and support the shift from a clinic-based setting to a community/home-based setting for patients Fife wide ensuring the most frail people can proactively be assessed and treated.
<b>Mental Health and Wellbeing Strategy</b> People will feel part of mentally healthy, compassionate and supportive families, workplaces and communities.	Make mental health services and supports easier to access by improving community-based mental health services with lessons learned from previous projects that involved people's input.

## Sustainable

Where do we want to be in 2026	In 2025, we will:
<p><b>Alcohol and Drug Partnership Strategy</b> Children, families and communities affected by substance use are supported.</p>	<p>In partnership with Education and Childrens Services, the Alcohol and Drug Partnership (ADP) recommissioned the whole family support and young people services to improve support for those affected by substance use - either their own use or within their family.</p>
<p><b>Dementia Delivery Plan</b> Increased collection and analysis of qualitative and quantitative data to inform and support service planning and delivery for individuals living with a dementia diagnosis and those who care for them.</p>	<p>Work with our data teams to develop ways to extend and improve the quality of data collected around diagnosis and post diagnostic support (PDS) including the method of PDS offered, chosen and associated qualitative outcomes.</p>
<p><b>Mental Health and Wellbeing Strategy</b> People will have access to web-based supports that provide self-administered mental health screening, monitoring of symptoms, coaching on self-care, and digital therapies.</p>	<p>Support new digital tools that help people access therapy, learn about mental health, and connect with others online.</p>
<p><b>Primary Care Strategy</b> Sustainable, accessible Primary Care Service for all people across Fife.</p>	<p>The strategic priorities for 2025 remain sustainability and quality.</p>
<p><b>Workforce Strategy</b> The sustainable workforce model is improved by increasing the number of permanent staffing. The cost of supplementary staffing for the Partnership is reduced to support our Medium-Term Financial Strategy.</p>	<p>Develop actions around reducing nursing supplementary staffing, including bank and agency nursing staff usage, and monitor the impact on financial and quality of care through the remaining use of supplementary staffing and reconfiguration of the nursing workforce. (Plan)</p> <p>There are formal ways to ‘Attract Back’ in Social Care, Social Work, Nursing and Allied Health Professions including:</p> <ul style="list-style-type: none"> <li>• The Scottish Social Services Council (SSSC) has introduced a flexible approach to registrable qualifications utilising benchmark care qualifications to stimulate retention/attraction to work in social care</li> </ul>

Where do we want to be in 2026	In 2025, we will:
	<p>without the need to requalify, instead registrants will complete additional continued professional learning (CPL) topics.</p> <ul style="list-style-type: none"> <li>• Introduction of return to practice requirements for social workers who have been out of practice and off the SSSC Register for more than two years.</li> <li>• In October 2024, the NHS Education for Scotland (NES) Return to Practice (RTP) for Nursing contract was secured by Glasgow Caledonian University for all health boards. There are two intakes per year with Fife.</li> <li>• Former Allied Health Professionals returning to practice are guided by national protocols developed by NES and followed in Fife, including a return to practice placement.</li> </ul>
<p><b>Workforce Strategy</b> Health and Social Care students with a mandatory work placement are employed in the partnership and support an increase in applications to study health and social care courses whilst simultaneously supporting staff recruitment because of the ability to combine earning and study.</p>	<p>Promote and implement the higher education ‘Earn and Learn’ placement model for full time Social Care students to be in employment as part of the college course programme for students starting in the academic year 2025/2026 alongside the continued development and implementation of the ‘Life Chances’ model. (Attract)</p>
<p><b>Workforce Strategy</b> We increase the number of 16 -24-year-olds securing employment in health and social care. This will be measured against the current workforce data demographics to support a future targeted position for the 2025/28 workforce plans.</p>	<p>Collaborate with education and college partners to develop a youth apprenticeship programme in social care in sufficient numbers directed by the workforce data to mitigate loss of skills aligned to our aging workforce. (Attract)</p>

<b>Where do we want to be in 2026</b>	<b>In 2025, we will:</b>
<p><b>Workforce Strategy</b> We will be able to evidence an increase of staff upskilling to support service users with higher acuity to be supported in environments that are familiar and with staff known to them. The benefits will be to reduce absence cases caused by stress related causes</p>	<p>Operate an active portfolio review – to ascertain how staff will manage the increased complexity including developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care. (Train)</p>
<p><b>Workforce Strategy</b> We have internationally recruited nurses extend their skills to register with the NMC and to achieve parity of training with NHS nurses in a cost-effective way.</p>	<p>Extend the Objective Structured Clinical Examination (OSCE) programme for nurses recruited internationally in independent nursing homes to achieve an OSCE test which is required to practice within the UK before they can register with the NMC. (Train)</p>
<p><b>Workforce Strategy</b> This becomes a flagship programme for Fife; eventually reaching into colleges, service user groups and the local community. This can place Fife at the forefront and ensure that we understand and proactively respond to our workforce needs, whilst future ensuring that we are actively planning our future workforce needs</p>	<p>Launch a “Pilot Aspiring Social Worker” flagship programme within Fife, which will seek to encourage, inspire, and nurture the next generation of Social Workers within our own workforce, seek to use our own talent amongst our Social Work Assistants, and eventually extending the proposal to the wider Fife community in a “Grow Your Own” scheme. (Train)</p>
<p><b>Workforce Strategy</b> Our managers will be enabled to understand their role against benchmarked criteria to ensure consistency and readiness of the role. The benefits will be increased retention and improved consistency of information.</p>	<p>Pilot and launch the managers Essential Learning Programme which supports healthcare managers to access essential learning within 100 days ensuring transferable skills across an important area of practice. (Nurture)</p>

## Wellbeing

<b>Where do we want to be in 2026</b>	<b>In 2025, we will:</b>
<b>Alcohol and Drug Partnership Strategy</b>	Implement the whole population for alcohol logic model with partners from Plan for Fife's Community and Wellbeing Partnership.
<b>Childrens Services Plan</b> <b>Closing the Equity Gap: Sleep Project outcomes</b>  Long term: <ul style="list-style-type: none"> <li>• Sleep Advisors will disseminate learning and support colleagues to deliver consistent messages about sleep.</li> <li>• Increase in early intervention support, preventing escalation and crisis.</li> <li>• Whole system approach in the workforce – Sleep is everyone’s business.</li> <li>• National and local support via Sleep Networks (out of scope).</li> <li>• Staff to stay up to date with sleep science and support (out of scope).</li> </ul>	<b>Closing the Equity Gap: Whole Family Wellbeing (WFW) Sleep Project outcomes.</b>  Short term: <ol style="list-style-type: none"> <li>1. 500 multiagency Children’s Services staff will have completed Sleep Awareness training delivered by Sleep Action. An additional 12 Sleep Counsellors will be trained.</li> </ol> Medium term: <ol style="list-style-type: none"> <li>1. Increased confidence of the workforce to support sleep.</li> <li>2. Staff reporting improved sleep knowledge and skills.</li> </ol>
<b>Childrens Services Plan</b> <b>Closing the Equity Gap:</b> <ul style="list-style-type: none"> <li>• Communications and information provided by Children’s Health Services are clear, inclusive and accessible.</li> </ul>	<b>Closing the Equity Gap:</b> <ol style="list-style-type: none"> <li>1. Demonstrate improvements across Children’s Services in relation to compliance with health literacy standards.</li> <li>2. Utilise Fife data and knowledge regarding children &amp; young people with disabilities to increase the profile, understanding and experiences of this population.</li> </ol>

Where do we want to be in 2026	In 2025, we will:
<ul style="list-style-type: none"> <li>• Children’s Services understand and advocate the specific challenges children and young people with disabilities and their families encounter.</li> <li>• Children’s Services workforce is skilled, knowledgeable and connected with a focus on continued development to support children and young people with disabilities and their families.</li> </ul>	<ol style="list-style-type: none"> <li>3. Agree core training for Children’s Services workforce in relation to effectively supporting children &amp; young people with disabilities.</li> <li>4. Complete Whole Family Wellbeing (WFW) projects (1) Lets Connect 2) Sleep.</li> </ol>
<p><b>Mental Health and Wellbeing Strategy</b>            People will feel comfortable talking about their mental health, will not feel alone, and will be able to access opportunities and inclusive services and supports when they need them.</p>	<p>Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups.</p>
<p><b>Prevention and Early Intervention Strategy</b>            By promoting preventative care individuals may be able to identify and address health issues before they escalate.</p>	<p>Identify/develop tools and signposting to information so individuals can make informed decisions about their health and wellbeing and actively participate in prevention and early intervention activities.</p>

## Outcomes

Where do we want to be in 2026	In 2025, we will:
<p><b>Advocacy Strategy</b> We will meet our statutory responsibilities to provide independent advocacy for specific groups of people.</p>	<p>Continue to carry out contract monitoring activity to ensure that the Independent Advocacy Contract is being delivered as per Contract specification and that this continues to meet the ongoing needs of those who require access to independent advocacy support in Fife. This will ensure that NHS Fife, Fife Council and Fife Health and Social Care Partnership continue to meet their statutory obligations.</p>
<p><b>Advocacy Strategy</b> More people will be aware of advocacy support available in Fife and how to access this.</p>	<p>Working in partnership with Fife Advocacy Forum, we will support and share awareness raising activity throughout our networks including Fife Advocacy Week which was started in October 2024 and will continue annually.</p>
<p><b>Advocacy Strategy</b> There will be a model in place for Fife Advocacy Providers to demonstrate the positive impact of independent advocacy.</p>	<p>Working in partnership with Fife Advocacy Forum, we will support the development of the Logic model which will map local and national advocacy outcomes to demonstrate the positive impact that independent advocacy services have in Fife.</p>
<p><b>Dementia Delivery Plan</b> People living with dementia will be supported to live well and participate in their community and will feel physically comfortable and safe in their home environment.</p>	<p>We will use a self-assessment tool to benchmark Fife's performance against the national dementia strategy deliverables and thematic priorities and establish our current position. This work will inform the development of an action plan for how we improve services and outcomes for those who are living with dementia in Fife and those who are supporting people living with dementia in Fife.</p>
<p><b>Dementia Delivery Plan</b> Increased collection and analysis of qualitative and quantitative data to inform and support service planning and delivery for individuals living with a dementia diagnosis and those who care for them.</p>	<p>Ensure that we gather equalities data to gain an understanding of dementia prevalence rates of those with protected characteristics.</p>

<b>Where do we want to be in 2026</b>	<b>In 2025, we will:</b>
<p><b>Dementia Delivery Plan</b> Increased collection and analysis of qualitative and quantitative data to inform and support service planning and delivery for individuals living with a dementia diagnosis and those who care for them.</p>	<p>Ensure that we are collecting meaningful information on outcomes and the difference that accessing various care and supports services has made for those with a dementia diagnosis and those who care for them.</p>
<p><b>Mental Health and Wellbeing Strategy</b> People's quality of life will improve through inclusive, timely access to appropriate high quality mental health information, support and services.</p>	<p>By end of 2025 we will have delivered the final year of the three-year Fife Suicide Prevention Action:</p> <ol style="list-style-type: none"> <li>1. Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife.</li> <li>2. Progress will be made in supporting individuals, communities, and the workforce in Fife to be suicide aware and able to respond to those in need of support.</li> <li>3. There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them.</li> <li>4. Suicide prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity.</li> </ol>
<p><b>Primary Care Strategy</b> Primary Care Services which ensure a consistent approach to delivery of quality, person centred care working in partnership with health and social care services across Fife.</p>	<p>Communication remains a key enabler, and we will continue to engage across our localities and communities in line with the principles of our communication plan.</p>



## Integration

Where do we want to be in 2026	In 2025, we will:
<p><b>Alcohol and Drug Partnership Strategy</b> Treatment and recovery services are easily accessible and high quality</p>	<p>Further implement the MAT Standards using the FAIR model and have widened the application of the standards to other aspects of care and support across the ADP system of care and with key partners as outlined in standards 6 to 10.</p>
	<p>To have completed implementation of the Residential Rehabilitation. Specifically, to have focused on developing tailored pathways for more of the vulnerable populations, ongoing efforts aim to accurately map the current demand for RR and the specific needs of target groups, such as men and women who use substances, individuals with mental health problems and veterans. Furthermore, an Equality Impact Assessment (EQIA) will be conducted to evaluate the accessibility of these pathways and identify potential barriers, ensuring that RR initiatives are inclusive and effective for all vulnerable groups.</p>
	<p>A communication plan covering annual events and agreed processes to manage ad-hoc alerts. In house re-brand and functional website will be complete whilst providing the bespoke messaging that the ADP require.</p>
<p><b>Commissioning Strategy</b> We will have a clear understanding of the impact of the Commissioning Strategy 2023 – 2026 and establish how this can be further embedded across Fife HSCP and our partners.</p>	<p>We will conduct and complete a consultation with HSCP staff and our partners in the independent and third sector to measure awareness and understanding of Fife’s Commissioning Strategy and compliance with the Commissioning Principles.</p>
	<p>We will produce an annual report that will capture the activity completed in years one and two of the Commissioning Strategy along with feedback from the surveys.</p>

<b>Where do we want to be in 2026</b>	<b>In 2025, we will:</b>
	We will use the feedback from the surveys to develop an action plan based on key findings and suggested areas of improvement.
<b>Commissioning Strategy</b> Contracts and Service Level agreements will be in place as appropriate for all care and support services as detailed on the Procurement Activity tracker and Commissioning Strategy Delivery Plan.	Fife HSCP will work closely with procurement colleagues to complete tender exercises, direct awards, minutes of variation as appropriate in line with the relevant public procurement legislation.  Service Level Agreements will be reviewed and updated as appropriate and in line with Fife Council's Monitoring and Evaluation Framework.
<b>Commissioning Strategy</b> We will have a clear understanding of the impact of the Commissioning Strategy 2023 – 2026 on members of the public and establish if members of the public feel that we are commissioning services in line with our vision.	As part of the development of the Commissioning Strategy, we engaged with the public in 2023. We will conduct and complete a further consultation with the public to measure awareness of the Commissioning Strategy and the extent that the public feel that Fife HSCP are meeting our vision and commissioning principles in the way that we design and deliver social care services and supports.  The feedback from public engagement will inform action planning around next steps and areas for improvement. This information will be included in further updates to the Strategic Planning Group.
<b>Dementia Delivery Plan</b> There will be clear governance structures and reporting routes for all dementia development and support activity in Fife.	Review our governance structures and all groups that are in place to support dementia developments in Fife with a view to streamlining these groups to avoid duplication and achieve a clear governance structure where reporting routes are clear.
<b>Mental Health and Wellbeing Strategy</b> People will receive services and supports which are based on an understanding of their values, needs and experiences.	Use a "no wrong door" approach, meaning no one will be turned away or have their referral rejected. People will always be guided to the right help.

<b>Where do we want to be in 2026</b>	<b>In 2025, we will:</b>
<p><b>Prevention and Early Intervention Strategy</b> Prevention and early intervention approaches/ interventions become part of routine care across services and organisations.</p>	<p>Design and deliver a communication plan that ensures all stakeholders are well informed and able to lead on the implementation.</p>
<p><b>Prevention and Early Intervention Strategy</b> More knowledgeable and competent workforce that is better equipped to address issues proactively and effectively.</p>	<p>Provision of training and capacity-building opportunities for staff from all agencies to ensure they have the necessary skills and knowledge to apply it to their day-to-day practice.</p>
<p><b>Primary Care Strategy</b> Working in partnership with all stakeholders using the resources available to deliver Primary Care Services which are resilient and fit for the future.</p>	<p>We continue to focus on effective workforce planning across all independent contractors applying the guiding principles of attract, recruit, nourish and retain working in partnership with key stakeholders.</p>
<p><b>Strategic Planning Group</b> The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.</p>	<p>Continue to monitor and manage quality and performance updates for the supporting strategies and related delivery plans.</p>
	<p>Contribute to the development of the Partnership's Annual Performance Report 2024 to 2025.</p>
	<p>Make a lead contribution to the development of the new Strategic Plan 2026 for Fife Health and Social Care Partnership.</p>

## Conclusion

The Strategic Plan for Fife 2023 to 2026 is ambitious, designed to improve health and social care services, deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. Greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

The health and social care landscape continues to evolve and, similar to many areas of Scotland, we face multiple challenges including increased demand for services, financial pressures, national workforce reductions which impact the recruitment and retention of staff, and an aging population with increasing complex needs. Despite these problems, Fife Health and Social Care Partnership has made good progress over the last two years. Building on the improvements introduced in 2023, during 2024 we have completed 27 actions and progressed another 46 of the actions that were planned.

As we transition into the final year of the current Strategic Plan, we know that there is still more work to do. We have identified 61 actions that we plan to deliver in 2025. These changes and improvements will ensure that our services and support continue to be sustainable and available to people in the greatest need, when and where they need our help. We will also encourage people and local communities to consider, and where possible implement, preventative and anticipatory approaches that prioritise self-care and maximise opportunities for individuals, their families and carers to live independent and healthier lives.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultations or other engagement events, is available on our website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org).



## Appendix

National Health and Wellbeing Outcomes for Health and Social Care		Fife Themes
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Local, Sustainable, Wellbeing
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Local, Outcomes
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Local, Wellbeing
5	Health and social care services contribute to reducing health inequalities.	Outcomes
6	People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being.	Sustainable
7	People using health and social care services are safe from harm.	Outcomes
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Integration
9	Resources are used effectively and efficiently in the provision of health and social care services.	Sustainable, Integration

Further information is available here: [www.gov.scot/publications/national-health-wellbeing-outcomes-framework](http://www.gov.scot/publications/national-health-wellbeing-outcomes-framework)

<b>Public Health Priorities for Scotland</b>		<b>Fife Themes</b>
<b>1</b>	A Scotland where we live in vibrant, healthy and safe places and communities.	Local, Wellbeing
<b>2</b>	A Scotland where we flourish in our early years.	Local, Wellbeing
<b>3</b>	A Scotland where we have good mental wellbeing.	Wellbeing, Outcomes
<b>4</b>	A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.	Outcomes
<b>5</b>	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	Outcomes, Sustainable, Integration
<b>6</b>	A Scotland where we eat well, have a healthy weight and are physically active.	Outcomes

Further information is available here: [www.gov.scot/publications/scotlands-public-health-priorities](http://www.gov.scot/publications/scotlands-public-health-priorities)



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26<sup>th</sup> March 2025</b>
<b>Agenda Item No:</b>	<b>6.2</b>
<b>Report Title:</b>	<b>Eligibility Criteria Review (Carers)</b>
<b>Responsible Officer:</b>	<b>Roy Lawrence, Principal Lead Organisational Development and Culture.</b>

## 1 Purpose

**This Report is presented to the Integration Joint Board for:**

- **Decision** – agree the Supporting Carers Framework as the replacement for the existing Carers Eligibility Criteria.

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

## **2 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Eligibility Criteria Working Group
- Change Manager (Carer's)
- Joint Carers Strategy Group
- IJB Carers Representative
- Head of Service, Children and Families and Justice Social Work Services

### **HSCP Senior Leadership Team – 28<sup>th</sup> October 2024**

No changes were requested to the Supporting Carers Framework.

### **Quality and Communities Committee – 6<sup>th</sup> March 2025**

The Committee discussed the report, and the following changes have been made:

- Updated SBAR sections 8 and 9.
- Supporting People Framework removed from the final papers as this has been approved by Fife Council Cabinet Committee (January 2025) – available on request.
- EQIA removed from the final papers as this was sighted by QCC – available on request.
- Risk Register removed from final papers as this was sighted by QCC - available on request.
- Full Participation and Engagement Report removed from final papers as this was sighted by QCC. A high-level summary of the engagement activity is included at (Appendix 2). The full Participation and Engagement Report is available on request.

It was agreed that the report should progress to the IJB for final review and approval.

## **3 Report Summary**

### **3.1 Situation**



This report provides an update on the recent review of the Adult, Older People and Carers Eligibility Criteria. The review was completed in accordance with our legal requirements whilst taking into consideration increasing demand for social work services, best value and finite resources. Fife's Eligibility Criteria was last published in 2015 ([SW eligibility Guide 2015.indd \(fife.gov.uk\)](#))

The Supporting People Framework was approved by Fife Council Cabinet Committee in January 2025, the final approved Framework is available on request. Following agreement at Quality and Communities Committee, the Supporting Carers Framework is now being presented to the Integration Joint Board for final approval.

The Supporting Carers Framework was not presented for approval at Fife Council Cabinet Committee in January 2025. Section 21 of Carers (Scotland) Act 2026 (duty to set local eligibility criteria) is a fully delegated function to the IJB as per Annex 2 of the Integration Scheme and therefore should be approved by the Integration Joint Board.

It is intended that the refreshed Supporting Carers Framework will be implemented as soon as reasonably practicable following approval by the Integration Joint Board.

This report and appended documents set out the refreshed Fife Health and Social Care Partnership Carers Eligibility Criteria and supports the maximisation of the available resources. This report is fully supported by the Chief Social Work Officer (CSWO) for Fife as aligned to the Supporting People Framework. We are also now convening a group with the CSWO to scope out the practice support that professionals will need to fully implement the guidance.

## **3.2 Background**

Fife Health and Social Care Partnership (HSCP) provides a range of care and support services to individuals of all ages with varying levels of support requirements. Following an assessment of an individual's personal outcomes and needs, access to funded social care support is determined by the Scottish Government, through the existing locally approved Adult and Older People's Social Work Eligibility Criteria (2015). [SW eligibility Guide 2015.indd \(fife.gov.uk\)](#).

Currently, individuals with the most critical needs, and/or where there is an immediate risk to life, will be prioritised for individually tailored funded social care services. The level of funding allocated is determined as the most cost-effective means of meeting the individual's assessed needs and outcomes.

The purpose of this review is to consider and refresh the Adult, Older People and Carers Eligibility Criteria in line with our legal requirements whilst taking into consideration increasing demand for social work services, best value and finite resources. This review is also intended to provide a consistent framework from which decisions are being made around how we undertake our duties and how we will direct our finances to achieve equity in line with our duties in the Equality Act 2010 through consistent application of a transparent process.

### **3.3 Assessment**

#### **3.3.1 Quality/ Customer Care**

##### Home First approach

In accordance with the Partnerships Home First Strategy, the optimum approach is for individuals to stay at home for as long as possible. Introducing the new Supporting People Framework and Supporting Carers Framework ensures a sustainable approach that will continue to support people in the greatest of need. We will continue to invest in voluntary and community resources and deliver the right support at the right time to help people to live well and independently. We will work with people to enable individuals and communities to take every opportunity to maximise their own health and wellbeing by making best use of their local resources including their social networks and communities.

We invest significantly in local services and supports through our Voluntary Sector partners (£14 million annually) to help people at the earliest opportunity. We do this to ensure people have the opportunity within their communities to develop greater self-reliance and independence, focusing on prevention and early intervention, and increasing uptake of community resources. By working collaboratively with specialist organisations, we are able to utilise their specific skills and expertise to deliver improved outcomes for individuals, families and carers.

Implementing the new Frameworks will provide a sustainable approach that will ensure that sufficient resources, budget, and workforce are available to support critical and other essential services.

##### Prevention and Early Intervention approach

In line with the Partnership's recently published Prevention and Early Intervention Strategy, the Supporting People Framework and Supporting Carers Framework encourages everyone to think differently about how they can live an independent and healthier life now and in the future.

We will consider people on an individual basis and target our funded social care support to those assessed as having the highest level of need and risk to ensure that we meet our legal duties.

In order to do this fairly, we will continue to invest in voluntary and community resources that help people to live well and independently. We may ask individuals and family support networks to provide support where they can. We will encourage and signpost people with lower-level needs to these services/supports so that they can still get the help that they need to live well. We will also advise people on how to make best use of their own personal assets and resources and show people ways that technology can help meet their health and social care needs.

Service users who require a social work service may be required to wait and will be supported during this time in line with the NHS Waiting Well Policy. We

will prioritise those with the greatest level of need and who are at significant risk of harm.

The refreshed framework(s) will support Fife HSCP to target our resources to those identified as having the most significant risk to their health, wellbeing and independent living.

### Definitions of criteria levels

Developed by practitioners and leaders, the definitions of what each criteria level means to Fife HSCP is detailed below:

*In managing access to finite resources, the HSCP will focus first on those people having the most significant (high) risks to their health, wellbeing and independent living. People experiencing risk at this level will receive an assessment within five working days. Where people are assessed as being in the critical risk category their needs will generally call for the immediate or imminent provision of support. For people experiencing substantial risks, we will aim to deal with your request within 4 weeks and support as soon as reasonably practicable.*

*Where eligibility is assessed as moderate, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Alongside this access to social care may also be considered in the assessment, particularly to address risk or to supplement support from the individual's personal and community networks. People in this category will be offered an assessment of their needs and aim to provide advice on suitable alternatives within 10 weeks.*

*Where eligibility is determined to fall into the low category, the response of HSCP services will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. In these cases, there is no timescale for assessment.*

Table 1 shown below provides definitions of risk factors of each of the bands in the national eligibility framework as provided by the Scottish Government.

Table 2 shown below has been developed as a framework to support the practitioner to assess the carer's situation in order to determine their level of eligibility. This is linked to the definitions of risk factors of each of the bands in the national eligibility framework as provided by the Scottish Government.

Both tables provide broad descriptions and call on the judgement of those applying the eligibility criteria in each case.

**Table 1: Definitions of Risk / Priority**

LOW	MODERATE	SUBSTANTIAL	CRITICAL
(Low/Preventative)	(Medium/Preventative)	(High)	
<b>Risks relating to neglect or physical or mental health</b>			
Few health problems indicating low risk to independence, potential to maintain health with minimum interventions.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Significant health problems which cause significant risks of harm or danger to client or others.	Major health problems which cause life threatening harm or danger to client or others.
Preventive measures including reminders to minimise potential risk of abuse.	Vulnerable person need to raise their awareness to potential risks of abuse.	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).
LOW	MODERATE	SUBSTANTIAL	CRITICAL
(Low/Preventative)	(Medium/Preventative)	(High)	
<b>Risks relating to personal care /domestic routines /home environment</b>			
Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.
Able to manage most aspects of basic domestic activities	Able to manage some aspects of domestic activities indicating some risk to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.
Able to manage most basic aspects of home environment.	Able to manage some aspects of home environment, leaving some risk to independence.	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence.
LOW	MODERATE	SUBSTANTIAL	CRITICAL
(Low/Preventative)	(Medium/Preventative)	(High)	
<b>Risks relating to participation in community life</b>			
Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.
Able to manage most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to independence.	Unable to sustain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss of independence.

**Table 2: Determining Eligibility Indicators (Carer)**

Universal support moving to commissioned services and support – free to access for all carers UNIVERSAL SUPPORT – local authority POWER TO SUPPORT					Targeted, tailored and commissioned support for carers who meet local eligibility threshold CRITICAL SUPPORT – DUTY TO SUPPORT
Aspect of caring role	Caring has no impact NO RISK	Caring has low impact LOW RISK	Caring has moderate impact MODERATE RISK	Caring has substantial impact SUBSTANTIAL RISK	Caring has critical impact CRITICAL RISK
<b>Health &amp; Wellbeing</b>	Carer in good health. Carer has good emotional wellbeing.	Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing.	Carer's health at risk without intervention. Some impact on carer's emotional wellbeing.	Carer has health need that requires attention. Significant impact on carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/ has broken down.
<b>Relationships</b>	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.
<b>Living Environment</b>	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.
<b>Employment &amp; Training</b>	Carer has no difficulty in managing caring and employment and/or education. Carer does not want to be in paid work or	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.	Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term. Carer is not in paid work or	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or

	education.	Carer is not in paid work or education but would like to be in the long term.	Carer is not in paid work or education but would like to be in the medium term.	education but would like to be soon.	education but would like to be now.
<b>Finance</b>	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essential and utilities, not meeting housing payments.
<b>Life balance</b>	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. They have no access to breaks and activities which promote physical, mental, emotional wellbeing.
<b>Future Planning</b>	Carer is confident about planning for the future and has no concerns about managing caring	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.	Carer is very anxious about planning for the future and has severe concerns about managing caring



### **3.3.2 Workforce**

Any resources required to implement the reviewed eligibility criteria shall be met within the existing workforce.

A working group is being established to look at the practice development support required for professionals across the Partnership, led by the CSWO. This will ensure that our workforce are supported to utilise the revised framework.

### **3.3.3 Financial**

There is a level of financial uncertainty as a consequence of the economic circumstances over the last few years. Inflationary pressures, increasing demand for services and uncertainty around funding are all contributing factors to the financial challenge that the IJB is facing. The Eligibility Criteria provides a consistent framework from which decisions can be made transparently and equitably to ensure that we direct our finite resources at those individuals who are identified as having the highest level of need and risk to ensure that we meet our legislative and statutory duties.

Any resources required to implement the refreshed eligibility criteria shall be met within existing Service budgets.

The prioritisation of resources outlined in the appended framework(s) will ensure that funding is available within the delegated budget to support those most in need.

### **3.3.4 Risk/Legal/Management**

The decision to refresh the existing eligibility criteria is in line with our legal requirement to publish and review our eligibility criteria as detailed in the Carers (Scotland) Act 2016.

The refreshed framework will enable us to continue to meet our statutory requirements to deliver care and support under the Social Work (Scotland) Act 1968.

The key legislation that is relevant to Eligibility Criteria is:

- Social Work (Scotland) Act 1968 (Section 12A)  
[www.legislation.gov.uk/ukpga/1968/49/section/12A](http://www.legislation.gov.uk/ukpga/1968/49/section/12A)  
Sets out the Council's duty to assess any adult (person over 18 years of age) who they believe may need community care services.
- Social Care (Self Directed Support) (Scotland) Act 2013  
[www.gov.scot/publications/statutory-guidance-accompany-social-care-self-directed-support-scotland-act-2013-2/pages/3/](http://www.gov.scot/publications/statutory-guidance-accompany-social-care-self-directed-support-scotland-act-2013-2/pages/3/)  
Introduces choice, control and flexibility in the provision of social care support.
- The Carers (Scotland) Act 2016

[www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/](http://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/)

Supports carers' health and wellbeing.

There is a risk register in place for this work which is available on request. The impact of implementation of the eligibility criteria will be under review to ensure any identified risks are considered and addressed.

### **3.3.5 Equality and Diversity, including Health Inequalities**

This review will ensure equity in service provision and provide transparency on the decision-making process for the assessment of need. All social work teams will be involved in ensuring the outcome of this action is carried forward in accordance with statutory duties to review services provided on behalf of the HSCP.

An equality impact assessment has been completed for this review to ensure that any impacts on people who share a protected characteristic are considered along with appropriate mitigation measures. The equality impact assessment is available on request.

### **3.3.6 Environmental / Climate Change**

There is no environment impact.

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

The consultation was a targeted approach to gain maximum feedback using MS Forms to produce three surveys. The three survey audiences are defined as:

- Carers
- Social Work Staff Teams (Internal)
- Targeted Public engagement (External)

Targeted consultation has been completed with the following groups:

- Social Work Staff Teams
- Peoples Panel
- NHS Public Partner Volunteers
- Carer Forum
- Carer Provider Forum

Consultation commenced on the 5<sup>th</sup> of November and closed on the 26<sup>th</sup> of November. A summary of the consultation has been included at Appendix 2. The full Participation and Engagement Report is available on request.

To support with this work, the Working Group have also carried out a review of fifteen other HSCP areas eligibility criteria, met with two HSCP areas to discuss eligibility criteria, its application and to gain shared learning and also discussed



the eligibility criteria and its application with Social Work Practitioners and other key stakeholders.

The content of the Supporting People Framework and Supporting Carers Framework have been developed through working extensively with a working group representing all key service areas (Adults, Older People, Hospital Teams, START Team, Occupational Therapy and Commissioning).

The Working Group is confident that our refreshed Supporting People Framework (available on request) and Supporting Carers Framework (Appendix 1) is consistent with other areas application of the different levels of need.

#### **4 Recommendation**

It is recommended that the Integration Joint Board:

Decision – agree the Supporting Carers Framework as the replacement for the existing Carers Eligibility Criteria.

#### **5 List of Appendices**

Appendix 1 – Fife Supporting Carers Framework V0.4

Appendix 2 – Summary Participation and Engagement Activity.

#### **6 Implications for Fife Council**

Fife Council staff who are assessing individuals will be required to do so in line with the Supporting People and Supporting Carers Framework(s) to ensure that we are applying the right level of support consistently whilst also ensuring that we do not leave the most vulnerable at unacceptable risk.

#### **7 Implications for NHS Fife**

NHS staff who are assessing patients will be required to do so in line with the Supporting People Framework to ensure that we are applying the right level of support consistently whilst also ensuring that we do not leave the most vulnerable at unacceptable risk.

#### **8 Implications for Third Sector**

Our third sector partners are currently commissioned to deliver a wide range of support services to unpaid carers including the Adult Carer Support Plans and Young Carers Statements. These, along with the other services they provide, are available on a universal, free to access basis. The new framework will help our staff and our partners staff to include in their good conversations with unpaid carers an initial determination of the likely level of need for support and how this meets the local eligibility levels, in order to provide a more direct and swifter referral to the appropriate identified services including others which are available on a universal basis. The new framework will support greater transparency of decision making by third sector partners and carers, particularly in regard to the unpaid carers meeting the required threshold for additional support when their identified needs cannot be met through the universal support that the HSCP already commission.

## 9 Implications for Independent Sector

There are no implications anticipated for the Independent Sector. The independent sector does not currently provide directly commissioned services or support to unpaid carers through the carers strategy. However, they can and do provide a useful route to identify unpaid carers who may benefit from a referral for assistance through other third sector partners and statutory services.

## 10 Directions Required to Fife Council, NHS Fife or Both

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

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**Fife Health  
& Social Care  
Partnership**



Supporting the people of Fife together

# **Fife Health and Social Care Partnership**

## **Supporting Carers Framework**

### **Fife's Eligibility Criteria**

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### Appendix 1 – Touchpoint Eligibility Assessment Indicator

<b>Document Title:</b>	Carers Eligibility Framework		
<b>Lead Officer:</b>	Principal Social Work Officer		
<b>Date Created:</b>	September 2024	<b>Status:</b>	
<b>Approved by:</b>		<b>Date Approved</b>	
<b>Review Dates:</b>	<b>Date of last review</b>	<b>Date of next review</b>	
<b>Revision History:</b>			
<b>Version:</b>	<b>Date Effective:</b>	<b>Changes</b>	

# 1. Introduction to Fife's Supporting Carers Framework

## Background

Unpaid carers are the largest group of providers of care in Scotland and should be recognised as equal partners in providing vital care and support. Carers should be supported to not be worse off by caring.

Fife Health and Social Care Partnership are committed to ensuring that unpaid carers are fully supported to have a life alongside their caring role, in order to protect their health and wellbeing and to support them to sustain their caring roles.

***“All carers will have access to high quality information and support at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to help them live a happy and fulfilling life alongside their caring role”.***

*Mission statement, Carers Strategy 2023 - 2026*

Eligibility criteria are set locally to enable local authorities to provide support to carers in different caring situations across a whole range of life circumstances. Local eligibility criteria is developed to assist local authorities to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring.

Carers, and the people that they support, must be at the centre of care planning. We will ensure they have the opportunity to define their contribution to the care of the person, know what to expect and be clear about the support that they are entitled to.

In the case of young carers, they are entitled to be children first and foremost and should be aware that frameworks like 'Getting it Right for Every Child' (GIRFEC) are also relevant to them.

## How we define Carer support needs

The Carers (Scotland) Act 2016 makes a distinction between the types of needs for support that a carer may have to help them sustain and thrive in their caring role.

The Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS) will help carers and professionals to identify the main impacts of a carer's caring role and activities, how this impacts the carer and what actions and outcomes, if any, are required to support the carer in this role. In general terms these are **'identified needs'**; many or most of a carer's 'identified needs' for support will be able to be met from their own personal assets and strengths and/or the universal community services that have been commissioned specifically to support carers. Any carer can access universal services regardless of their level need.

For carers who are in greatest need of support for their caring role, the ACSP/YCS may identify additional support which cannot be met through the services available to the cared-

for person, or through universal community services generally available to people in the area of the responsible local authority or where the carer lives. We define these additional needs as **'eligible needs'**, i.e. they are needs for support that will address a critical need as assessed through the eligibility framework. When a carer has 'eligible needs' which cannot be met through existing universal community services, the Health and Social Care Partnership has a duty to provide support to meet the identified eligible need. This may be through access to additional funding and resources as appropriate.

**The Carers (Scotland) Act 2016** is designed to support carer's health and wellbeing. It puts a duty on the Health & Social Care Partnership, Fife Council, and NHS Fife to provide support to carers, where identified needs meet agreed eligibility criteria. Where the carers need for support do not meet the local eligibility criteria, we will provide information about the support which is available.

To achieve this, an eligibility framework has been developed covering the following:

- the definition of levels and types of need for support.
- the thresholds that need to be met to be eligible for support.

## 2. What our Supporting Carers Framework will achieve

This framework creates a fair and transparent system for determining eligibility and will ensure that carers with different needs will be treated with equity in accessing support and services.

Assessments for support will identify steps to prevent a deterioration in the carer's health or their caring situation, including time away from the caring role. By defining clear personal outcomes with carers at different levels of support, the benefits from accessing support may be both preventative and outcome focused.

Practitioners will work jointly with carers to complete a personal Adult Carer Support Plan or Young Carer Statement (ACSP/YCS) that identifies their individual needs and circumstances. These will then be assessed in line with the agreed local eligibility criteria to ensure that the right type and level of support is delivered at the right time.

The ACSP/YCS will relate to carers' information and advice covering issues such as emergency and future care planning, advocacy, breaks from caring, income maximisation, carer's rights, support services for carers and ensuring that carers know where to go for help and support.

## 3. Policy Statement

The Carers (Scotland) Act 2016 is designed to support carer's health and wellbeing. It places a duty on the local partnership to provide support to carers based on their identified needs. Where a carer's needs do not meet the eligibility criteria threshold, we will provide information about what support the carer can access directly and will provide some assistance to access these 'universal public services' many of which have been commissioned by the Health & Social Care Partnership from voluntary sector partners. These services are free to access.

Where a carer's needs for support meet the local eligibility threshold, we will provide support to help the carer meet their identified personal outcomes. Support may include referral to one or more of the universal services, or additional support that is only available to carers with eligible needs such as access to self-directed support options to meet those eligible needs.

To access additional tailored and funded support carers must have an Adult Carers Support Plan in place and the tailored support will be intended to de-escalate those areas in their assessments which are critical. It is accepted that support may be necessary for a period of time to stabilise an individual's caring role and relationship for the longer term.

In managing access to finite resources, Fife Health & Social Care Partnership has determined that tailored support will only be provided to support carers in critical need.

## Resource Allocation

Fife Health & Social Care Partnership has invested in a range of information and guidance sources and services which are available to all unpaid carers. These are termed universal services. They can be accessed directly from web-site information, and directly through our commissioned partners.

This includes:

- carer assessment support
- advocacy support
- support for carers of people being discharged from hospital
- support for carers of people with specific conditions, e.g. dementia, neurological conditions, mental health etc
- income maximisation review and support
- general information to support carers
- other specific support is also available for young carers

Where a carer does not meet the critical local eligibility criteria in relation to the person they care for in Fife, they will have access to these universal services which can be accessed by self-referral or referral by health and social care practitioners.

If a carer meets the eligibility criteria for one or more aspects of their caring role, they will be encouraged to participate in a conversation to develop their personal Adult Carer Support Plan and identify the outcomes they wish to achieve. Within the Adult Carer Support Plan will be an action plan on how to meet their outcomes. This will include which universal services may offer appropriate support. If the universal services do not meet their identified personal outcomes for support as defined in their Adult Carer Support Plan, the carer may be entitled to additional tailored and funded support to meet those specific outcomes which meet the eligibility threshold.

Examples of tailored support may include:

- Regular care at home to allow a carer to take a short break
- Periodic replacement care to allow a carer to take a short break
- Technology enabled care, equipment and adaptations to reduce dependence on the carer
- A course of counselling or mediation

- Support for emotional wellbeing
- Training on moving and handling
- Support to access leisure and health pursuits

If a carer meets local eligibility criteria and the actions identified to meet their personal outcomes cannot be met through universal services, the authority will offer the carer the opportunity to choose from one of the four self-directed support options. The allocation of resources to support the carer to meet their identified outcomes will be based on a resource allocation system to ensure consistency and equity of resource allocation.

Tailored support will not be subject to recharge and carers will not be subject to means testing. In all instances, the cost of support to meet the identified outcomes of critical aspects of the carer's role will be waived.

The framework set out within this document creates a fair and transparent system for determining eligibility that ensures that carers with different needs are treated with equity and supported to meet their personal support outcomes. Assessments will be outcome focussed with the aim of preventing deterioration in the carer's health or the caring situation.



#### 4. Explaining the process

##### Step one – the referral routes

There are several routes to access support for unpaid carers ranging from self-service for universal services, through support from one of our commissioned voluntary sector carer professional partners, to support from health and social care practitioners who may also be supporting the person being cared for.



Each referral route provides access to a range of supports and assessments which can help carers to ensure they have access to the right level of support to meet their individual needs. Please refer to the table below for further detail.

<p><b>Self-referral to online universal support</b></p> <p>Here a carer will access information and tools online. This may be sufficient to meet their needs. If it is not, they will also be able to complete a touchpoint assessment of their eligibility. This will provide an indication of where best to approach for support, either the voluntary sector for carers whose needs are substantial or less, or through the health and social carer service for carers whose needs appear to be critical.</p>
<p><b>Self-referral to voluntary sector carer professionals</b></p> <p>Our voluntary sector partners will be able to provide the same services as above but using a face-to-face or telephone contact approach. They will be able to make a touchpoint assessment of eligibility, develop an adult carer support plan and provide onward referrals as appropriate to meet a carer’s individual personal circumstances and outcomes. Our partners will also be able to provide more direct support to carers, if it is needed, to help them achieve their support outcomes.</p>
<p><b>Self-referral to health and social care practitioners</b></p> <p>Usually reserved for those carers in greatest need, whose caring circumstances are at critical risk of breaking apart in the near future. These practitioners may also be providing the support to the person the carer cares for. The practitioner will be able to complete the same assessments as above to a greater level of detail. Some of the outcomes will be best supported by referring the carer to other organisations who have specialist skills and understanding, for example in regard to income maximisation. Only social work practitioners can complete a full eligibility assessment and verify critical status which may result in tailored support which requires additional funding from public sources.</p>
<p><b>Touchpoint Eligibility Assessment Indicator</b></p> <p>This assessment tool should be used alongside the Adult Carer Support Plan and is intended to give an early indication of the impact on a carer’s life of their caring situation and role.</p> <p>This tool and the Adult Carer Support Plan will help colleagues and carers to prepare a strength based personalised outcome plan which the carer can use, with appropriate levels of assistance, to help strengthen their caring situation and minimise the impact of their caring role on their life.</p>
<p>In addition to the self-referral routes, some carers may be identified by professionals and practitioners and offered a conversation to support them. These referrals will be treated in the same way as a self-referral to these same routes.</p>

Critical assessment can only be confirmed and verified by Health & Social Care professionals. Voluntary sector partners can determine any other risk assessment level but can only provide an initial assessment and referral for those carers whom they consider to be likely to meet the local eligibility criteria level of critical.

**Step two – the outcomes**

Once the assessment is complete the carer’s outcomes and actions will be identified, with

the carers' involvement, and included in their ACSP/YCS.

**Step three – the right level of support**

Based on the eligibility criteria and through a conversation that involves the carer, together we will decide what level of support the carer can expect to receive. The right level of support may be signposting to information and advice centres, community resources and preventative services.

**Step four – Self Directed Support**

Where the carer has eligible needs for support and personal outcomes which cannot be met from the universal services, together with the carer we will then decide how they would prefer to arrange their support and choose from the four self-directed support options. Carers will be involved in each stage of the process and in all appropriate decision making.

**Step five – Review**

Fife HSCP recognise that the impact of caring is not fixed and that the right type and level of support offered should reflect the specific circumstances at that point in time. Regular reviews are therefore an important part of supporting our carers and the timeframe for such a review will be agreed with the carer as part of the conversation, or whenever there is a material and significant change in circumstances or the caring role.

Eligibility for services is determined by risk to an individual carer in terms of their health and wellbeing. The five indicator categories are detailed below:

<b>No Impact</b>	Indicates that there are no quality of life issues resulting from the caring situation and at this moment there is no need for support or advice.
<b>Low Impact</b>	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing. There may be some need for universal and/or preventative support or advice.
<b>Moderate Impact</b>	Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for universal and/or preventative support as well as provision of some health and social care services in the near future.
<b>Substantial Impact</b>	Indicates that there is substantial risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services imminently.
<b>Critical Impact</b>	Indicates that there are major risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision of health and social care services.

## **A Carer's right to challenge their assessment**

Fife Health & Social Care commissions a range of support to help unpaid carers and the people that they care for. These agencies have been commissioned to deliver support services on behalf of Fife Health & Social Care Partnership. Their professional judgement is expected to be used at all times.

However, on occasion the Fife Health & Social Care Partnership may be called upon to arbitrate where decisions about a carers' eligibility are in doubt. In such instances the carer will have the right of complaint in the first instance through the commissioned organisations' due processes.

In instances where the original decision was made by the Health & Social Care Partnerships' practitioners, the carer will have the right of complaint through the Health & Social Care Partnership's complaints process.

## 5. Determining eligibility indicators

The framework below provides guidance against which effective, high quality and consistent decisions can be made. It will help to ensure that decisions are made in an equitable and inclusive manner and help to ensure that discrimination or bias is avoided. The framework has been developed to support the practitioner to assess the carer's situation in order to determine their level of eligibility and also to support the carer to have their own voice during the assessment process.

### Practitioners

Universal support moving to commissioned services and support – free to access for all carers UNIVERSAL SUPPORT – local authority POWER TO SUPPORT					Targeted, tailored and commissioned support for carers who meet local eligibility threshold CRITICAL SUPPORT – DUTY TO SUPPORT
Aspect of caring role	Caring has no impact NO RISK	Caring has low impact LOW RISK	Caring has moderate impact MODERATE RISK	Caring has substantial impact SUBSTANTIAL RISK	Caring has critical impact CRITICAL RISK
<b>Health &amp; Wellbeing</b>	Carer in good health. Carer has good emotional wellbeing.	Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing.	Carer's health at risk without intervention. Some impact on carer's emotional wellbeing.	Carer has health need that requires attention. Significant impact on carer's emotional wellbeing.	Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/ has broken down.
<b>Relationships</b>	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.	The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.
<b>Living Environment</b>	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.

<b>Employment &amp; Training</b>	Carer has no difficulty in managing caring and employment and/or education. Carer does not want to be in paid work or education.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term. Carer is not in paid work or education but would like to be in the long term.	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term. Carer is not in paid work or education but would like to be in the medium term.	Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term. Carer is not in paid work or education but would like to be soon.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education. Carer is not in paid work or education but would like to be now.
<b>Finance</b>	Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing severe financial hardship e.g. carer cannot afford household essential sand utilities, not meeting housing payments.
<b>Life balance</b>	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activities which promote physical, mental, emotional wellbeing.	Due to their caring role, the carer has no opportunities to achieve the balance they want in their life. They have no access to breaks and activities which promote physical, mental, emotional wellbeing.
<b>Future Planning</b>	Carer is confident about planning for the future and has no concerns about managing caring.	Carer is largely confident about planning for the future but has minor concerns about managing caring.	Carer is not confident about planning for the future and has some concerns about managing caring.	Carer is anxious about planning for the future and has significant concerns about managing caring.	Carer is very anxious about planning for the future and has severe concerns about managing caring.

## 6. Roles and responsibilities

Fife Health & Social Care Partnership has a role to help unpaid carers and, where appropriate, to offer support to the carer to improve their experience of caring. To do this effectively and successfully, and to meet the outcomes identified in the ACSP/YCS, the carer also has a role to cooperate and actively participate in their own care and support plan.

Those carrying out plans/assessment (with the involvement of the carer) of an individual's needs will ensure that the appropriate eligibility criteria are satisfied before additional support is provided to meet their eligible needs.

In all cases, those carrying out plans/assessments will ensure that carers are encouraged, and where necessary supported, to access universal and/or preventative support services to meet their identified needs for support and only provided with access to additional support to meet their eligible needs when the universal support does not meet that identified eligible need.

## 7. Young Carers

It is necessary to ensure that young carers are seen as children and young people first and foremost and are protected from undertaking inappropriate care tasks or caring that is inconsistent with their age and maturity.

### Named Person

The named person exists to mobilise support for children and young people early and in the least intrusive way. The named person is a clear point of contact for anyone concerned about a child or young person's wellbeing, including the child or young person themselves. The lead named person will prepare a Young Carer Statement (YCS). This is generally the Health Visitor for pre-school children, the Headteacher or Depute Headteacher for primary school age children and the Guidance Teacher for high school age children. However, consideration must be given as to who is best placed to prepare the statement, this could be the local authority, a health professional, an advocate or someone else who is suitably qualified to do so.

### Young Carers Statement

All young carers will be offered a YCS, this can also be requested by the young carer.

The purpose of the young carers statement is to:

Ensure that young carers do not take on inappropriate caring tasks or caring that is inconsistent with their age and maturity.

To identify and record each young carer's individual needs, personal outcomes and support to be provided by the responsible local authority to meet those needs.

To ensure that there is effective planning in place to further support transition arrangements from moving from a young carer statement to an adult carer support plan.

Low level need(s) and the support to meet those needs will be considered as part of the young carer statement process. This process will be based on the identification of personal outcomes and assessment of need(s) and risk(s).

Where there is a very young carer in the early years of primary school, the support provided should be directed towards enhanced support for the person that they care for. There may be some scope for a young child to carry out some elements of a caring role, but this has to be appropriate to their age and maturity amongst other factors.

The [Child Wellbeing Pathway \(CWP\)](#) is the agreed assessment and intervention pathway for children and young people in Fife. The Child Wellbeing Pathway (CWP) outlines the practice and process that all agencies and organisations in Fife have agreed to follow to make sure that we address needs and concerns to get it right for all children and young people.

[Getting it right for every child \(GIRFEC\)](#) is the Scottish Government's commitment to provide all children, young people and their families with the right support at the right time and the [Getting It Right in Fife Framework \(GIRIFF\)](#), updated in May 2023 underpins practice for everyone in Fife.

Using the GIRFEC principles, the approach to considering children's wellbeing should be rights-based, strengths-based, holistic and adaptable enough to take account of stage of development and the complexity of each child or young person's individual life circumstances.





Practitioners and organisations will consider each of the eight wellbeing indicators (SHANARRI) throughout the YCS. (Safe, Health, Achieving, Nurtured, Active, Respected, Responsible and Included).





## 8. Indicators: Impact on Risk to Young Carer Outcomes

The framework below provides guidance against which effective, high quality and consistent decisions can be made.

	Universals support > local authority 'power to support'			Targeted > local authority 'duty to support'	
	No impact	Low Universal	Moderate/ Additional	Substantial/ Intensive	Critical/Child Protection
Safe/Living environment	Y.C free from abuse, neglect or harm at home, at school and in the community	Y.C's situation at home/within community is currently stable and manageable	Y.C's situation at home is fluctuating and there is potential risk to Y.C and Cared for person	Y.C's situation at home has potential to break down and there are safety risks which cannot be remedied in the short term	Young carer's situation at home is unsuitable and there are significant safety risks for the Y.C and the Cared for person
Health	Y.C is in good physical and mental health with no identified medical needs	Y.C is able to manage some aspects of the caring/family/social roles / responsibilities and contact - there is a possibility of the Y.C's health being affected	Y.C is able to manage some aspects of caring/family/social roles / responsibilities and contact - the Y.C's health is being affected	Y.C is having difficulty in managing aspects of the caring/family/domestic/social roles/ responsibilities - the Y.C's mental and physical health is affected as a result	Y.C has significant physical/mental difficulties due to the impact of their caring role - this may cause life threatening harm and negative impact on development
Achieving/education	Y.C continues to access education/ training and has no difficulty in managing caring and education.	Y.C has some difficulty managing caring, education/ training. There is a risk to accessing education in the long term	Y.C has difficulty managing caring, education/ training. There is a risk To accessing education in the medium term	The Y.C is missing education / training and there is a risk of this ending in the near future.	The Y.C is at significant risk or has had to give up education/training.
Nurtured/relationships	Y.C has positive emotional wellbeing. Has a nurturing place to live – does not require additional help. Has a positive relationship with the	Caring role beginning to have an impact on emotional wellbeing -May require additional help. Risk of negative impact on	There is some impact on the Y.C's wellbeing and on their relationship with the cared for person resulting in a strained relationship. Need additional help in a	There is a major impact on a daily basis to the Y.C's wellbeing and impact on the cared for person. Y.C is unable to sustain many aspects of their caring role.	Complete breakdown in the relationship between the person and the Y.C, unable to continue caring/ has difficulty sustaining vital aspects of caring role. Input is needed for the

	cared-for person	relationship with cared for person	suitable care setting.		Y.C wellbeing. Y.C never feels acknowledged, therefore feels excluded.
Active/life balance	The Y.C has opportunities to take part in activities such as play, recreation and sport at home, in school and in the community	The Y.C has some opportunities to take part in activities such as play, recreation and sport at home, in school and in the community	The Y.C has limited opportunities to take part in activities such as play, recreation and sport at home, in school and in the community	The Y.C has few opportunities to take part in activities such as play, recreation and sport at home, in school and in the community which may have a negative impact on healthy growth and development	The Y.C has no opportunities to take part in activities such as play, recreation and sport at home, in school and in the community and this is impacting negatively on healthy growth and development
Respect/Responsible	The Y.C has regular opportunities to be heard / be involved in decisions and have a responsible role to be involved in decisions that affect them	The Y.C has some opportunities to be heard and involved in decisions and have a responsible role to be involved in decisions that affect them	Due to their caring role, the Y.C has limited opportunities to be heard and involved in decisions that affect them	The Y.C has few opportunities to be heard and involved in decisions that affect them.	The Y.C has no opportunities to be heard and involved in decisions that affect them. This impacting significantly on their health and well being
Included/Finances	The Y.C feels accepted as part of the community in which they live and learn. Has time to become part of community activities. Free from financial stress	The Y.C feels some acceptance as part of the community in which they live and learn but is unsure how to participate in community activities. There is a small risk of financial stress	Due to their caring role, the Y.C has limited acceptance as part of the community in which they live and learn. There is a medium risk of financial pressure	The Y.C feels isolated and not confident in the community in which they live in. Lack significant connections with other young people. Need financial support	The Y.C does not feel accepted as part of the community in which they live in. The carer's financial position is severe - there is financial hardship

## 9. Related documents and legislation

- The Carer's Scotland Act 2016
- Carers (Waiving of Charges for Support) (Scotland) Regulations 2014
- Social Care (Self-directed Support) (Scotland) Act **2013**
- Children and Young People (Scotland) Act 2014
- Fife HSCP Carer's Strategy 2023 – 2026

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## Appendix 1

### Touchpoint Eligibility Assessment Indicator

It is important and recommended that this form is used alongside the eligibility framework.

In order to prepare this form, and the Adult Carer Support Plan, there is a requirement that professionals who complete these forms do so through a conversation with the carer. This is in line with our duties within the Carers (Scotland) Act.

The form and framework are intended to give an early indication of the impact on a carer's life in relation to their caring situation and role. It should be considered and completed through a conversation with the carer, and alongside the Adult Carer Support Plan. The detail and impact of the carer's role will be recorded more fully on the Adult Carer Support Plan.

Taken together, these will tools will support colleagues and carers to prepare a strength based personalised outcome plan which the carer can use, with appropriate levels of assistance, to help strengthen their caring situation and minimise the impact of their caring role on their life. The focus of the conversation will be on how the carer will meet their *identified needs* for support.

The form and framework will also be used to indicate the level of need and specifically whether the carer has *eligible needs* which meet the local eligibility threshold for additional support which is not available from the universal community-based support.

#### Instructions for using this form:

Through a conversation with the unpaid carer, and with reference to the eligibility framework criteria and descriptors, please identify the level of impact for each aspect of the caring role. You will end up with one tick (✓) per row.

Aspect of caring role	Caring has no impact.  NO RISK (1 point)	Caring has low impact.  LOW RISK (2 points)	Caring has moderate impact.  MODERATE RISK (3 points)	Caring has substantial impact.  SUBSTANTIAL RISK (4 points)	Caring has critical impact.  CRITICAL RISK (5 points)
Health & Wellbeing					
Relationships					
Living Environment					
Employment & Training					
Finance					
Life balance					
Future Planning					
<b>TOTAL PERSONAL SCORE</b>					

What is the total score?

How many aspects is the impact critical? 18 -

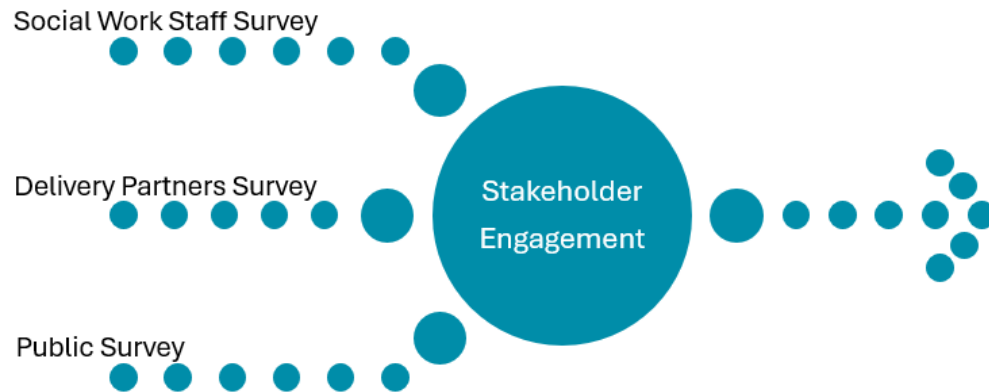
Each of the caring aspects for which there is evidence of a critical impact and risk must be consider in detail a part of the Adult Carer Support Plan. These considerations will include:

- What actions has the carer already taken, using personal assets and universal community supports, to improve their caring impact?
- Were these actions successful?
- If not, why not?
- What support may be considered as a better alternative?
- Is that alternative support available through universal community supports?
- Does the carers' eligible needs meet the eligibility criteria for additional support, i.e. alternatives explored and appropriate alternatives are not available?

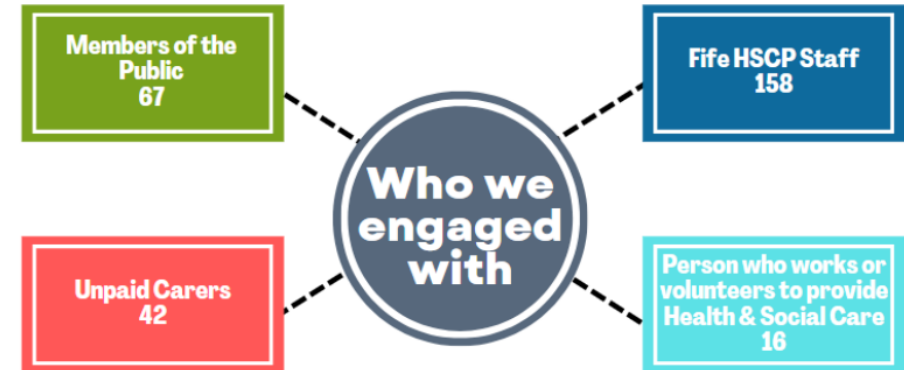
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## Participation and Engagement Overview

Consultation included three surveys, these started on the 5<sup>th</sup> of November and closed on the 26<sup>th</sup> of November 2024.



## Breakdown of Survey Responses



Some examples of feedback:

"the range and quality of these services is good based on personal experience and case examples of benefits could be highlighted more to encourage participation in their use".

"Good to know. I think if people were made aware it could help greatly to relive anxiety, particularly those alone without support"

In summary:

- This consultation ensured that the revised eligibility criteria for carers (the Supporting People Framework) is transparent to those who may need to access social work and occupational therapy services and to establish what staff may require to be able to deliver this.
- It also established the awareness of the prevention and early intervention support which is available to support people to live independent and healthier lives.



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26th March 2025</b>
<b>Agenda Item No:</b>	<b>8.1</b>
<b>Report Title:</b>	<b>Finance Update</b>
<b>Responsible Officer:</b>	<b>Lynne Garvey, Director of Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Audrey Valente, Chief Finance Officer</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Assurance

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

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

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Managing resources effectively while delivering quality outcomes.

## 2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board 10<sup>th</sup> March 2025
- Local Partnership Forum 11<sup>th</sup> March 2025
- Finance, Performance and Scrutiny Committee 12<sup>th</sup> March 2025

## 3 Report Summary

### 3.1 Situation

The attached report details the financial position (projected outturn) of the delegated and managed services. The forecast for Fife Health & Social Care Partnership at 31 March 2025 is currently a projected overspend of £36.990m.

A recovery plan has been agreed by IJB on 25th October and the implementation of the agreed actions are being closely monitored. Given the pressures we are facing it is unlikely that we will be able to deliver on the recovery actions, this will remain under review.

### **3.2 Background**

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).

The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Service and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.

### **3.3 Assessment**

As at 31 January 2025 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £36.990m

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- GP Prescribing
- Family Health Services
- Childrens Services
- Homecare Services
- Older People Nursing and Residential
- Older People Residential
- Adult Placements
- Occupational Therapy & ICASS
- Social Care Other

These overspends are partially offset by underspends in:-

- Community Services
- Adults Supported Living
- Social Care fieldwork teams

There is also an update in relation to savings which were approved by the IJB in March 2024 and use of Reserves brought forward from March 2024.

#### **3.3.1 Quality / Customer Care**

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

Any recovery plan actions have been developed in conjunction with clinical and medical colleagues. Quality and customer care is a



priority for the IJB and work will continue to ensure high quality services are delivered to the people of Fife

### **3.3.2 Workforce**

We recognise and value our workforce and all they do every day to support and care for the people of Fife. This is underpinned by our workforce strategy focusing on how we Plan, Attract, Train, Employ and Nurture our Workforce aligned to our strategic plan.

The design Principles that we are committed to and apply to all of our change and transformation programmes are:

- Staff will be involved in changes that affect them;
- Rationale for change will be transparent;
- Reduce barriers to integrated working and help the services that work together to be a team together;
- Improve pace and scale of integration in Fife;
- Deliver safe and effective care;
- Deliver best value, best quality & outcomes;
- Be sustainable within available resource through transforming care.
- Focus not only on what we do but how we do it placing emphasis on supporting cultural change.

We will support our workforce through these changes with a focus on communication, fairness, consistency, training and health and safety.

Key partners in this work are our staff side and trade union colleagues through a co-design approach and through regular reporting and discussion at the Local Partnership Forum (LPF). The LPF advise on the delivery of staff governance and employee relations issues, inform thinking around priorities on health and social care issues; advise on workforce issues, including planning, development, and staff wellbeing; inform and test the implementation of approaches in relation to Strategic Plans, commissioning intentions, and contributing to the wider strategic organisational objectives of the IJB.

### **3.3.3 Financial**

An escalation tool has been developed which will inform where expenditure exceeds budget in our demand led areas, this will be scrutinised by SLT and used to inform bi-monthly discussions with partners to ensure ongoing financial balance and sustainability is maintained.

Weekly PRU (Progress Report Updates) meetings will continue as a priority. Progress on savings delivery is reported by officers to SLT and discussion and challenge on next steps to ensure delivery of savings is progressed. An enhanced savings tracker will be developed.

### **3.3.4 Risk / Legal / Management**

There is a risk that savings may not be achieved on a recurring basis. A Savings Tracker and Risk register will be completed and kept up to date.

The finance risk within the IJB Strategic Risk Register is reviewed and updated regularly throughout the financial year and reported through the appropriate governance route. Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An understanding of how the recovery actions impacts on equality and diversity, including Health Inequalities is important to us and will be considered as part of our assessment process. Aligned to the IJB strategic plan the impact on localities and health inequalities is considered as part of all development work

### **3.3.6 Environmental / Climate Change**

There are no impacts on the environment

[Climate Fife 2024 Strategy and Action Plan](#)

### **3.3.7 Other Impact**

None

### **3.3.8 Communication, Involvement, Engagement and Consultation**

In the development of this work there has been engagement with various stakeholders as relevant to recovery actions.

Individual plans will fulfil our responsibilities to engage with the people we support, families, carers, partners Staff side, Trade Unions and our workforce on each of the programmes of work as relevant.

In addition, all of the proposals have been developed in conjunction with clinical and professional colleagues and consideration of key standards and legislative requirements. Quality and customer care is a priority for the IJB and work will continue throughout the delivery of the programmes to ensure high quality services are delivered to the people of Fife.

It is important to us to ensure that any communication is carried out in a supportive way with plain language and simple messaging.

#### 4.4 Recommendation

- **Note –** IJB are asked to note the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31<sup>st</sup> January 2025 as outlined in Appendices 1-4 of the report; and
- **Note –** IJB are asked to note that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1.

#### List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at January 2025

Appendix 2 - Approved 2024-25 Savings Tracker

Appendix 3 – Fife H&SCP Reserves

#### 6 Implications for Fife Council

There will be financial implications for Fife Council should the Partnership exceed its budget, necessitating the requirement for the Risk Share Agreement.

#### 7 Implications for NHS Fife

There will be financial implications for NHS Fife should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

#### 8 Implications for Third Sector

There will be full participation and engagement with the third sector in relation to those recovery actions that will impact on the sector.

#### 9 Implications for Independent Sector

Where recovery actions will impact on the independent sector full participation, engagements and discussions will be a priority and that any new ways of operating will be co-produced.

#### 10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

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

**Report Contact**

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**Fife Health  
& Social Care  
Partnership**



**Finance Report  
Projected Outturn as at 31<sup>st</sup> January  
2025**



Supporting the people of Fife together



# FINANCIAL MONITORING

## PROVISIONAL OUTTURN AS AT JANUARY 2025

### 1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) fall into two categories:

- a) Payments for the delegated in scope functions
- b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2024. A budget of £671.633m was set for 2024-25. To balance the budget savings of £39m are required in Yr1.

The revenue budget of £48.482m for acute set aside was also set for 2024-25.

### 2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected outturn, which is a projected overspend of £36.990m is provided at Table 2 and a variance analysis provided.

### 3. Movement in Budget

The total budget for the delegated and managed services has increased by £7.933m since November (£63.984m since April) as shown in Table 1 below:

Opening Budget	671.633
Adjustments between roll forward and opening budget	11.180
Family Health Services	21.467
Housing	1.633
To health retained - for Pharmacy & Palliative Care	-4.039
Neurodevelopmental Disorder (NDD) outcomes	0.450
Superannuation allocation	2.215
Primary Medical Services	1.722
Mental Health	1.960
Other misc adjustments to allocations	0.866
Pay Uplift 24-25	9.824
Adult +Child health weight	0.668
Unfunded posts	0.675
Winter	0.350
Integration Authorities: MDT	0.237
Tariff reduction reversed	0.312
Path House - Use of reserves	0.183
SLA Budget	5.537
Primary Care uplift	4.919

Medical pay uplift 24-25	2.340
Sla's + Oats uplift	0.332
FC - Pay funding	1.153
<b>Budget at January</b>	<b>735.617</b>

#### 4. Directions

When the budget was approved in March 2024 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. Partners have reached agreement, and the invoice was paid in January.

We will continue to work with our partners on providing Directions for additional allocations received from SG.

#### 5. Financial Performance Analysis of Projected Outturn as at 31<sup>st</sup> January 2025

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £36.990m overspend. Shown in Table 2 below.

Fife Health & Social Care Partnership									
Projected Outturn as at January 2024									
Objective Summary	Budget November	Budget January		Forecast Outturn November	Forecast Outturn January		Variance as at November	Variance as at January	Movement in Variance
	£m	£m		£m	£m		£m	£m	£m
Community Services	155.507	157.382		154.680	157.280		(0.827)	(0.102)	0.725
Hospitals and Long Term Care	62.018	62.933		73.734	74.970		11.716	12.037	0.321
GP Prescribing	81.166	81.166		85.166	85.666		4.000	4.500	0.500
Family Health Services	125.283	128.872		126.083	129.582		0.800	0.710	(0.090)
Children's Services	18.448	18.449		18.798	18.799		0.350	0.350	0.000
Homecare Services	58.267	58.565		62.915	63.848		4.648	5.283	0.635
Older People Nursing and Residential	55.665	55.403		61.305	60.479		5.640	5.076	(0.565)
Older People Residential and Day Care	16.934	16.934		18.923	19.163		1.989	2.229	0.241
Older People Fife Wide/ Hospital Discharge	1.577	1.577		1.536	1.540		(0.041)	(0.038)	0.004
Occupational Therapy & ICASS	5.491	5.491		6.093	6.172		0.603	0.681	0.078
Adults Fife Wide	6.974	6.974		7.090	7.280		0.117	0.307	0.190
Adult Supported Living	30.992	30.962		29.981	29.999		(1.011)	(0.962)	0.049
Social Care Fieldwork Teams	21.223	21.223		19.883	19.708		(1.340)	(1.515)	(0.175)
Adult Placements	83.794	83.794		90.771	90.948		6.977	7.154	0.177
Social Care Other	(0.873)	(0.425)		0.059	0.507		0.932	0.932	0.000
Business Enabling/Professional	3.525	4.684		3.857	5.042		0.331	0.358	0.026
Housing	1.633	1.633		1.613	1.623		(0.021)	(0.011)	0.010
<b>Total Health &amp; Social Care</b>	<b>727.624</b>	<b>735.617</b>		<b>762.487</b>	<b>772.607</b>		<b>34.863</b>	<b>36.990</b>	<b>2.127</b>

The projected outturn reflects an overspend of £36.990m is also presented by portfolio level in Table 3 below. The variance analysis included is also by portfolio.

	Budget November	Forecast Outturn November	Variance as at November	Budget January	Forecast Outturn January	Variance as at January	Movement in Variance
	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	283.578	287.269	3.691	288.088	291.695	3.607	-0.084
Complex & Critical Care	216.265	229.008	12.743	217.173	230.907	13.734	0.991
Community Care	203.143	220.451	17.308	203.459	221.401	17.941	0.633
Professional & Business Enabling	13.133	13.300	0.166	14.078	14.651	0.573	0.406
Other	15.553	16.508	0.955	12.684	13.819	1.135	0.179
<b>Total HSCP</b>	<b>731.673</b>	<b>766.536</b>	<b>34.863</b>	<b>735.483</b>	<b>772.473</b>	<b>36.990</b>	<b>2.126</b>

## 5.1 Primary & Preventative Care

### **Variance**

The budget as at January is £288.088m. The projected outturn is £291.695m, adverse variance against budget of £3.607m. Within this portfolio there are savings of £7.190m. The projected overspend includes non-achievement of savings of £0.800m. Detail can be found in Appendix 3.

The variance after non-delivery of savings is projected at £2.807m, the main variance is due to GP Prescribing which is currently projecting to overspend by £3.700m as per the November reported position. Primary Medical Services is projecting to overspend by £0.800m due to overspends associated with 2c practices due in part to reliance on locum GPs, increased maternity/sickness across GPs and increasing Premises costs. This is partially offset by underspends in staffing across Primary & Preventative portfolio.

The movement from the November position is a minimal improvement of (£0.084m)

## 5.2 Integrated Complex & Critical

### **Variance**

The budget as at January is £217.173m. The projected outturn is £230.907m, an adverse variance against budget of £13.734m. Savings of £15.000m have been allocated to Complex & Critical Care Services. The projected overspend includes non-achievement of savings of £8.406m. Detail can be found in Appendix 3.

The remaining variances £5.328m are attributable to the following:-

Mental Health Services has a projected overspend of £5.494m, which is as a result of the continued use of locum staff, bank staff and difficulties in recruitment. Psychology Services is projecting an overspend of £0.700m and work is ongoing to understand this position and ensure all income is accounted for. This is partially offset by underspends of £1.100m across Learning Disability services due to vacant posts and difficulties in recruiting.

Social Care for Adults has a projected overspend of £0.234m. This is made up of an overspend on Adults Placements of £2.454m, due to the volume of packages being approved and transport costs and is offset by underspends of £2.220m in Supported Living, Community Support Service and vacancies in the Social Care Fieldwork Teams.

The movement from the November position is an adverse movement of £0.991m. This is due to adverse movements in Mental Health of £0.550m and £0.200m in Psychology.



Work in ongoing to understand these movements. There is also a movement in Adults Social Care Packages of £0.241m due to additional packages.

### **5.3 Integrated Community Care**

#### ***Variance***

The budget as at January is £203.459m. The projected outturn is £221.401m, an adverse variance against budget of £17.941m. Savings of £10.073m are included in Integrated and Community Care and the projected overspend reflects £5.845m of non-achievement of savings. Detail can be found in Appendix 3.

The remaining variances £12.096m are attributable to the following:-

Care of the Elderly is projecting to overspend by £3.496m due to the use of agency staffing and surge beds. Specialist Inpatients is projecting to overspend due to use of agency staffing of £0.506m. Underspends of £1.520m in ICASS, £0.470m in Community Nursing and £0.445m in Admin Staffing due to vacancies partly offset these overspends.

Residential Care is projecting a £1.779m overspend. This is mainly due to the use of agency staff in care homes £2.1m offset by budget from vacant posts of £1m. Catering and cleaning charges are projecting to be £0.700m overspent against budget.

Older People Nursing & Residential projected outturn is an overspend of £2.576m. This is due to a greater number of beds being utilised than budget available.

Homecare Services is projecting an overspend of £4.133m. This is due to overspends on Direct payments, External Care at Home packages and overspends on fleet charges. The position is partially offset by underspends due to vacancies in Internal Homecare.

The movement from the November position is an adverse movement of £0.633m. This is mainly due to a reduction in savings achieved of £0.200m for agency use in our Internal Care Homes, £0.400m on Single Handed Care due to the timing of care reviews, and £0.146m on substitute saving due to the use of Surge Beds in Care of the Elderly and Specialist Inpatient Wards.

### **5.4 Professional & Business Enabling**

#### ***Variance***

The budget as at January is £14.078m. The projected outturn is £14.651m, giving an overspend position of £0.573m. Savings of £2.770m are included in Professional & Business Enabling. The projected overspend includes non-achievement of savings of £0.255m. Detail can be found in Appendix 3.

## **6. Savings**

The funding gap of £39.033m was identified as part of the budget setting process. As a result, savings proposals totalling £39m for 2024-25 were approved by the IJB on 31<sup>st</sup> March 2024.

The financial tracker included at Appendix 2, provides an update on all savings and includes a RAG status. The current reported position would suggest that there is likely to be £21.777m (56%) of savings delivered during 2024-25.

## 7. Reserves

Reserves brought forward at April 2024 were £4.731m

Reserves Balances	Opening Balance @ April 2024
Earmarked Reserves	3.496
Reserves Committed	1.235
<b>Total Reserves</b>	<b>4.731</b>

Further details are shown in Appendix 3

## 8. Recovery Plan and Escalation

### Recovery Plan

A recovery plan was agreed by the IJB on 25th October. The agreed actions will be closely monitored.

The agreed plan will not fully deliver a break-even position in financial year 2024-25, there is a requirement for further dialogue with partners aligned with section 8.2.3 of the Integration Scheme.

*If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to make additional one-off payments to the IJB;*

A letter has been sent out from the Chair of IJB and Director of Health & Social Care Partnership indicating the financial position and requesting whether any additional payments can be made to the IJB.

All efforts will be made to reduce the overspend position, however it is likely that there will be a requirement to implement the risk share agreement which requires overspends to be funded by partners at the year-end per Section 8.2.3 of the Integration Scheme

*Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB.*

### Escalation

An escalation tool has been developed that allows early scrutiny of volatile areas of spend. This tool will assist with and help us to understand at a more granular level the impact of management decision on the projected outturn position. If there are early indications of a worsening position, then prompt discussions can take place between partners and action taken to minimise spend.

The combination of management information coupled with appropriate governance will assist in ensuring effective financial management arrangements are put in place.

## **9. Risks and Mitigation**

Given the projected out-turn of £36.990m it is likely that the risk share agreement will require to be implemented. There will be continued scrutiny of all expenditure with a view to reducing or sustaining the current projected position by the end of the financial year.

## **11. Key Actions / Next Steps**

There will be continued close monitoring of the projected outturn position during 2024-25.

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

Delivery of savings is a key priority for the IJB and the Chief Officer will continue to monitor, scrutinise and drive forward delivery of the agreed savings. Weekly Progress Review Update meetings are taking place to ensure savings are being progressed.

Senior Leadership Team will work with their services to ensure continued opportunities are sought and that only essential spend is incurred, this is currently not reflected in the projected financial position and any improvement will reduce the overspend.

Continued scrutiny of all vacant posts through a weekly recruitment panel.

In terms of future financial years, it is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. The financial regulations clearly articulate the governance in relation to areas of overspend and this too will enable risks to be clearly articulated and effective financial management arrangements to be put in place.

As a result of the financial challenges faced by the IJB, we have increased the frequency of meetings with both partners and The Chair and Vice Chair of the IJB. Financial sustainability is a priority, and we recognise the valuable contribution that our key stakeholders can provide.

Work is ongoing to ensure Reserves are utilised, particularly the Community Living Fund which will require to be returned to Scottish Government if not spent in full.

**Audrey Valente**  
Chief Finance Officer  
26<sup>th</sup> March 2025

## Savings Tracker 2024-25

## Appendix 2

Theme	Tracked Approved Savings HSCP - Approved 2024-25	Total Savings target £m	Forecast delivery £m	Not yet Achieved £m	Rag Status In year Delivery	Rag Status Project Lifetime
Previously Agreed Savings	Nurse Supplementary Staffing	2.000	1.000	1.000	Amber	Green
Previously Agreed Savings	Securing a sustainable Medical Workforce and reducing locum spend	1.500	0.347	1.153	Red	Green
Previously Agreed Savings	Community Rehabilitation & Care	1.000	0.000	1.000	Red	Green
	Substitute for Community Rehabilitation & Care		0.558	-0.558	Amber	Green
Previously Agreed Savings	Modernising Administration Services	0.500	0.500	0.000	Green	Green
Previously Agreed Savings	Integrated Management Teams	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Medicines Efficiencies programme 2023-25	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Maximising Core Budget (Alcohol and Drugs)	0.200	0.200	0.000	Green	Green
Previously Agreed Savings	Transforming Centralised Scheduling	0.413	0.263	0.150	Amber	Amber
Previously Agreed Savings	Digital Sensor Technology - transform overnight care	3.000	0.300	2.700	Red	Amber
Previously Agreed Savings	Single Handed Care	1.500	0.350	1.150	Red	Green
Previously Agreed Savings	Re-imagining the Voluntary Sector	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.100	0.100	0.000	Green	Green
Previously Agreed Savings	Use of Underspends - temp in 2023-24	2.000	1.000	1.000	Amber	Amber
Income Generation	Supported Living Rents	0.400	0.400	0.000	Green	Green
Income Generation	Meals on Wheels	0.050	0.050	0.000	Green	Green
Income Generation	Community alarms	0.050	0.050	0.000	Green	Green
Efficiency	Miscellaneous portfolio budgets	0.900	0.900	0.000	Green	Green
Efficiency	Improved commissioning of adult's care packages	2.400	0.400	2.000	Red	Green
Efficiency	Maximising Core Budgets	1.000	0.813	0.187	Amber	Amber
Efficiency	Reduce agency spend across care homes	0.800	0.600	0.200	Green	Green
Efficiency	Cleaning operations in care homes	0.500	0.250	0.250	Amber	Amber
Efficiency	Reduce spend on Homecare Travel Costs	0.160	0.160	0.000	Green	Green
Efficiency	Commissioning Centre of Excellence	0.150	0.082	0.068	Amber	Green
Efficiency	Further expansion and ambition of medicines efficiencies programme	4.300	3.500	0.800	Green	Green
Efficiency	Group Homes	0.100	0.050	0.050	Amber	Green
Efficiency	Health Visiting Service Workforce planning	0.230	0.230	0.000	Green	Green
Efficiency	Urgent Care Services Fife (UCSF) - Conveyance of Clinicians and Patients, and safe transport of medicines and equipment	0.180	0.180	0.000	Green	Green
Efficiency	More efficient use of specialist beds	0.140	0.140	0.000	Green	Green
Efficiency	Skill Mix and Digital Referral within the Discharge Hub	0.050	0.050	0.000	Green	Green

Efficiency	Previously Approved Underspend Savings	1.110	1.110	0.000	Green	Green
Service Redesign	Community Support Services	0.150	0.150	0.000	Green	Green
Service Redesign	Remodelling of Mental Health Services	6.000	3.344	2.656	Red	Green
Service Redesign	Nutrition & Dietetics	0.250	0.250	0.000	Green	Green
Commissioning	Packages of Care - Equity of Allocation	0.700	0.700	0.000	Green	Green
Commissioning	Reprovision of Care Home Beds	2.500	0.000	2.500	Red	Amber
Reserves	Use of Reserves	1.700	0.750	0.950	Red	Red
	<b>TOTAL</b>	<b>39.033</b>	<b>21.777</b>	<b>17.256</b>	<b>56%</b>	

Appendix  
3

<b>Reserves Balances</b>	<b>Opening Balance @ April 2024</b>	<b>Allocated in year</b>	<b>Closing Balance at March 2025</b>
Earmarked Reserves	3.496		3.496
Reserves Committed	1.235		1.235
<b>Total Reserves</b>	<b>4.731</b>		<b>4.731</b>

<b>Earmarked Reserves</b>	<b>Opening Balance April 2024</b>	<b>Additions/Allocated in Year</b>	<b>Closing Balance at March 2025</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
GP Premises	0.183	-0.183	0.000
Mental Health R&R	1.222	-0.700	0.522
Community Living Change Plan	1.144		1.144
Anti Poverty	0.047		0.047
FVCV	0.900		0.900
<b>Total Earmarked</b>	<b>3.496</b>	<b>-0.253</b>	<b>2.613</b>

<b>Reserves Committed</b>	<b>Opening Balance April 2024</b>	<b>Additions/Allocated in Year</b>	<b>Closing Balance at March 2025</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Community Alarms - Analogue to Digital	1.235		1.235
<b>Uncommitted Balance</b>	<b>1.235</b>	<b>0.000</b>	<b>1.235</b>



# Fife Health & Social Care Partnership

Supporting the people of Fife together

**Meeting Title:** Integration Joint Board

**Meeting Date:** 26 March 2025

**Agenda Item No:** 8.2

**Report Title:** Revenue Budget 2025-26 and Medium-Term Financial Strategy 2025-28

**Responsible Officer:** Audrey Valente, Chief Finance Officer

**Report Author:** Audrey Valente, Chief Finance Officer

## 1 Purpose

**This Report is presented to the Board for**

- Discussion
- Decision
- Direction

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

- 1 People are able to look after and improve their own health and wellbeing and live longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

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

## **2 Route to the Meeting**

Discussed with both NHS Fife and Fife Council Finance Team Colleagues

Local Partnership Forum 25 February 2025

IJB Development Session 26 February 2025

Extraordinary Finance, Performance and Scrutiny Committee 17 March 2025

## **3 Report Summary**

### **3.1 Situation**

This report provides information on the estimated resources available to the Integration Joint Board over the 2025-26 period. This paper asks the IJB to approve the budget for next financial year but also gives an indication to the more medium-term position reported in the Medium-Term Financial Strategy (MTFS)

In setting this budget it is recognised that there is a risk in relation to demand for our services across the whole system. Management information has been developed that can be scrutinised and analysed to allow corrective action where possible but can also allow early discussion and dialogue with partners where demand outweighs the funding available, and no corrective action is possible.

It is intended to review this management information more regularly during the course of 2025-26 with a view to bi-monthly agreement from partners to fund any additional spend above budgeted levels to ensure financial balance is reached.



## **MTFS**

The MTFS for Fife IJB (Integration Joint Board) sets out and ensures that resources are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. The MTFS quantifies the challenges over the next three years and will inform decision making and actions required to support financial sustainability. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife and therefore highlights any areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and sets out the medium-term transformational change required to allow us to deliver services in the most effective way whilst balancing the budget.

## **Budget 2025-26**

In setting the core revenue budget for 2025-26 members should seek to maintain a 3-year focus recognising the significant financial challenge that lies ahead. Whilst there is uncertainty in relation to the figures beyond 2025-26, high-level projections point to a continued budget gap in both 2026-27 and 2027-28. In light of these projections, members are advised to give full consideration to the longer-term consequences of any decisions made in setting the 2025-26 budget.

In order to determine the core revenue budget gap for 2025-26, a comparison of the recurring funding that the IJB is expected to receive with the cost of continuing existing service provision has been made. The latter assumes that the IJB continues to provide the range of services that it currently does in a similar manner. The cost of continuing is illustrative only as it assumes that the IJB responds to demand and operates in the same way as it does currently. This comparison demonstrates an extremely challenging position from 2025-26 onwards.

The model also incorporates new cost pressures which are likely to be incurred during the medium term as well as known inflationary pressures such as pay uplifts, drug costs inflation and the payment of £12.60 per hour as part of the Living Wage commitment for commissioned services for adult social care.

The January finance update to the IJB indicated that some savings remain undelivered at this point in the financial year. To ensure financial balance it is essential that these require to be brought forward and delivered in 2025-26 and are therefore reflected in the cost of continuing

Savings are required to be delivered over the medium term which have been categorised as Income Generation, Efficiency, Service Redesign, Transformation and Commissioning. Further information in relation to these is included later in the paper.

An escalation tool has been developed that recognises and provides focus and scrutiny on the volatile IJB budgets. This tool will measure demand against the budget set and provide an early indication where there is likely to be overspend incurred. Given, through both partner financial governance arrangements, there is no authority for the IJB to overspend, prior bi-monthly approval will be agreed

and reflected at regular intervals to both the governance committees and ultimately the IJB.

The Strategic Plan 2023-2026 was approved in January 2023. The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important that the MTFS includes a clear financial framework which will support delivery of the strategic plan within the finite resources available.

It should be noted that the Set Aside budget is not included in the revenue budget. Since inception of the IJB the set aside budget has been delegated to but not managed by the IJB. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication. This has been delayed and a whole system approach has already commenced and will continue to develop further during 2025-26.

The Local Authority budget was approved on 20th February 2025.

A paper on increasing and introducing Health and Social Care charges will be considered by Fife Council Cabinet Committee on April 3<sup>rd</sup>.

The NHS budget will be approved by end March 2025.

The Draft Budget overview is provided in Appendix 1, this details funding provided by partners and highlights areas of pressure facing the IJB.

## **3.2 Background**

### **Budget**

The IJB is reliant on funding contributions from both Fife Council and NHS Fife to enable a balanced budget to be set year on year. Once these contributions are received, they lose their identity to become the 'Fife IJB pound' and it then becomes the responsibility of the IJB to direct both Partner organisations to deliver services to the people of Fife. Although there are formal arrangements, through the Integration Scheme, to notify the IJB of its annual funding allocations, the ability to produce a timely and competent budget is very much contingent on the financial planning and budget setting processes of the partner organisations, as well as the financial settlements from the Scottish Government.

The budget gap for the next 3 years is provided below, signifying that the gap is likely to be increasing over the 3 years modelled. It should be noted that the figures in the latter two years are less certain and therefore are indicative at this stage. Budget assumptions will be refined as more robust financial intelligence becomes available.

Table 1

	2025-26	2026-27	2027-28
	£m	£m	£m
Cost of Continuing	740.149	763.230	786.485
Pressures	41.276	41.276	41.276
Funding Available	740.848	763.867	787.222
<b>Total GAP</b>	<b>40.577</b>	<b>40.639</b>	<b>40.539</b>

Further non-recurring allocations are received in year for specific priorities, particularly in relation to health delegated budgets, for areas such as ADP etc

### **Savings**

The funding gap in year 1 of £40.577m will require to be met from savings. The table below identifies the options for funding which will be available to the IJB and clearly sign posts the volatile and demand led budgets which will be subject to closer scrutiny throughout the year

A process for reporting and governance will be developed in relation to these volatile budgets and presented to a future meeting of the board.

Table 2

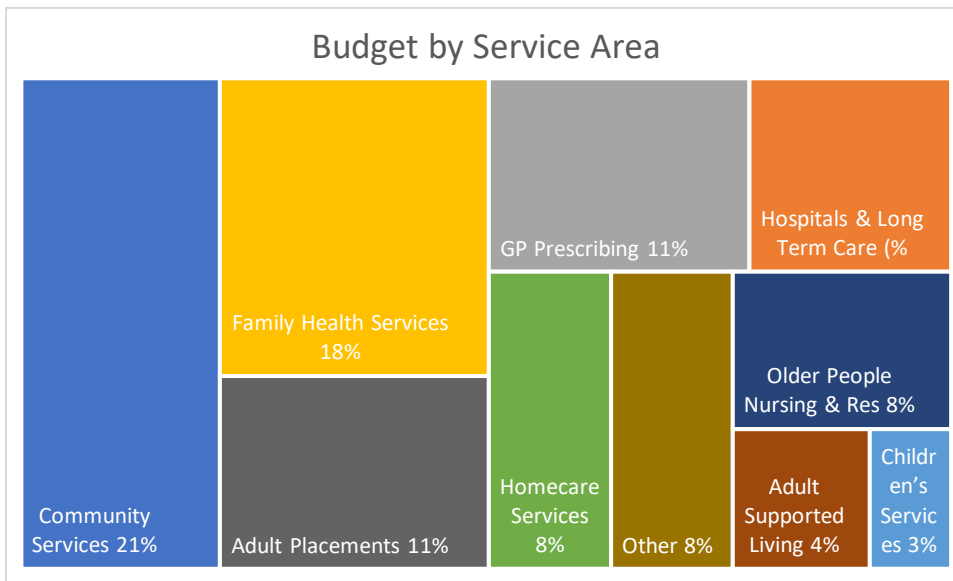
	2025-26
Efficiencies	4.097
Income Generation	1.625
Service Redesign	2.630
Transformation	3.995
Previously Approved	15.277
Closer scrutiny of volatile budgets	13.000
<b>Total</b>	<b>40.624</b>

### **2024-25 Financial Position**

The total contribution from partners is £735.617m (as at January 2025). These contributions are consolidated to become the 'Fife IJB £' and the budgets allocated to spend are as follows:



The detailed service breakdown is as follows:



As at January 2025 the projected overspend for the HSCP is £36.990m. It should be noted that any the overspend at March 2025 will be funded by partners through the risk share agreement.

### 3.3 Assessment

#### Key Issues/Points for Consideration for the Budget

##### **Safe Staffing Legislation - Workforce Tools**

The potential cost of compliance with safe staffing legislation has not been reflected in the budget position. There is a risk that this will create significant additional cost pressures but every attempt to manage within existing budgetary provision will be made.

##### **Employers National Insurance**

In October 2024 the UK government autumn budget confirmed a change to employer's National Insurance Contributions (eNIC) which will take effect from April 2025

A commitment to 60% funding from Scottish Government has been announced for both local government and NHS employers. There remains uncertainty in relation to independent and third sector providers which is likely to have an immediate risk to the sustainability of some services currently delivered by these providers

##### **Grants to Voluntary Organisations**

A paper was considered at a meeting of the Finance, Performance and a Scrutiny Committee on 13<sup>th</sup> March 2025 in relation to the above and it was

supported that an uplift of 2% would be applied to all of these funding streams. The 2% uplift is reflected in this paper.

### **Set Aside**

As detailed above, Set Aside still requires to be transferred to the IJB. Due to other pressures a tripartite agreement has been reached to pause any transfer, and discussions are still ongoing as to the exact date of transfer. The projected overspend level at January 2025 is £7.086m and prior to any transfer, strategic discussions require to be taken forward.

### **Charging**

Charging is not within the gift of the IJB to govern and remains the responsibility of the Local Authority. The paper reflects business as usual uplifts in relation to meals on wheels, community alarms, rents and financial assessments.

However, for the first time this paper also includes a further income generation proposal in relation to day care services and Telecare.

This is required to be approved by Fife Council Cabinet Committee and if approved will generate further income of £595k.

### **Inflation**

Inflation has fallen significantly since hitting 11.1% in October 2022, the highest rate for 40 years. This doesn't mean that they are falling, only that they are rising less quickly.

CPI was 3% in the year to January 2025, up from 2.5% in the 12 months to December, meaning that consumer prices rose at the fastest for 10 months

Robust monitoring of the position throughout the year will be required to understand any risks associated with this. Although there is likely to be an improvement during this financial year it is not known with certainty at this point in time.

### **Pay Awards**

The pay increases agreed for the last few years have created significant cost pressures for the IJB. In developing the budget gap, it is necessary to recognise these additional costs pressures to ensure sufficient funding is recognised as part of the planning process. In terms of NHS Fife, it has been assumed that any pay award will be funded in full by SG but that currently 3% is reflected in the budget model.

An estimate of 3% to align with the public sector pay policy is also reflected for Fife Council. Any agreed pay rise above those levels will create a funding risk to the IJB and there is a strong possibility that this will not be met by the Local Authority.

## **Agenda for Change Terms and Conditions**

A further one-hour reduction in the working week will take effect from 1<sup>st</sup> April 2026 instead of an incremental reduction in 2025. At this point in time the impact has not been reflected in the gap. Officers continue to work with NHS Fife to understand and reflect an accurate position statement of the cost pressures that this will present.

Conversations will continue in relation any funding made available by SG in relation to this initiative recognising that current funding received from Scottish Government is on a non-recurring basis.

## **2025-26 Budget Position**

Savings have been identified to meet the budget gap and therefore a balanced budget for 2025-26 is reflected in this paper recognising the cost of continuing services at existing levels which include pay and price inflation, pressures, and new developments whether they be health or social care related.

Demographic growth is reflected in the model in terms of children transferring to adult services, otherwise known as transitions. As part of future budget planning there is a need to commission work to understand from a strategic perspective the impact of demographics on future Health and Social Care budgets. There is also a need to understand the implications of the National Care Service and what impact this will have on future models of care, and their associated cost implications.

The IJB will be required to continue to deliver efficiencies whilst managing any increases in demand that exceed the levels that have been provided for within the budget model. To mitigate any risk associated with this strategy, the impact will be closely monitored, and alternative measures can be put in place if required.

The escalation tool will be used to proactively indicate where demand exceeds budget available and will allow early dialogue and scrutiny with partners, to ensure funding is released and agreed on a bi-monthly basis to ensure financial balance is reached.

## **Reserves**

A reserves policy for the IJB was approved in September 2017. The Health and Social Care Partnership has not been in a position in previous years to create a reserve due to legacy overspends and budget pressures.

There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure.

All reserves held in years from 2021-2024 have been utilised, apart from £4.731m, these are Earmarked and Committed reserves for specific purposes and could not be drawn against the overspend in 2023-24. It is expected that these will be fully utilised in 2024-25 and no reserve balances will be held in 2025-26. This is concerning as it leaves no flexibility during the next financial year. Financial sustainability is a priority for the IJB and requires effective financial planning, as well as strategic planning to provide assurance to the board, partners, and

external audit that we can deliver services to the people of Fife that are both fit for purpose and sustainable.

### **Transformation/ Programme Investment**

The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnerships business and requires the partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

There has been significant investment to create a transformation team and the team has progressed a series of programmes and projects. These projects will measure improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.

Given the projected lack of reserves, there is a risk that we will not have sufficient resource to progress our transformation plans, impacting on our financial sustainability. This will continue to be carefully monitored throughout financial year 2025-26.

#### **3.3.1 Quality / Customer Care**

Any savings have been developed in conjunction with clinical and medical colleagues. Quality and customer care is a priority for the IJB, and work will continue to ensure high quality services are delivered to the people of Fife.

The impact of any budget changes or savings is monitored by clinical professional leads and service managers through governance processes such as the Quality Matters Assurance Safety Huddle and Quality Matters Assurance Groups (QMAG). Trends around complaints/compliments and adverse incidents are identified, and implementation of relevant learning and action plans are monitored via the Datix system and through QMAG updates.

#### **3.3.2 Workforce**

We will work in partnership with staff side colleagues and trade unions to deliver in line with year 1 of the Medium-Term Financial Strategy 2025-28.

An Extraordinary meeting was held which included staff side and trade unions to review and scrutinise individual savings PIDs (Project Initiation Documents)

#### **3.3.3 Financial**

This paper should be read in conjunction with the Medium-Term Financial Strategy 2025-2028, the MTFS sets out the resources

available and ensures that they are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. A delivery plan update is provided to Committee.

Appendix 4 - 2025-28 Savings Opportunities provides an overview of the savings brought forward from 2024-25 and new savings proposals for 2025-26. The appendix also details how we will review and scrutinise spend on our demand led budgets.

An escalation tool has been developed which will inform where expenditure exceeds budget in our demand led areas, this will be scrutinised by SLT and used to inform bi-monthly discussions with partners to ensure ongoing financial balance and sustainability is maintained.

Weekly PRU (Progress Report Updates) meetings will continue throughout 2025-26. Progress on savings delivery is reported by officers to SLT and discussion and challenge on next steps to ensure delivery of savings is progressed. An enhanced savings tracker will be developed.

#### **3.3.4 Risk / Legal / Management**

There is a risk that savings may not be achieved on a recurring basis. An enhanced Savings Tracker will be developed in line with Progress Report Update Meetings, this will include known barriers to delivery and interdependencies. A Finance Risk Register has been developed and will be kept up to date – see appendix 5.

In addition to this, the finance risk within the IJB Strategic Risk Register is reviewed and updated regularly throughout the financial year and reported through the appropriate governance route.

#### **3.3.5 Equality and Diversity, including Health Inequalities**

EQIA's have been completed for all the strategies supporting the Strategic Plan and many of the savings' proposals will fall within the EQIA's that are currently in place.

This will include the proposals relating to Mental Health redesign and re-provision of out of area packages, which will fall within the EQIA for the Mental Health Strategy, and also the Commissioning of Adult Care Packages and the Commissioning Centre of Excellence which will fall within the Commissioning Strategy EQIA.

Those savings proposals where there is direct impact on individuals, carers, employees or the wider community or where there are known inequalities may require a separate EQIA, if the potential impacts are not addressed within the overarching EQIA.



For example, the Home First and Community Care Services Transformations programme sits under the Home First Strategy EQIA but there is also an additional EQIA for the Single-handed care aspect. Similarly, there are specific EQIA's for the Assessment and Rehabilitation Centres redesign, Review of Respite Care, and Community Rehabilitation and Care. More recently developing projects, such as the Transforming Business Administration Project and the Transport Review project are continuing to develop their EQIA's in consultation with relevant stakeholders. EQIA's are regularly reviewed to ensure they keep pace with updates to proposals and feedback from those impacted.

### **3.3.6 Environmental / Climate Change**

Some of the PIDS will have positive environmental impacts. In particular, the Transport review PID is seeking to promote sustainable and equitable travel arrangements, reduce journey numbers, where feasible, and aims to provide more locally focussed services. The Transforming Administration Programme seeks to increase the use of digital solutions thereby reducing paper use and printing. Many of the PIDs are seeking to deliver care in local communities, reduce waste and promote social and health benefits.

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

### **3.3.7 Other Impact**

None

### **3.3.8 Communication, Involvement, Engagement and Consultation**

- Not applicable

## **4 Recommendation**

- **Discussion** - Examine and consider the budget for 2025-26 and associated savings.
- **Decision** - Agree the budget for next financial year 2025-26
- **Direction** - Consider and agree the direction to both partner organisation's and instruct both NHS Fife and Fife Council as appropriate.
- **Discussion** - To examine and consider the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, Changes in Inflation, demographic growth to name but a few.

## 5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Draft Budget Overview

Appendix 2 (a) - Direction to NHS Fife

Appendix 2 (b) - Direction to Fife Council

Appendix 3 - Medium Term Financial Strategy

Appendix 4 - 2025-28 Savings Opportunities

Appendix 5 – Finance Risk Register

## 6 Implications for Fife Council

There will be financial implications for Fife Council should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

## 7 Implications for NHS Fife

There will be financial implications for NHS Fife should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

## 8 Implications for Third Sector

Any savings have been developed in conjunction with our third sector colleagues. We will continue to work in partnership to ensure quality and customer care remains a priority for the IJB ensuring high quality services are delivered to the people of Fife.

## 9 Implications for Independent Sector

Any savings have been developed in conjunction with our independent sector colleagues. We will continue to work in partnership to ensure quality and customer care remains a priority for the IJB ensuring high quality services are delivered to the people of Fife.

## 10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

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

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## FIFE HEALTH AND SOCIAL CARE DRAFT BUDGET OVERVIEW

	2025-26 Budget £m	2026-27 Budget £m	2027-28 Budget £m
<b>Increase in Funding</b>			
Budget Uplift Fife Council	4.400		
Budget Uplift NHS FIFE	10.887	11.214	11.550
Adult Social Care SG Funding	9.941	11.805	11.805
<b>Total</b>	<b>25.228</b>	<b>23.019</b>	<b>23.355</b>
<b>Inflation Increases &amp; Growth Costs</b>			
Pay Inflation	10.081	8.978	9.152
Pharmacy Inflation	3.000	3.000	3.000
External providers: living wage and funding requirements	11.448	11.103	11.103
<b>Total</b>	<b>24.529</b>	<b>23.081</b>	<b>23.255</b>
<b>Cost Pressures</b>	<b>41.276</b>		
<b>Budget Gap (Cumulative)</b>	<b>40.577</b>	<b>0.062</b>	<b>(0.100)</b>

### ADDITIONAL FUNDING 2025-26

#### Fife Council

In December 2024, the Director of Health and Social Care Finance confirmed that the Scottish Government was making available additional funding of £140 million to Local Government to support social care and integration in 2025-26. This recognises the recurring commitment to provide the Real Living Wage to adult social care workers in the third and independent sectors of £12.60 per hour (£125m) and inflationary uplift on Free Personal Care rates (£10m). Funding from prior year RLW (£230m) and inflationary uplift on FPCN rates (£11.5m) will also be transferred.

At its budget meeting on the 20<sup>th</sup> February 2025 Fife Council agreed the following:-

In this budget we will invest an additional £4.4m in Health and Social Care beyond the Scottish Government requirement. In addition to this we will set aside a further £5.5m for Health and Social Care subject to a joint funding solution being agreed with our partners NHS Fife, or alternatively to meet the Council's 'risk share' commitments at the end of the year

**Fife share of the £125m is £8.894m, £10m FPC is £0.702m  
£4.410m was approved on a recurring basis**

## **NHS Fife**

NHS Fife have passported a 3% uplift which coincides with the letter received from Scottish Government in December 2024.

NHS Boards will receive a 3% uplift on baseline funding in 2025-26. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024-25 pay deals as well as moving appropriate recurring funding into the baseline.

Funding over various SG priorities will also be made available during 2025-26 for areas such as Action 15 Primary Care Improvement Plan etc. The value of this is currently unknown but continued dialogue with partners will ensure full funding entitlement is agreed and passported.

**Health Delegated uplift - 3% uplift - £10.887m**

## **2025-28 BUDGET PRESSURES**

### **Pay Awards**

#### **NHS Fife**

In terms of NHS pay, 3% uplift has been assumed. No additional funding for AfC reforms has been included, however there is an expectation that costs will be met through funding passported by NHS Fife. This is currently reflected under savings opportunities but has yet to be confirmed by NHS Fife.

**The 3% is included in the 3% uplift above - £10.887m**

#### **Fife Council**

The public sector pay policy sets out a clear policy for pay across the public sector in Scotland. It should be noted that the local government pay settlement for 2025-26 has not yet been agreed. An estimate of the 2025-26 pay uplift has been included. Any deviation from estimate will impact on the reported gap.

**No funding has been passported to the IJB from Fife Council**

### **Employers National Insurance Contributions**

In October 2024 the UK government autumn budget confirmed a change to employer's National Insurance Contributions (eNIC) which will take effect from April 2025

A commitment to 60% funding from Scottish Government has been announced for both local government and NHS employers. There remains uncertainty in relation to third and independent sector providers which is likely to have an immediate risk to the sustainability of some services currently delivered by these providers

## **Cost Pressures**

Included within the budget model provision has been made for areas of significant cost pressures during 2025-28.

- Inflationary uplifts in relation to medicines.
- Growth in Adults packages budget
- Legacy overspends

## **Third and Independent Sector**

An uplift to £12.60 for the Real Living wage has been included, the uplift relates to the wage element of the contracted hourly rate. The uplift to the full contracted hourly rate and not only the pay elements, will create a pressure on the IJB budget. This has been reflected in the budget gap.

Commissioning and legislative requirements and additional pressures to fund the National Care Home Contract Rate (NCHC rate) uplift are included. The NCHC rate is negotiated nationally via the cost of care calculator by Convention of Scottish Local Authorities (COSLA), Chartered Institute of Public Finance and Accountancy (CIPFA) and external care providers.

Negotiations are ongoing in relation to this contract with estimates included within the budget model. Any deviation from the assumed uplift within the model will impact on the budget gap.

An estimated uplift on the NCHC rate has been included in the model.

## **Prescribing**

3.7% uplift has been included for prescribing costs.

## **Unachieved Savings 2024-25**

The budget being set today is based on the assumption that any savings undelivered at 31 March 2025 will be carried forward into the following year and delivered. The value of undelivered savings will be brought forward and require to be delivered in 2025-26.

Where savings were substituted in the previous financial year it is assumed that these will continue and the original plan for delivery will continue to be sought.

## **Demographics**

There has been some provision included for demographic growth, but this will be considered at a more detailed level as part of future budget planning. There is an expectation that where there is no provision within budgets that this will be managed within existing budgets and services are expected to redesign to meet the cost of additional pressures within the resources available to them.

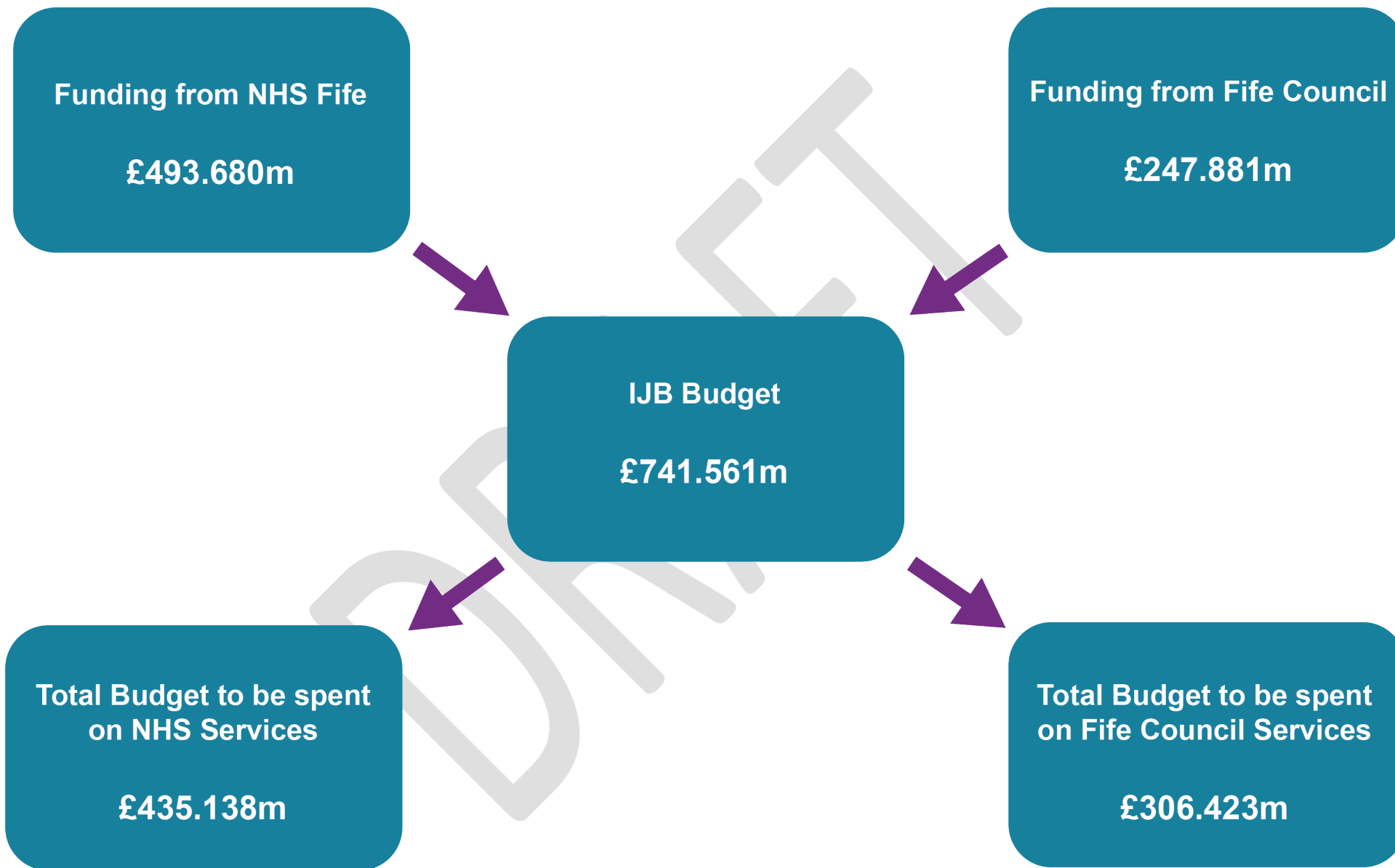


**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

<b>1</b>	<b>Reference Number</b>	<b>2025.001</b>
<b>2</b>	<b>Report Title</b>	Revenue Budget 2025-26
<b>3</b>	<b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>	
<b>4</b>	<b>Date Direction Takes Effect</b>	
<b>5</b>	<b>Direction To</b>	NHS Fife
<b>6</b>	<b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b>	
<b>7</b>	<b>Functions Covered by Direction</b>	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a> )
<b>8</b>	<b>Full Text of Direction</b>	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHs Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	<b>Budget Allocated by IJB to carry out Direction</b>	<p>For the financial year 2025 to 2026, Fife IJB has allocated a budget of £435.138 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.</p> <p>The assumed funding for volatile budgets is yet to be confirmed by each partner, and will be agreed on an 8-weekly basis through the escalation and review process</p>
10	<b>Performance Monitoring Arrangements</b>	<p>Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A.</p> <p>A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.</p>
11	<b>Date Direction will be reviewed</b>	26 <sup>th</sup> May 2025





	<b>435.138</b>	<b>Total Budget to be spent on NHS Services</b>
<b>Portfolio/ Service</b>	<b>Budget £M</b>	<b>Narrative</b>
<b>Primary Care &amp; Preventative</b>	<b>252.959</b>	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.
Child Health	16.481	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	3.011	The Immunisation Service helps to protect the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity and live healthier lives.
Sexual Health	4.963	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Rheumatology	4.884	
Fife Public Dental Service	7.515	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain treatment from a general dental practice, may have additional needs or require specialised services.
Health Promotion + Improving Health	2.577	The Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing, helping to reduce health inequalities. This covers the life course from early years and children to adults and older adults. We provide training, a range of services and information and resources. We lead on and work in partnership on projects and campaigns and activities aimed directly at communities.
Advanced Health Practitioner Services Fife-wide	16.855	AHP Services Fife-wide provides services covering Nutrition & Dietetics, Physiotherapy, Podiatry, Occupational therapy and Speech & Language Therapy, these services all contribute and are critical to supporting early intervention and prevention activities to promote health and wellbeing ensuring a life course approach.
Urgent Care Service Fife (UCSF)	7.662	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	0.751	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	0.250	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	87.636	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	100.374	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
<b>Integrated Community Care</b>	<b>64.192</b>	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Care Of the Elderly Inpatients	18.223	Covers the strategic and operational management of medicine of the elderly wards (including GP-led wards) across Fife - St Andrews Community Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and Queen Margaret Hospital. This includes the provision and development of what is a complex and evolving model across health and social care.

Icass Division	12.878	<p>Integrated Community Assessment and Support Service (ICASS) is multiple services which aims to improve the health and wellbeing of people in Fife by enabling individuals to stay independent in their own home or in their community wherever possible. The ICASS services and functions are as follows -</p> <p><b>Intermediate Care Teams</b> The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team).</p> <p><b>Assessment and Rehabilitation Centres - Developing into Community Frailty Team</b> The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife.</p> <p><b>Community Rehabilitation</b> This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided.</p> <p><b>Daily Rehabilitation</b> This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation.</p> <p><b>Inpatient Rehabilitation</b> This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided.</p> <p><b>Hospital at Home</b> The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.</p>
Community Nursing Services	16.812	<p>Specialist Community Services include the Cardiac Rehabilitation &amp; Heart Failure Service, Diabetes Service, Respiratory Service, Complex Care Service, Managed Clinical Network Team, Diabetic Eye Screening Service, ME Service, and the Tissue Viability Service. All of these specialised community services ensure that complex care is delivered safely in the community to decrease unnecessary admissions and assist in early discharges from acute settings.</p>

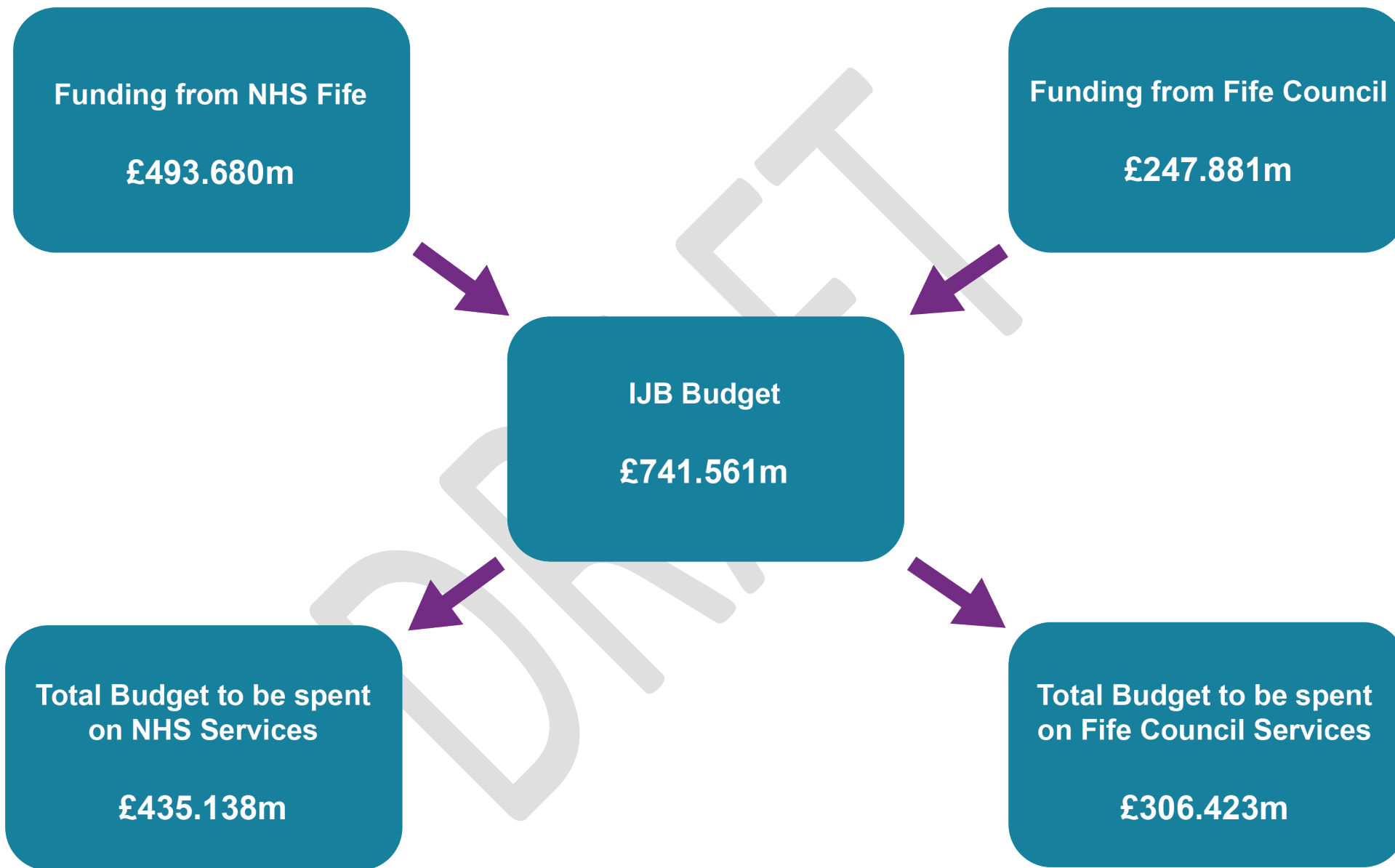
Specialist Inpats + Outreach	10.505	Specialist In-patients and Out-Reach Services encompasses the following services: Fife Specialist Palliative Care - specialist in-patient hospice, community out-reach service, SPOA (Single point of access - professional to professional line), children's and families service, adult counselling services and the acute hospital support team. Stroke rehabilitation services are provided from Letham Ward, Cameron Hospital and Queen Margaret Hospital Ward 6. The Fife Rehabilitation Service consists of the Sir George Sharp Unit at Cameron Hospital which delivers neurorehabilitation and multi-disciplinary out-reach services
Management + Admin	1.404	Management + Admin support to Integrated Community Care Teams
Fife Equipment Loan Store Service	1.060	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Community Flow and Integrated Discharge Hub	3.310	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day Of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay
<b>Integrated Complex &amp; Critical Care</b>	<b>67.102</b>	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	52.038	Mental Health Services provides a portfolio of services including the following. Drug & Alcohol Addiction Services, Child & Adolescent Mental Health Services to the Community. Community and In-Patient Adult and Older Adult Mental Health Services, Community and In-Patient Rehab Services, Community and In-Patient Forensic Mental Health Services. Mental Health Occupational Therapy and Physiotherapy Services. Admin support to Mental health services.
Learning Disability Services	8.507	Learning Disability provides Community and In-Patient Learning Disability services. Forensic Learning Disability services to in-patients, including the Regional Learning Disability Unit, Daleview Ward. Epilepsy Nursing service. Occupational Therapy services
Psychology Service	6.557	Psychology Service provides a range of psychological interventions and therapy services to meet mental health needs across the lifespan as well as specific services in the following areas - physical health settings, learning disabilities, maternity, neonatal and perinatal care, paediatrics, physical rehabilitation, psychiatric rehabilitation, addictions, forensic, staff support and services for military veterans
<b>Prof &amp; Business Enabling</b>	<b>14.480</b>	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
<b>Other</b>	<b>36.405</b>	HSCP allocations awaiting distribution & Board Vol Orgs



**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

<b>1</b>	<b>Reference Number</b>	<b>2025.002</b>
<b>2</b>	<b>Report Title</b>	Revenue Budget 2025-26
<b>3</b>	<b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>	
<b>4</b>	<b>Date Direction Takes Effect</b>	
<b>5</b>	<b>Direction To</b>	Fife Council
<b>6</b>	<b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b>	
<b>7</b>	<b>Functions Covered by Direction</b>	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a> )
<b>8</b>	<b>Full Text of Direction</b>	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	<b>Budget Allocated by IJB to carry out Direction</b>	<p>For the financial year 2025 to 2026, Fife IJB has allocated a budget of £306.423m million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.</p> <p>The assumed funding for volatile budgets is yet to be confirmed by each partner, and will be agreed on an 8-weekly basis through the escalation and review process</p>
10	<b>Performance Monitoring Arrangements</b>	<p>Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A.</p> <p>A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.</p>
11	<b>Date Direction will be reviewed</b>	26 May 2025



	<b>306.423</b>	<b>Total Budget to be spent on Fife Council Services</b>
<b>Portfolio/ Service</b>	<b>Budget £M</b>	<b>Narrative</b>
<b>Integrated Community Care</b>	<b>152.418</b>	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Homecare Services	67.067	<p>The Care at Home Service has 850 staff providing care and support within the homes of 1100 of some of the most vulnerable people within Fife. There are a range of models of care (enablement, end of life support, ongoing maintenance of critical care and support), situated across the whole of Fife for all ages.</p> <p>The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement.</p> <p>The service also operates as a key service within the H&amp;SCP with a focus on improving the wellbeing of people who use health and social care services. In particular the National Health and Wellbeing Outcomes sets out clear the expectations that:</p> <p>3. "People who use health and social care services have positive experiences of those services, and have their dignity respected"</p> <p>4. "Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services".</p> <p>7. "People who use health and social care services are safe from harm"</p> <p>8. "People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide".</p> <p>9. "Resources are used effectively and efficiently in the provision of health and social care services".</p> <p>Linked closely to the National and Regulatory expectations of service delivery, is the H&amp;SCP strategic ambition to achieve the best outcomes for the people of Fife using a whole systems approach</p>
OP Nursing & Residential	60.848	This budget funds Nursing & Residential external care packages for Older People over 65 through Nursing and Residential Placements and provides Direct Payments to Service Users to allow them to purchase their own services. It also funds assessment beds to allow for discharge from hospital
OP Residential & Daycare	17.114	OP Residential provides care for people aged 65 and over in 8 Partnership Care Homes across Fife. The service supports hospital discharge through providing Assessment beds for those where Long Term Care is a likely plan and Interim Beds for those who are medically fit for discharge and awaiting a package of care at home. Long Term Care beds and planned respite beds are provided across all 8 Care Homes. Three of the 60 bed Care Homes provide 32 Short Term Assessment and Review (STAR) beds for those requiring a multi-disciplinary approach to assessing and supporting a service user to develop independent living skills to enable a safe return home with a package of care commensurate to their needs. Daycare Services are now being progressed by external organisation providing Daycare on our behalf from the Partnership Homes. There is currently a review of the STAR bed model to support whole system approach. The staffing establishment is being reviewed with a focus in improving retention, staff wellbeing and reducing reliance on agency.
OP Fife wide	1.683	OP Hospital Discharge Services works with multidisciplinary teams to support people to move from hospital to more appropriate settings. Supporting East Fife Community Hospitals and when required service to Fife Residents in Ninewells and PRI. West covers Victoria and QM Hospitals and Fife Residents in Forth Valley and Clackmannanshire.



Community Occupational Therapy	5.706	The Community Occupational Therapy Service work with adults within their home environments. The team's remit is to identify both what is preventing or limiting individuals in carrying out essential daily living tasks and what assets are available to overcome these. Intervention will vary from alternative techniques, coping strategies, moving and handling techniques, assistive equipment and adaptations to the home environment. They also provide postural management support if someone has a complex postural management need that impacts upon their ability to support themselves in a sitting or lying position.
<b>Integrated Complex &amp; Critical Care</b>	<b>146.828</b>	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adults Fife Wide	8.205	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management.
Adult Supported Living	31.187	<p>Adult Resources provides Accommodation with Care and Support by internal teams either in group settings or single tenancies. Adult Services Resources also provide a Respite and Outreach services.</p> <p>Appropriate Adults provide communication support to vulnerable people (people accused or suspected of committing an offence, a victim or witness) during police procedures. Local authorities are responsible for the provision of Appropriate Adults under the Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019, and the Scottish Ministers are responsible for providing guidance to local authorities on this responsibility under the Criminal Justice (Scotland) Act 2016.</p> <p>The Deaf Communication Service, whilst it is a small service with 4 staff members, covers the whole of Fife delivering support on a duty basis, as well as through organised clinics, delivering training and assessments. The Service provides a plethora of services including Hearing Screening within our Older People residential homes, awareness raising events, BSL training, assessments for equipment and advice on hearing aid maintenance. The service also provides Interpreting, Text Phone and Lip-Reading services to support peoples access to services. Deaf Communication Services is the lead agency for the local BSL plan and works in partnership with 22 other local agencies, as well as involvement in National groups/forums.</p> <p>Adult Services Resources Accommodation with Care and Support and Housing Support has 670 staff providing care and support over 88 settings on an Outreach, 24/7 or Respite basis to 281 of the Partnerships most vulnerable service users. There are a range of models of care, situated across Fife and all are regulated and must meet the National Care standards and contribute to the National Wellbeing Outcomes for staff and service users.</p> <p>The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, HMO Licencing, Mental Welfare Commission, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement.</p> <p>Fife Community Support Service (FCSS) has 178 staff delivering services to 182 service users. This can be on a 1:1 basis or as a group. The Service provides a flexible community-based service, for adults aged 16 to 65+ years old, with a range of disabilities, including learning disabilities, physical disabilities, sensory impairments, autistic spectrum disorders and other related issues to lead full and meaningful lives. FCSS support is provided during the daytime, evenings and weekends to suit the identified needs of individuals Fife-Wide.</p> <p>Shared Lives Fife was set up in 1987 and is now established throughout Fife. There are 56 households offering care and support for the Shared Lives Fife service across the region. The service is supported by a team of five social workers and two social work assistants.</p>

Social Care Fieldwork Teams	21.688	Social Work Locality Teams, MHO Service, Social Work Contact Centre and Compass Team ensure that the local authority discharges its legal duties associated with the various legislation underpinning social work services. Local Authorities are required to publish and apply eligibility criteria, in line with national government criteria and apply this when discharging their duty to assess needs. Additionally Social Work Locality Teams undertake investigations with and without powers in discharging their statutory function associated with the Adult Support and Protection Scotland Act.
Adult Placements	85.748	Adult Placements supports arrangements for external care packages for adults under 65, following social work assessment, who meet the critical criteria. Support services include Long Term Care, Supported Living and Respite. It also provides Direct Payments to Service Users under SDS option 1 to allow them to purchase their own services, where the critical criteria is met and where the adult makes the choice to manage their own care provision.
<b>Prof &amp; Business Enabling</b>	<b>3.259</b>	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
<b>Other</b>	<b>3.918</b>	Other includes budgets that are held centrally but will be allocated to other areas during the financial year. E.g. provision for the pay award. Also includes Housing.



**Fife Health  
& Social Care  
Partnership**



**Medium Term Financial Strategy 2025-2028**

# Medium Term Financial Strategy

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## Foreward

Fife Integration Joint Board (IJB) continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop a clear financial framework which will support delivery of the strategic plan within the finite resources available.

Our partners in both Fife Council and NHS Fife have been involved in the development of this strategy and fully support and understand that any directions approved by the IJB will require to be delivered to allow financial balance and sustainability.

Audrey Valente, Chief Finance Officer

## Executive Summary

The Medium-Term Financial Strategy (MTFS) for Fife Health and Social Care Partnership (Fife HSCP) sets out the resources available and ensures that they are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. The MTFS quantifies the challenges over the next three years and will help inform decision making and actions required to support financial sustainability. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife and therefore highlights any areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and sets out the medium-term transformational change required to allow us to deliver services in the most effective way whilst balancing the budget.

The three-year financial strategy sets out the forecast income and expenditure for the Integration Joint Board (IJB), based on projected income and expenditure figures the IJB will require to achieve savings of £41m over the next three years. An overview of the three-year framework is set out below.

Summary	2025-26	2026-27	2027-28
	£m	£m	£m
Budget Pressures	781.425	804.506	827.761
Funding Estimates	740.848	763.867	787.222
<b>Budget Gap</b>	<b>40.577</b>	<b>40.639</b>	<b>40.539</b>
<b>Savings -</b>			
Efficiency	4.097	7.397	8.447
Service Redesign	2.630	4.876	4.873
Transformation	3.995	6.000	6.500
Income generation	1.625	4.735	5.765
Previous approved	15.277	15.277	15.277
Closer scrutiny of volatile budgets	13.000		
<b>Shortfall / (Surplus)</b>	<b>-0.047</b>	<b>2.354</b>	<b>-0.324</b>

## Introduction and Context

Since the Fife Integration Joint Board became operational, the necessity to achieve savings has been a continuous consideration. Starting from a deficit position, the realisation of savings within a health and social care system which is experiencing rapid growth and under pressure to drive forward change at a pace is challenging to deliver without de-stabilising the system. Significant savings have been delivered to date and our focus is on transformational change.

The vision of the Strategic Plan 2023-2026 is to enable the people of Fife to live independent and healthier lives. Our mission to deliver this is by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes and this MTFS helps enable the Strategic Plan to be delivered.

### Our Strategic Priorities for 2023-26 are

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

The MTFS also links with the Fife Integration Scheme March 2022; The Population Health and Wellbeing Strategy and the overarching Plan 4 Fife, whilst also demonstrating cognisance to the key strategies, plans and policies of partners where relevant to the operation of the delegated services.

The Ministerial Strategic Group (MSG) Review of Progress of Integration (2019) defined Integrated Finances and Financial Planning as a key feature to support Integration. This means that money must be used to maximum benefit across health and social care with the public pound being used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our Commissioning Strategy is being refreshed, and this will focus on delivering Best Value for quality and cost in line with the MSG principles.

This MTFS will consider the resources required by the Fife HSCP to operate its services over the next three financial years and estimate the level of demand and growth pressures likely to be experienced by these services. This will define the projected financial challenge and inform actions required to support financial sustainability in the medium term.

## **Reserves**

Since inception Fife HSCP have aimed to be able to hold reserves in line with our policy document. There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. Reserves of £4.731m were brought forward to 2024-25, of these £3.496m were earmarked by Scottish Government and the remaining £1.235m was committed for specific use, and it is expected that balances will be used in full by end of year.

Earmarked reserves reflect government priorities and are required to enable delivery of services at a local level that fit with the national guidelines. There is close working with Scottish Government to ensure spend is aligned with the national priorities and that reserves remain at manageable levels, and delivery continues within expected timescales.

The main purpose of holding a reserve is to create a contingency to cushion the impact of unexpected events or emergencies. The other reason for holding reserves is a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities. Whilst these are committed, they should still be monitored regularly and change of use will require approval of the IJB. The reserves policy suggests a 2% balance, and although cognisance will be taken of this in future budget planning exercises, due to the financial challenges we face it will be difficult to achieve this ambition.

## **Risk Register**

A risk register has been developed to be used in conjunction with reserves held, to allow informed judgement on use of balances. This is available at Appendix 4 in the budget paper.

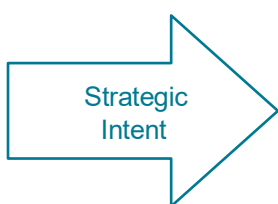
This strategy document should be read in conjunction with the Annual Budget Paper (March 2025) and collectively the two documents will assist in future decision making through:

- Informing priorities to support delivery of the strategic plan
- Improving strategic financial planning
- Maximising the use of available resources and support best value across the medium term
- Detailing high level plans aligned to service; efficiency/reform; redesign and transformation
- Providing a formal document to be utilised in discussion with partners in relation to agreeing and securing funding
- Supporting decision making in the commissioning of services in partnership with the third and independent sector to support a shift in the balance of care to support prevention, early intervention, and community-based locality services
- Progress will be monitored through the IJB Governance Structures

## Delivering Transformational Change

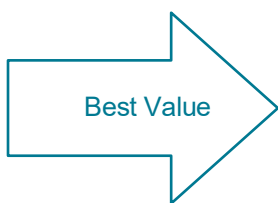
The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnerships business and requires the partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

Our transformation team measures improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.



Transformational Change is supported by the 2023-2026 Strategic Plan and its 9 Supporting Transformational Strategies, to further develop our models of care and transform how we deliver services through purposeful and intentional action.

Delivering the Strategic Plan vision is also supported by 7 enabling strategies, which include this Medium Term Financial Strategy, an integrated workforce strategy and a refreshed participation and engagement strategy.



Transformational change will take cognisance of the financial envelope across the whole system to ensure joined up planning and delivery of care utilising the budget available to the Integration Joint Board as a whole.

Through an ambitious programme of change delivering large scale redesign and alternative models of care to meet increased and changing demographics.

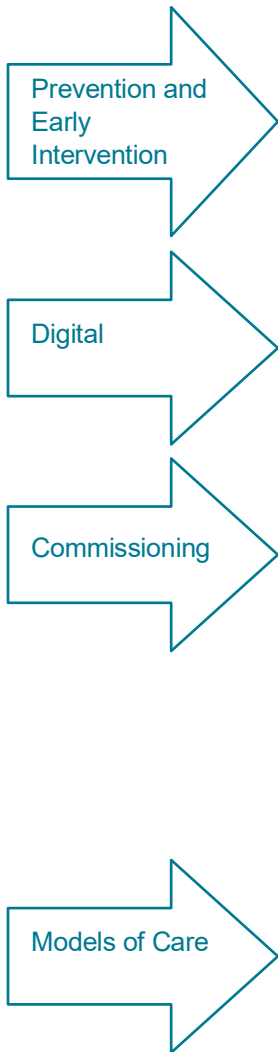
Elements of redesign will involve working whole system with partners, for example joint working with acute services in relation to front of door models and outpatients and developing the third and independent sector services in line with our commissioning intentions. A strong partnership with Housing to ensure appropriate housing options to support people's ability to stay at home or return to home when their needs have changed following a change in functional ability or health needs.

By targeting and making best value of available resource across the whole system, we can create the conditions for change and a responsive infrastructure to support our workforce and care delivery for the people of Fife.



Support across the system to enable formulary compliance, reducing medicines waste, realistic prescribing.





Community based health services supporting people to stay well and remain as independent as possible, promoting prevention and recovery wherever possible. Prioritising prevention at a population, locality and individual level by working closely with community planning partners and public health to support the individual, community and locality resilience in pursuit of good health and wellbeing. This work is supported by the Prevention and Early Intervention Strategy.

Throughout all our redesign and transformation plans a greater emphasis on technology enabled care and digital solutions is required to enhance people’s lives, enabling greater self-management, supporting safety and changing the way services are delivered including how we interact with people and maximising administrative technology. A refreshed Digital Strategy will support this work.

The Commissioning Strategy has been refreshed for 2023-2026 to ensure strong link to the Strategic Plan to reduce duplication and support best value aligned to commissioning intentions.

Developing models of care including both bed based and community locality models to enable services to be integrated from the point of view of services users. Through transformation we are aspiring towards:

- Reducing over reliance and demand on institutional and bed based care by taking a strength based approach in pursuit of personalised care options to enable fewer preventable admissions, earlier supported discharge and a reduction in delayed discharge and unplanned bed days.
- Further develop our multi-disciplinary/multi-agency “discharge to assess” model promoting a home as the first approach. Good conversations with individuals, families and carers are critical to support appropriate care respecting individual rights and choice within the options available.
- Maximising the value of integration through our structures and processes to strengthen interdisciplinary work between frontline workers at a locality level working closely with community groups and minimising duplication.
- Care at home services are a vital component of care in the community and therefore it is critical we continue to strengthen the services role in the holistic care we provide to the people of Fife. This work is supported by the Home First Strategy
- Strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment in line with the Primary Care Strategy and Primary Care Improvement Plan
- Extensive focus on mental wellbeing and appropriate community based inclusive activities aligned to the delivery of the refreshed Mental Health Strategy.

## Principles

The Medium-Term Financial Strategy has been developed based on the following principles:

1. Financial **Sustainability** is a priority for Fife Integration Joint Board.
2. Resources will be directed to demonstrate **best value** and enable delivery of **Fife Strategic Plan** aligned to the principles of integration and National Health and Wellbeing **Outcomes**, National **Performance** Indicators and Ministerial Strategic Group Recommendations.
3. A commitment to a **whole system approach** and **partnership working** with Fife Council, NHS Fife, the third sector and the independent sector to deliver the best and most efficient services possible with and for the people of Fife within the delegated financial allocations.
4. Directions will be issued to Partners in line with the Statutory Guidance for **Directions**.
5. There is a need to **balance** the combined **complexity** of increasing demand, delivering **quality** and making **financial savings** to support best value and financial sustainability.
6. Spending is expected to be **managed** within the original budgets set during the budget setting process. Where this is not possible, recovery plans within individual services will be required to address overspends in year.
7. Should the **recovery plans** developed have a significant detrimental impact on the services being provided to citizens, then a wider approach to recovery using the budget available to the Integration Joint Board as a whole will be required to manage the position whilst a permanent solution to specific overspends is identified.
8. Given the type of services provided and the reliance placed on these by people then investment and **Project Management Support** may be required whilst the **proof of concept** and benefits are established in relation to the **medium-term transformation** projects in line with our **commissioning intentions**.
9. There is a clear focus towards the delivery of **recurring savings** and an expectation that budgets will be **balanced** on a recurring basis.
10. We will create **conditions for change** recognising our **workforce** as our greatest asset.

### Legislative Context

The Integration Joint Board's role and function is set out in the underpinning legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the integration policy can be summarised as being necessary in order to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

Integration Joint Boards (IJBs) were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets directing and commissioning the NHS and Local Authority Partner organisations to delivering more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

### National Context

The Scottish Government estimates that the need for health and care services will significantly rise by 2030. Coupled with a changing working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change. Pressures span across both acute and community health and social care services.

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government's Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress towards integration is being measured. This coupled with the key features of Integration (2019) and the national Framework for Community Health and Social Care Integrated Services (2019) will support establishing a strong foundation for transformation to enable an increased pace of change, positive outcomes and best value in care delivery.

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. Some of the recent legislative or policy changes impacting on integration authorities are:

- Free Personal Care for the Under 65's
- Carers Act (Scotland)
- Scottish Living Wage
- Primary Care Transformation
- The Health and Care (Staffing) (Scotland) Bill.
- Withdrawal from the European Union (Brexit)
- Set aside budgets

### Local Context

To deliver reform, transformation, and sustainability, Fife HSCP has developed clearer, more service-user-aligned pathways, that enable the people who need to work together to be a team together. This seeks to create conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. Localities have also played an important role, bringing decision making about health and social cares priorities closer to communities, working with our partners across Fife Council, NHS Fife and the third and independent sector

The MTFS, Transformational Change Plans and Locality Plans seek to support the understanding surrounding the financial climate within which the Fife IJB will operate over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures:



As with all public sector bodies our partners, from whom most of our funds are received, are facing financial challenges. Whilst there is always a place for striving to achieve savings and efficiencies using what could be considered to be more 'traditional' methods, the challenges we face determines the need for a more meaningful and pragmatic approach to be taken which supports delivery of services with and for the people of Fife whilst enabling financial sustainability. This will be aligned to the NHS fife Population Health and Wellbeing Strategy and the Plan 4 Fife 2017-2027.

## Projected Expenditure & New Resources

This reflects the known commitments and income likely to be received in 2025-28.

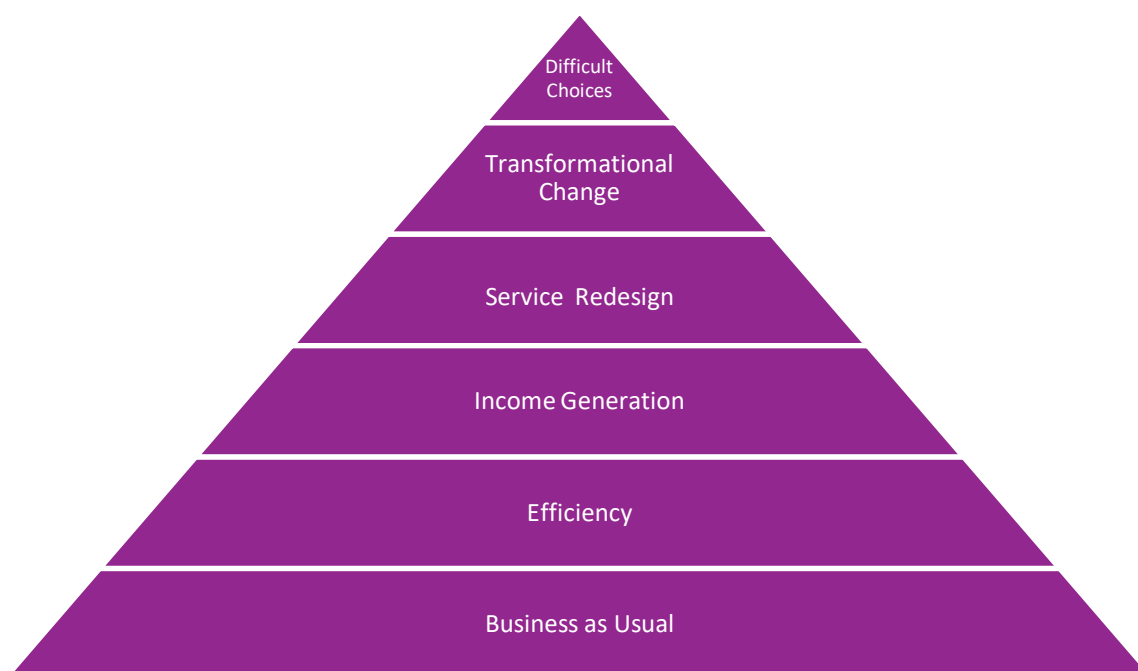
Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next three financial years are as follows:

Fife HSCP Draft Budget Overview	2025-26	2026-27	2027-28
	Budget	Budget	Budget
	£m	£m	£m
<b>Increase in Funding</b>			
Budget Uplift Fife Council	4.400		
Budget Uplift NHS Fife	10.887	11.214	11.550
Adult Social Care SG Funding	9.941	11.805	11.805
<b>Total Increase in Funding</b>	<b>25.228</b>	<b>23.019</b>	<b>23.355</b>
<b>Inflation Increases</b>			
Pay Inflation	10.081	8.978	9.152
Pharmacy Inflation @ 3.7%	3.000	3.000	3.000
External providers: living wage and funding requirements	11.448	11.103	11.103
<b>Total Inflationary Increases</b>	<b>24.529</b>	<b>23.081</b>	<b>23.255</b>
<b>Cost Pressures</b>	<b>41.276</b>		
<b>Budget Gap (Cumulative)</b>	<b>40.577</b>	<b>0.062</b>	<b>-0.100</b>
<b>Cumulative Gap</b>	<b>40.577</b>	<b>40.639</b>	<b>40.538</b>
<b>Savings Identified</b>	<b>40.624</b>	<b>38.285</b>	<b>40.862</b>
<b>Net Budget GAP – Shortfall / (Surplus)</b>	<b>-0.047</b>	<b>2.354</b>	<b>-0.324</b>

Please refer to 2025-28 Savings Opportunities at Appendix 4 for granular detail of the savings proposals.

## Decision Making

To support robust decision making and due governance to progress financial sustainability there needs to be a distinction in change being proposed ranging across the spectrum of business as usual, Service Redesign, Transformational change and making difficult decisions.



### Business as Usual

Financial Governance underpins this strategy. In respect of most of our services we need to ensure that patients/service users receive the appropriate care based on their assessed need within available budget. Therefore, budgets and expenditure are managed through robust financial management supporting budget control across all services and all levels of the organisation to achieve an overall year end balanced position.

### Efficiency

We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

### Income Generation

Fees and charges for the provision of a range of discretionary services are a non-delegated function.

### Service Redesign

Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

### Transformational Change

Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2023-2026. Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, considering demographic growth and increasing long term conditions. Prevention and early intervention are critical to promote healthy and independent living working with communities through locality plans to build resilience and support self-care and carers. Technology will be an enabler to supporting independence.

### Difficult Choices

Should the measures above not achieve financial sustainability at the required pace, then consideration will need to be given to making difficult choices. This will be the hardest to achieve as there might be a potential requirement for us to decommission current services that are not a main priority of the Strategic Plan. Therefore, the focus will be on efficiency, redesign and transformation to ensure that we are delivering the right services at the right time to the right people in the right place to best meet their needs with robust governance arrangements to monitor this.

### **Risk Assessment**

The Medium-Term Financial Strategy is a financial model based on the best available planning assumptions at the time and accordingly has related risks associated with it. Key risks of the Medium-Term Financial Strategy are:

### Managing Complex Needs

The increasing level of complexity of need for some of our service users, including transitions to adult services, means that major care packages or out of area care placements might materialise during the year which we have not budgeted for.

### Prescribing

Significant savings are identified through the prescribing budget. Whilst the decisions to

prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.

### Workforce

Turnover savings is included in the budget to reflect the current staffing levels; should these staffing levels change, this could impact on turnover or supplementary staffing.

### Commissioning

The external care market is fragile and work with care providers is ongoing to support stability in the sector whilst also supporting best value from the commissioning strategy.

### Transformational large-scale change

This plan requires medium term, large scale and whole system working. This will require change management resource and senior leadership capacity partnership working with statutory, third and independent sectors.

### Decision Making

There may be impact on the Integration Joint Board from decisions by Partners and *vice versa*. Regular meetings with Chief Executives and Directors of Finance along with the Chief Officer and Chief Finance Officer will continue to support whole system working and approach. The frequency in relation to these meetings has been increased recently given the financial challenges that we face.

### Public Expectations

Good conversations and a strong engagement and communication plan will be essential. This can be strengthened further by a review of Governance arrangements in support of public, community, and locality engagement.

### Variability

Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.

### The Set Aside

Requires to be transferred to the IJB. Current overspends level requires to be addressed prior to transfer.

### Charging

Not within the gift of the IJB to govern and remains governed by the Local Authority. Inability to raise funding to levels commensurate with other Integration Authorities is a risk to ensuring a more sustainable approach to delivery of services.



## Resilience

Such as winter pressures or pandemic can result in unpredicted financial pressures.

The Fife Integration Board recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified, and mitigating actions are effective in reducing these risks to an acceptable level. These risks will be defined in the IJB strategic risk register and monitored and reviewed through the finance monitoring statements on a regular basis.



**Fife Health  
& Social Care  
Partnership**



Supporting the people of Fife together

# 2025-26 SAVINGS OPPORTUNITIES

**Integration Joint Board - 26 March 2025 - Appendix 4**

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# Introduction

In recent years we have been on a transformational journey to deliver our ambition of safe and effective care to the people of Fife. It has been a priority for us to enable whole system, collaborative working with all our partners and key stakeholders.

We presented a Medium-Term Financial Strategy (MTFS) for 2023-26 that met the challenge of the reducing availability of resources by setting out a range of initiatives. These were positively supported by our Local Partnership Forum (LPF) and Integration Joint Board (IJB) and are aligned to the principles within the MTFS.

However, further financial challenges for the year ahead in 2025-26 have required further efficiencies which are reflected in our refreshed 2025-28 MTFS. As the Senior Leadership Team, we have been working every day with our services and teams, our partners in NHS Fife, Fife Council, 3<sup>rd</sup> and Independent Sectors, our LPF and Trade Union colleagues, and our IJB to create a plan for 2025-26 that ensures we are continuing to build a sustainable HSCP for the future that delivers the services our citizens need to continue to support the right care and support, at the right time, and in the right place.

The plan we have set out here demonstrates how we will meet the challenges for the year ahead, whilst staying aligned to the priorities and desired outcomes of our Strategic Plan 2023-26. We also remain committed to our belief in #TeamFife and the systems leadership approach that has been successful in developing this vision for health and social care services. All of this work has been done in collaboration with our workforce, underpinned by our key values: being Person-focused, working with Integrity, being Caring, Respectful and Inclusive in our relationships, Empowering people across Fife to take control of their lives and their work, and demonstrating Kindness to others as we represent the Partnership, day-in, day-out.

We believe this plan will support the sustainability of Fife's HSCP by meeting both the short-term and the medium-term financial challenges, through a commitment to supporting our workforce to continue to deliver high quality, best value services to the people of Fife.



**Audrey Valente**  
Chief Finance Officer



**Lynne Garvey**  
Chief Officer / Director of Health  
and Social Care Partnership

# Alignment to Our Strategic Plan

## Vision

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

## Mission

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

## Measures:

Our Strategic Plan outlines measures to address the financial challenge, these include:

- **Ensuring Best Value** - Ensure the best use of resources
- **Whole system working** - Building strong relationships with our partners
- **Prevention and early intervention** - Supporting people to stay well and remain independent
- **Technology first approach** - Enhance self-management and safety
- **Commissioning approach** - Developing third and independent sectors
- **Transforming models of care** - Support people to live longer at home/ homely setting
- **Prescribing** - Reduce medicines waste and realistic care & prescribing

# IJB's Strategic Priorities

- **Local** - A Fife where we will enable people and communities to thrive



- **Sustainable** - A Fife where we will ensure services are inclusive and viable



- **Wellbeing** - A Fife where we will support early intervention and prevention

- **Integration** - A Fife where we will strengthen collaboration and encourage continuous improvement



- **Outcomes** - A Fife where we will promote dignity, equality and independence.

# Alignment to Medium Term Financial Strategy

The 2025-26 budget is based on agreed principles within the refreshed Medium-Term Financial Strategy 2025-28:

- Financial **Sustainability** is a priority for Fife Integration Joint Board.
- Resources will be directed to demonstrate **best value** and enable delivery of **Fife Strategic Plan** aligned to the principles of Integration and National Health and Wellbeing **Outcomes**, National **Performance** Indicators and Ministerial Strategic Group recommendations.
- A commitment to a **whole system approach** and **partnership working** with Fife Council, NHS Fife, the third sector and the independent sector to deliver the best and most efficient services possible with and for the people of Fife within the delegated financial allocations.
- Directions will be issued to Partners in line with the Statutory Guidance for **Directions**.
- There is a need to **balance** the **combined complexity** of increasing demand, delivering **quality** and making **financial savings** to support best value and financial sustainability.
- Spending is expected to be **managed** within the original budgets set during the budget setting process. Where this is not possible, recovery plans within individual services will be required to address overspends in year.
- Should the **recovery plans** developed have a significant detrimental impact on the services being provided to citizens, then a wider approach to **recovery** using the budget available to the Integration Joint Board as a whole will be required to manage the position whilst a **permanent solution** to specific overspends is identified.
- Given the type of services provided and the reliance placed on these by people then investment and **Project Management Support** may be required whilst the **proof of concept** and benefits are established in relation to the **medium-term transformation projects** in line with our **commissioning intentions**.
- There is a clear focus towards the delivery of **recurring savings** and an expectation that budgets will be **balanced** on a recurring basis.
- We will **create conditions** for change recognising **our workforce** as our greatest asset

# Risk Appetite:

The IJB set its Risk Appetite in 2023, this tool may help to support decision making and allow members to weigh up the risks and benefits of the following savings opportunities.

Key Risk Impacts	Risk Appetite	Comments
Impact on the Delivery of Strategic Objectives	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Compliance with legislation	Averse/Minimalist	We will not break the law but may take some small, considered risks in the application of untested legislation.
Impacts on Governance arrangements	Cautious/Open	We may take some risks in relation to our internal governance arrangements if this will provide a benefit.
Impacts on Quality of Care	Cautious/Open	We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.
Impacts on resources, including financial and workforce resources	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Reputation	Cautious/Open	We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain.







**Where key risk information is provided within the savings proposals, it enables the impacts to be assessed at a glance. There is a risk that not accepting these opportunities will result in failure to set a balanced budget.**



# Statutory Obligation:

The IJB is required to set a balanced budget before the start of the financial year as laid out in the financial regulations that govern the IJB. Fife Council have set a budget, however NHS Fife will not formally set a budget until its March Board meeting. An indicative funding position from NHS Fife has been assumed in developing these plans.

This information pack sets out potential saving opportunities for 2025-26. It is envisioned that by considering the outline financial position for the IJB and utilising the information provided within this information pack, members can agree to reach a balanced budget position for 2025-26 for formal approval at March IJB meeting.

			£m
	<b>Previously Approved Savings</b>	Listed for your information	15.277
	<b>Additional Savings Beyond Previously Approved Amounts</b>	Listed for your information	6.025
	<b>Income Generation</b>	Listed for your information	1.625
	<b>Efficiencies</b>	A summary is provided with individual proposals outlining key risk impacts for consideration	2.067
	<b>Service Redesign</b>	A summary is provided with individual proposals outlining key risk impacts for consideration	2.630
	<b>Closer scrutiny of volatile budgets</b>	A summary is provided outlining key risk impacts for consideration	13.000
<b>Total</b>			<b>40.624</b>

# Deliverables:

The specific savings proposals have given consideration to readiness, scale of change and alignment to current strategy and policy:-

**Key:** **Green** indicates no issues in delivering the saving.

**Amber** considers the key risk impacts that require to be managed to ensure full delivery of these savings.

## Previously Approved



Previously Approved are savings approved by the IJB and agreed to be feasible, deliverable and are considered business as usual in line with our MTFS 2023-26.

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## Income Generation



Some of these income generation proposals are in line with the approved council position on charging agreed in February 2025. There are new income generation proposals included totaling £0.595m which require to be agreed at Fife Council Cabinet Committee on 3rd April 2025, if not agreed we will require to find a substitute

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## Efficiencies



We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

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## Service Redesign



This is aligned to our MTFS description of Service Redesign to redesign services to enable modern sustainable services including reviewing structures and processes which will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

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## Closer scrutiny of Volatile Budgets



Closer scrutiny over our volatile and demand led budgets will take place throughout the year.

# Previously Approved:

Savings opportunities of £15.277m which were approved by IJB in March 2024 as per the Medium-Term Financial Strategy, were not made in full within 2024-25 and have been brought forward to be delivered in 2025-26, these are detailed below. There are proposals to increase some of these savings in 2025-26 and these demonstrate an increase of £6.025m.

	<b>2024-25 Brought Forward</b>	<b>2025-26 Additional Savings</b>	<b>2025-26 Total</b>
<b>Previously Approved / Unachieved Savings</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Transforming Care	2.700	3.000	5.700
Mental Health Redesign	2.656		2.656
Nursing & Residential - reprovision of care home beds	2.500		2.500
Commissioning of Adult Care Packages	2.000		2.000
Locum Savings	1.153	0.800	1.953
Home First and Community Care Services Transformations Programme	1.150	0.500	1.650
Community Rehabilitation & Care	1.000		1.000
Nurse Supplementary Staffing	1.000		1.000
Medicines Efficiencies	0.800	1.230	2.030
Agency Staff	0.200		0.200
Commissioning Centre of Excellence	0.068		0.068
Group Homes	0.050		0.050
Transforming Business Administration Project		0.495	0.495
<b>Total</b>	<b>15.277</b>	<b>6.025</b>	<b>21.302</b>

# Income Generation:

Fees and charges for the provision of a range of discretionary services are a non-delegated function. Fife Council approved the following increase in fees and charges for 2025-26 which are attributable to the budget gap.

## Summary

Title	Description	£m
Income Generation MOW	Increase in charges as agreed by Fife Council (up to 5%)	0.050
Income Generation Rents	Increase in charges as agreed by Fife Council (up to 6%)	0.480
Income Generation Financial Assessment	Additional income from Care Home Financial Assessments	0.500
Income Generation	New proposals for Charging	0.595
	<b>Total</b>	<b>1.625</b>

# Efficiencies:

We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

Title	Description	£m
Transport Review Project	The aim is to scope current arrangements for transport for both staff and services users across the Health and Social Care Partnership when accessing care and services. The project team will design and oversee a review which will seek to maximise resources, deliver efficiencies and reduce associated spends. Positive benefits, outcomes and impact are projected including climate impact, income maximisation and effective and efficient use of resources.	1.000
Recovery Plan others (Small Value)	Changing practice by using weekly catheter bags will achieve a financial saving but also contribute to the Zero Waste Action Plan and reduction in landfill waste.	0.067
Review of Respite care	Plan for review of all service users in receipt of funded respite, in line with current eligibility criteria, consistently applying processes and operating procedures. Maximising usage of HSCP resources, where possible, taking into consideration self-directed support option and choices for service users. Charges for respite care, where applicable and appropriate, to be applied ensuring service users and/or their representatives are aware of the charging criteria and charge rates that will be applied.	1.000
<b>Total</b>		<b>2.067</b>

# Service Redesign:

This is aligned to our Medium-Term Financial Strategy description of Service Redesign to redesign services to enable modern sustainable services including reviewing structures and processes which will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

## Summary

Ref.	Title	£m
SD1	Reprovision of out of Fife care packages	2.330
SD2	Assessment and Rehabilitation Centres (ARCs) Redesign	0.300
	<b>Total</b>	<b>2.630</b>

# Service Redesign:SD1

## Reprovision of out of Fife care packages

Value: £2.330m

Redesign of services to repatriate patients who are currently not placed in Fife.



### Performance and Delivery

Quarterly reviews of the Dynamic Support Register.  
Commissioning of local community care packages and NHS Fife premises Repatriation of Fife residents to their local communities in line with national guidance and best practice. Improving individuals access to family, friends and support networks Improving outcomes and quality of life for individuals with most complex needs.



### Resources including workforce

Workforce challenges - Development of person specific care packages will require recruitment of appropriately qualified staff to ensure safe and sustainable delivery of care. Admission capacity within specialist NHS facilities (LD & forensic) - Service redesign will ensure appropriate flow through the specialist inpatient services in order to maintain adequate admitting capacity. Remodelling of existing estate in order to provide appropriate accommodation to meet individual care requirements.



### Quality of Care

Repatriation of Fife residents to their local communities in line with national guidance and best practice. Improving individuals access to family, friends and support networks. Increased opportunity for community engagement and rehabilitation.



### Organisational / Reputational and Legal

Ensuring a sustainable, adequately resourced and skilled workforce to mitigate risk of Care package breakdown. Ensuring multi-agency input including social care, social work and health care input to achieve Service resilience. Ensuring professional, patient and family engagement in the review and delivery of care in order to achieve a shared understanding of individual goals and patient and family expectations. Ensuring the availability of capital funding to upgrade accommodation identified to meet individual care requirements.

## Assessment and Rehabilitation Centres (ARCs) Redesign

Value: £0.330m

The Assessment and Rehabilitation Centres (ARCs), delivered by Fife Health and Social Care Partnership, have a focus on frailty. Their aim is to optimise the health, wellbeing and independence of people through multi-disciplinary intervention and rehabilitation.



### Performance and Delivery

Future delivery which will provide equitable, sustainable, modern and person-centred services to improve overall patient experience and achieve a greater balance of care across Fife. The redesigned model will deliver a sustainable and fit for the future model of care. The new model will also increase capacity within the service by utilising resources more effectively, providing services directly to people who need it in their own home or homely environment by a community multi-disciplinary team of professionals. People who are assessed as requiring access to a rehab gym, equipment or treatment space will still be able to do so within community hospitals across Fife.



### Resources including workforce

The development of new multi-disciplinary team of professionals to develop and oversee new frailty models across Fife. Clinic space used for ARCs currently in the three hospital settings will be repurposed to support wider system



### Quality of Care

This model will deliver a redesigned, Fife wide model of care which is equitable, sustainable and delivered directly to people who need it in their own home or homely environment by a community, multi-disciplinary team of professionals. This has been based on strategic drivers and demographic changes which show an increasing ageing and frailer population and to ensure equity of access Fife-wide, not just in three localities.



### Organisational / Reputational and Legal

No legal implications are anticipated with regards to the redesigned model. The redesign also includes a restructure of the existing staffing model that has required organisational change which has been fully supported by HR and staff-side. A stage 1 EQIA has been completed and this determined that a full impact assessment wasn't required as the new service model enhances equality and human rights.



# Transformation:

This budget plan does not propose any further areas of transformation and only reflects the current programmes. These are:

1. Community Rehabilitation & Care
2. Transforming Care
3. Commissioning of Adult Care Packages
4. Home First and Community Care Services Transformations Programme

In line with our Medium-Term Financial Strategy “Transformation” Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2023-2026.

Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, considering demographic growth and increasing long term conditions, prevention and early intervention, alignment to locality needs, supporting self-care and carers, technology and models of care to support the quadruple aim of balancing quality, workforce, performance and financial risk. Considerable work has already been done to transform care in the areas noted above with regular updates provided to the IJB.

# Closer Scrutiny of Volatile Budgets:

Value: £13.000m

Closer scrutiny over our volatile and demand led budgets will take place throughout the year for Nursing & Residential, Community Rehabilitation & Care, Care at Home, use of Agency Staff and Mental Health. An escalation tool has been developed which will inform where expenditure exceeds budget in our demand led areas, this will be scrutinised by SLT and will allow early dialogue and scrutiny with partners, to ensure funding is released and agreed on a bi-monthly basis to ensure financial balance is reached.



## Performance and Delivery

An escalation tool has been developed which monitors metrics on what our budget can afford for our demand led and volatile budget areas This includes bed days in hospital, care at home hours delivered, number of care home beds in use and the cost of agency staff. This will be reviewed monthly by our senior leadership team so that planned conversations can take place with partners. We will continue to focus service delivery on priority areas and continue with grip and control measures for these demand led budgets. To support Governance there will continue to be 4 weekly tripartite meetings and enhanced reporting to Finance, Performance & Scrutiny. There is a risk that a lack of timely performance information on spend may impact on the ability to flex and deal with demands beyond the expected and budgeted and this may lead to overspend and damage to reputation for the IJB and HSCP.



## Resources including workforce

Our Medium-Term Financial Strategy refreshed for 2025-28 notes our Strategic Plan vision to enable the people of Fife to live independent and healthier lives. Our mission to deliver this is by working with individuals and communities, using our collective resource effectively. We will continue to provide services which are safe, timely, effective, high quality and based on achieving personal outcomes We will engage with our workforce, staff side and trade unions around opportunities to best align knowledge, skills and experience to support reduction in agency spend. We will continue to target a recruitment campaign to attract carers to Fife and promote opportunities to support retention and development of staff. There is a risk that we are unable to recruit/retain the right staff in the right place at the right time to support the optimum delivery of budgeted services, leading to lack of, or reduction in, capacity and subsequent overspend.



## Quality of Care

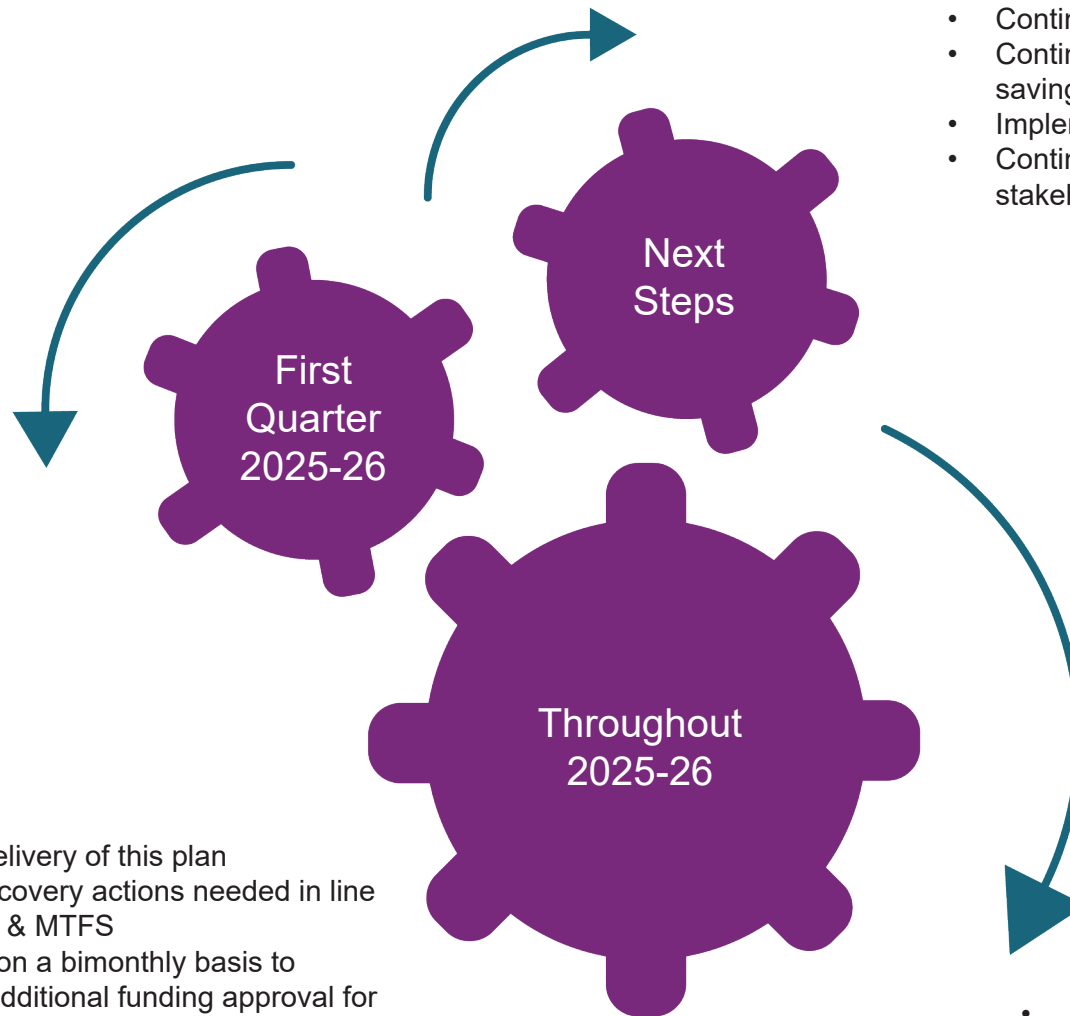
Priority will continue to be placed on supporting care across whole system, this will be in tandem with our third and independent sector. We will continue to listen and learn from the voice of lived experience from patients, families and carers. There is a risk that seeking to ensure an appropriate quality of care in service delivery within services where there are high and/or increasing demands may result in an overspend in demand led areas.



## Organisational / Reputational and Legal

Statutory duties will be delivered. There is a risk that if the IJB/HSCP is unable to contain spend to agreed budgeted levels this may impact on the reputation and continued financial stability of the organisation.

# Next Steps:



- Once approved by IJB, Issue Directions
- Continue with Grip and Control measures
- Continue with Progress Reporting updates on savings delivery
- Implementation of plan at pace
- Continued staff engagement and wider stakeholder communications

- Evidence progress on the delivery of this plan
- Early Identification of any recovery actions needed in line with the Integration Scheme & MTFS
- Escalation tool will be used on a bimonthly basis to inform decision making on additional funding approval for demand led/ volatile budgets
- Monitoring reports to the Finance, Performance and Scrutiny Committee and Integration Joint Board
- Enhanced savings tracker to be developed
- Continuation of 4 weekly meetings with CEO's and DOF's
- Progress reports to our Local Partnership Forum

- Focus on delivery and recovery
- Specific Reporting on the Medium Term Transformation Projects
- Planning for 2026-27 to enable preparation throughout 2025-26
- Initiate 2026-27 plans when ready in-year for implementation

## Fife HSCP - Financial Risk Register

No	RISK Threat to achievement of business objective	Scope/potential consequences of risk	Assessment of Risk (likelihood x impact) Assume no Controls in Place			Risk Control Measures in Place	Are all Controls Operational? Y/N/Partial	Potential Financial Risk Annual Basis	Assessment of Risk (likelihood x impact) With Control Measures		
			Likelihood	Impact	Risk Score				Likelihood	Impact	Risk Score
1	Realigning Budgets	The approach adopted for 2025-26 has been to realign budgets based on the level of overspends/underspends in previous years. There is a risk that these do not realise the required benefits	5	5	25	The risk will be held corporately, and future budget gaps may increase should demand increase. There will also be close monitoring of spend and improved grip and control measures put in place.	Partial	Medium	2	5	10
2	Inflationary Upfits	Assumptions have been included in the budget model in relation to uplifts for both pay and externally commissioned. Level of uncertainty in terms of agreed rate	5	5	25	Sharing of best practice with both partners and other IJBs.	Partial	Small	2	5	10
3	Costs relating to short term investment required to ensure Safe Delivery of services whilst also transforming services	To enable safe delivery of services there may be a requirement to incur double running costs to ensure safe delivery of services	3	5	15	Options to minimise risk considered such as test of change in locality with the potential to further roll out	Partial	Small	1	5	5

4	Closer scrutiny of volatile budgets and potential spend in excess of budgets	It may be that demand far outweighs the funding available to deliver services. The development of the escalation tool will ensure management information is available to actively manage the budget.	5	5	25	Process to be developed that ensures regular tripartite agreement to funding throughout the year to allow ensure a balance position	Partial	Medium	2	4	8
5	Local Government Pay Award	Increased costs to the Council due to higher negotiated pay award than that provided for.	4	4	16	Model assumptions have been updated to 3% in line with Scottish Government Public Sector Pay Policy. Sensitivity analysis is used to demonstrate any potential increase in cost. Options and analysis prepared and submitted to COSLA when required. Participation in national modelling of pay costs and impact on Council budget. Scottish Government funding	Partial	Medium	4	4	16
6	National NI Policy Changes	The full cost of National Insurance increases may not be fully funded.	3	4	12	Lobbying of UK and Scottish Governments for appropriate level of funding. Budget model assumes 60% funding. There will also be an impact on third and independent sectors.	Partial	Medium	3	3	9

7	Inability to achieve savings	Increased risk of delivering budget savings being delayed, may result in overspend and future reduced service provision as a consequence.	3	3	9	Tracking through monitoring process. Services are required to substitute savings to contain expenditure within budget.	Partial	Medium	2	3	6
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<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26th March 2025</b>
<b>Agenda Item No:</b>	<b>9.1</b>
<b>Report Title:</b>	<b>Membership of Integration Joint Board</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Noting

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

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

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Managing resources effectively while delivering quality outcomes.

## 2 Report Summary

### 2.1 Situation

This report is provided to advise Members of changes in the Voting Membership of the Integration Joint Board.

### 2.2 Background

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the legislation for Membership of Integration Joint Boards and that there should be an equitable number of Voting Members for each of the constituent authorities around the Integration Joint Board.

As per agreed good practice any changes in IJB membership are conveyed to members via a formal report to the Integration Joint Board.

## **2.3 Assessment**

### IJB Membership

Following a reshuffle of membership within NHS Board, there will be changes to NHS Non-Executive membership within the IJB with effect from 1 April 2025 as follows:-

- Arlene Wood will stand down from the IJB.
- Jo Bennett will join the IJB.

### Vice-Chair Transition

Colin Grieve will replace Arlene Wood as Vice-Chair of the IJB.

### Committee Membership

Colin Grieve will stand down from membership of the Quality and Communities Committee. Colin will be replaced by Jo Bennett.

Colin will also stand down from Finance, Performance and Scrutiny Committee. This change does not have any impact on the quorum of this Committee.

Colin will assume the Chair role of the Strategic Planning Group.

#### **2.3.1 Quality / Customer Care**

There are no quality/customer care implications to this report.

#### **2.3.2 Workforce**

There are no workforce implications to this report.

#### **2.3.3 Financial**

There are no financial impacts associated with this report.

#### **3.3.4 Risk / Legal / Management**

There are no Legal implications for this report.

#### **2.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed as there are no EqIA implications arising directly from this report.

#### **2.3.6 Environmental / Climate Change**

There are no environmental/climate change impacts associated to this report.

#### **2.3.7 Other Impact**

No other impacts anticipated from this report.



### 2.3.8 Communication, Involvement, Engagement and Consultation

The contents of this report have been shared with the Chief Officer and Chair of the Integration Joint Board.

### 3 Recommendation

Based on the information provided within this report, IJB members are asked to:

- Note: The member transitions as detailed at paragraph 2.3 above.
- Note: IJB Members would like to formally record their sincere thanks to Arlene for her valued contribution over the last 3 years on the IJB and warmly welcome Jo Bennett to the Board.

### 4 List of Appendices

There are no appendices to this report.

### 5 Implications for Fife Council

Fife Council are currently holding reserves on behalf of the IJB.

### 6 Implications for NHS Fife

No implications for NHS Fife.

### 7 Implications for Third Sector

No implications for the Third Sector.

### 8 Implications for Independent Sector

No implications for the Independent Sector.

### 9 Directions Required to Fife Council, NHS Fife or Both

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

### Report Contact

**Author Name:** Vanessa Salmond

**Author Job Title:** Head of Corporate Governance and IJB Secretary

**E-Mail Address:** [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26th March 2025</b>
<b>Agenda Item No:</b>	<b>9.2</b>
<b>Report Title:</b>	<b>Draft IJB Workplan 2025-26</b>
<b>Responsible Officer:</b>	<b>Audrey Valente, Chief Finance Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Discussion
- Decision

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

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

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Managing resources effectively while delivering quality outcomes.

## 2 Report Summary

### 2.1 Situation

The purpose of this report is to seek approval from IJB members on the Draft Annual Workplan for the Integration Joint Board for 2025-2026.

### 2.2 Background

The attached draft workplan for 2025-2026 has been developed to ensure that relevant reports pertaining to the delivery of the Strategic Plan are presented to the Integration Joint Board.

## **2.3 Assessment**

Whilst the IJB must respond to circumstances, the agenda and related workplan must be responsive. This workplan had been developed to provide IJB members with an early indication of planned statutory and legislative planned reports expected throughout the 2025-26 fiscal year.

In developing this workplan, individual IJB Committee workplans and those of partner bodies have been considered.

The workplan will evolve throughout the reporting year, alongside developments being considered by the Senior Leadership Team in regards to structure and reporting arrangements.

### **2.3.1 Quality / Customer Care**

There are no quality/customer care implications to this report.

### **2.3.2 Workforce**

There are no workforce implications to this report.

### **2.3.3 Financial**

There are no financial impacts associated with this report.

### **3.3.4 Risk / Legal / Management**

There are no Legal implications for this report.

### **2.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed as there are no EqIA implications arising directly from this report.

### **2.3.6 Environmental / Climate Change**

There are no environmental/climate change impacts associated to this report.

### **2.3.7 Other Impact**

No other impacts anticipated from this report.

### **2.3.8 Communication, Involvement, Engagement and Consultation**

This plan has been developed by Head of Corporate Governance.

## **3 Recommendation**

Based on the information provided within this report, IJB members are asked to:

- Discuss and approve the draft workplan for 2025-26 as detailed at Appendix 1;
- Acknowledge that the IJB Workplan 2025-2026 will be presented at each IJB meeting as a standing agenda item.

## **4 List of Appendices**

Appendix 1: Draft IJB Workplan 2025-26

## 5 Implications for Fife Council

Any applicable reports required to be presented to Fife Council have been identified within the workplan.

## 6 Implications for NHS Fife

Any applicable reports required to be presented to NHS Fife have been identified within the workplan.

## 7 Implications for Third Sector

No implications for the Third Sector.

## 8 Implications for Independent Sector

No implications for the Independent Sector.

## 9 Directions Required to Fife Council, NHS Fife or Both

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

### Report Contact

**Author Name:** Vanessa Salmond

**Author Job Title:** Head of Corporate Governance and IJB Secretary

**E-Mail Address:** [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)

Integration Joint Board											Partner Reporting
Meeting Dates 2025-26	Frequency	Purpose	Owner	26-May-25	30-Jul-25	29-Sep-25	26-Nov-25	28-Jan-26	25-Mar-26		
<b>STRATEGIC PLANNING AND DELIVERY</b>											
Dementia Strategy	On Request	Decision	Jillian Torrens	Scheduled							Yes
Learning Disability Strategy	On Request	Decision	Jillian Torrens		Scheduled						Yes
Mental Health and Wellbeing Strategy	On Request	Decision	Jillian Torrens		Scheduled						Yes
Strategic Plan 2026-2029 Approach	On Request	Decision	Audrey Valente				Scheduled				No
<b>Strategy Annual Reports</b>											
Strategic Plan - Annual Report	Annual	Assurance	Audrey Valente						Scheduled		No
Annual Performance Report 2024-25	Annual	Assurance	Audrey Valente		Scheduled						No
Advocacy Strategy	Annual	Assurance	Caroline Cherry				Scheduled				No
Alcohol and Drug Strategy	Annual	Assurance	Jillian Torrens	Scheduled							No
Carers Strategy	Annual	Assurance	Roy Lawrence		Scheduled						No
Commissioning Strategy	Annual	Assurance	Audrey Valente	Scheduled							No
Digital Strategy	Annual	Assurance	Audrey Valente	Scheduled							No
Home First Strategy	Annual	Assurance	Chris Conroy		Scheduled						No
Local Housing Strategy	Annual	Assurance	Paul Short						Scheduled		No
Medium Term Financial Strategy	Annual	Assurance	Audrey Valente						Scheduled		No
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper			Scheduled					No
Primary Care Strategy	Annual	Assurance	Lisa Cooper			Scheduled					No
Workforce Strategy (Inc. EDI Update) Annual Report	Annual	Assurance	Roy Lawrence				Scheduled				No
<b>LIVED EXPERIENCE &amp; WELLBEING</b>											
<b>INTEGRATED PERFORMANCE &amp; QUALITY</b>											
Finance Update	Standing Item	Decision	Audrey Valente	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	No
Performance Report - Executive Summary	Quarterly	Assurance	Audrey Valente	Scheduled		Scheduled		Scheduled			No
Annual Performance Report	Annual	Assurance	Audrey Valente		Scheduled						No
Fife IJB Dratt Audited Accounts	Annual	Decision	Audrey Valente			Scheduled					No
Annual Review of Best Value	Annual	Assurance	Audrey Valente				Scheduled				No
Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)	Annual	Decision	Audrey Valente						Scheduled		No
<b>GOVERNANCE &amp; OUTCOMES</b>											
Chairs Assurance Statements	Standing Item	Assurance	Vanessa Salmond	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	No
Clinical & Care Governance Framework	On Request	Decision	Helen Hellewell								Yes
Governance Committee Assurance Statements	On Request	Decision	Vanessa Salmond	Scheduled							No
Duty of Candour Annual Report 2023-2024 - NHS	Annual	Assurance	Helen Hellewell	Scheduled							Yes
Duty of Candour Annual Report 2023-2024 - Fife Council	Annual	Assurance	James Ross	Scheduled							Yes
Membership Update	On Request	Noting	Vanessa Salmond								No
Monitoring Progress of Directions	Quarterly	Decision	Vanessa Salmond	Scheduled		Scheduled		Scheduled			No
<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>											
Annual Risk Management Report	Annual	Assurance	Audrey Valente	Scheduled							No
Risk Management Progress Report - 6-month update	Annual	Assurance	Audrey Valente				Scheduled				No
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence		Scheduled						No
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy			Scheduled					No
Records Management Annual Report	Annual	Assurance	Audrey Valente			Scheduled					No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Scheduled						No
Armed Forces Covenant Duty	Annual	Assurance	Audrey Valente				Scheduled				No
Public Sector Climate Duties Annual Report	Annual	Assurance	Audrey Valente				Scheduled				No
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Due Jan 2027)	Biennial	Assurance	Audrey Valente								No

<b>Integration Joint Board</b>										
<b>Meeting Dates 2025-26</b>	<b>Frequency</b>	<b>Purpose</b>	<b>Owner</b>	<b>26-May-25</b>	<b>30-Jul-25</b>	<b>29-Sep-25</b>	<b>26-Nov-25</b>	<b>28-Jan-26</b>	<b>25-Mar-26</b>	<b>Partner Reporting</b>
Community Led Support Annual Report 2024	Annual	Assurance	Roy Lawrence	Scheduled						Yes
Winter Plan 2025-26	Annual	Assurance	Chris Conroy			Scheduled				Yes
Care Inspectorate Grading Report	Annual	Assurance	Audrey Valente				Scheduled			Yes
Child Protection Annual Report (Child Protection Committee)	Annual	Assurance	James Ross					Scheduled		Yes
Pharmaceutical Care Services Report 23-24	Annual	Assurance	Lisa Cooper				Scheduled			Yes
Adult Protection Report (Social Work / Social Care)	Annual	Assurance	Jillian Torrens				Scheduled			Yes
Chief Social Worker Officer Report	Annual	Assurance	James Ross					Scheduled		Yes
Winter COVID-19 and Flu Vaccine Delivery Campaign	Annual	Assurance	Lisa Cooper						Scheduled	Yes
Fife Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled		Yes



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>26 March 2025</b>
<b>Agenda Item No:</b>	<b>10.1</b>
<b>Report Title:</b>	<b>Winter COVID-19 &amp; flu vaccine delivery campaign 2024/25</b>
<b>Responsible Officer:</b>	<b>Lisa Cooper, Head of Service, Primary Preventative Care Services</b>
<b>Report Author:</b>	<b>Karen Nolan, Clinical Service Manager CIS</b>

## 1 Purpose

**This Report is presented to the Integration Joint Board for:**

- Assurance.

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

**This Report Aligns to which of the Integration Joint Board 5 Key Priorities:**

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

## 2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Community Immunisation Service Programme Board, 21 January 2025
- HSCP Senior Leadership Team, 17 February 2025
- Executive Directors Group, 20 February 2025
- Public Health & Wellbeing Committee, 03 March 2025
- Quality & Communities Committee Committee, 06 March 2025

## 3 Report Summary

### 3.1 Situation

This report provides an update on vaccine uptake within the eligible cohorts for Winter 2024/25 COVID-19 and flu campaign within NHS Fife. A data appendix provides a summary of flu & COVID-19 epidemiology over the winter period, including care home outbreak data within Fife.

### 3.2 Background

#### Policy Context

As set out in the CMO direction (Appendix 1), the key objectives for the Winter 2024 programme were:

1. To protect those in society who continue to be more at risk of severe COVID-19 and flu, to prevent severe illness, hospitalisation and death.
2. To continue to focus on a co-administration model, offering flu and COVID-19 vaccinations at the same appointment where possible.
3. To minimise further pressure on the NHS and social care services during the winter period.

The following groups were offered both COVID-19 and flu vaccination:

- Residents & staff in care homes for older adults
- All adults aged 65 and over
- Those aged 6 months and over in a clinical at-risk group, including pregnant women
- Pregnant women
- Frontline Health & Social Care workers

In addition, the following groups were offered flu vaccination only:

- Those under 65 with eligible flu-only clinical at risk condition
- All children aged 2-5
- All primary and secondary school pupils
- Unpaid carers



- Household contacts of those with immunosuppression
- Poultry workers & bird handlers
- Non-frontline NHS workers
- Those experiencing homelessness; substance misuse; prisoners

#### Delivery to adult population cohorts

Delivery to care homes and housebound citizens commenced on 24/09/24. Care homes continued to be mopped up over December. All care homes were contacted again in early January to review residents' status and to contact the Immunisation Service if further vaccination was required. Adult community clinics commenced on the 30/09/24 with scheduled appointments running until 08/12/24 and ongoing drop-in and rescheduled availability after this. Those eligible could continue to access COVID-19 vaccination until 31/01/25, and access to flu vaccination remains until 31/03/25 through open access to community venues. National guidance was that the preferred approach for pregnant women should be co-administration of COVID-19 vaccination by midwives at existing clinic visits along with flu. Due to several factors this was not fully achieved and those wishing COVID-19 vaccination were able to attend local community clinics.

A targeted approach to an outreach model in conjunction with our SAS colleagues was developed following SIMD data in terms of deprivation, hard to reach communities and ethnicity. This proved to be very successful with good attendance across all dates, uptake was not solely with those targeted but with a wide range of eligibility.

#### Delivery to health & social care staff cohorts

A large range of options were offered to Health and Social Care Workers (HSCW) to encourage vaccination uptake. Focus this year was to promote and offer flu to staff – frontline staff could request a COVID-19 vaccination; however this was not the focus of the staff offer as per current JCVI and Scottish Government advice. As per previous campaigns, staff could drop into any community clinic for flu or COVID-19 vaccination, with additional options to access flu vaccination via over 50 community pharmacies across Fife. This year the opportunity for peer flu vaccination was also implemented. This was approved by the Nursing Directorate and a short life working group was set up and chaired by the Senior Portfolio Manager for Immunisations with support from the Immunisation Coordinator and Senior Nursing Leadership. A further CMO letter issued on 28/11/24 asked Health Boards to increase promotion of winter vaccinations to staff to increase uptake. Throughout December and into the first week in January roving staff clinics were undertaken across acute and community hospitals in order to promote uptake. Increased communications were on the staff intranet, and daily updates on safety huddles, promotion via line managers and social media campaigns continued.

#### Delivery of the school flu programme

The children's flu programme commenced on the 16/09/24 completing on the week ending the 13/12/24, with all schools having been visited; Inverkeithing High School required a later mop up clinic, and this was undertaken the week of the 6th January. Further engagement with the Head of Education was undertaken to promote the importance of vaccination in

our children/young person cohorts. This was a positive approach with some targeted work to support lower uptake. As part of our lessons learned alternative plans will be implemented in winter 2025 to further target improvement work.

### **3.3 Assessment**

Winter vaccination uptake data as of the 9th February 2025 is provided in Tables 1-6 within appendix 2. A comparison of Fife data against uptake in Scotland is shown for this current campaign (2024/25) alongside a comparison of Fife 2023/24 performance against the Scotland 2023/24.

In the largest eligible adult cohort group (those over 65) and in the most vulnerable clinical adult cohort (those with a weakened immune system) Fife performance in 2024/25 has exceeded the Scottish average. In cohorts where in 2024/25 Fife performed below the Scottish average, it can be seen that the gap in performance against Scotland has narrowed in 2024/25 in comparison with the gap in the 2023/23 season (18-64 at risk cohort; care home residents; under 18s; health & social care staff). Uptake in care home residents in Fife exceeded our local target of 80%. In both Fife and Scotland, 2024/25 uptake for both flu & COVID-19 vaccine was lower than the previous season (2023/24) across most cohorts.

To note in 2024/25:

- Those over 75 years of age, flu uptake in NHS Fife is 81.2% against NHS Scotland average of 80.4%.
- Those over 75 years of age, COVID-19 uptake in NHS Fife is 77.8% against NHS Scotland average of 76.6%.
- Older people in care homes, flu uptake in NHS Fife is 81.8% against the NHS Scotland average of 83.5%.
- Older people in care homes, COVID-19 uptake in NHS Fife is 81.1% against NHS Scotland average of 81.4%.

Nationally there has been an overall decline in uptake across health and social care staff and this is replicated in Fife. As of 09/02/25, flu uptake in NHS Fife is 33.2% for health care workers (2023/24 = 38.0%) and 14.6% for social care workers (2023/24 = 21.9%) against NHS Scotland average of 35.8% and 17.0% for each cohort. There was a significant amount of planning and coordination required to support the peer vaccination process and whilst staff were keen to support the peer campaign, capacity to release the staff to undertake take this task was a challenge due to winter flow activity. In-depth qualitative evaluation with staff is planned for March 2025 and a SLWG to reconvene the staff campaign planning work will commence in June 2025 to work toward a more whole systems approach to staff immunisation for winter 2025/26. We must however celebrate that we have been able to reintroduce the peer vaccination model and offer a greater range of opportunities for staff to receive their vaccines.

#### **3.3.1 Quality / Customer Care**

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife. An immunisation quality matters assurance group meets regularly to provide assurance regarding safe delivery of the

Immunisation programme. Care Opinion, complaints and compliments are accurately recorded and shared with team members. The number of complaints and MSP enquires have significantly reduced compared to previous years campaigns.

### **3.3.2 Workforce**

Workforce during this programme involved the use of extra hours and Bank. Finance colleagues have been involved in this discussion and there was a financial envelope to support this usage.

### **3.3.3 Financial**

The programme continued to work closely with finance colleagues to track and report on expenditure. There are no additional costs, and any risks were identified throughout the delivery stages of this campaign and will be managed, mitigated, and reported accordingly. Bank usage has already been factored into the budget and this will also be monitored weekly.

### **3.3.4 Risk / Legal / Management**

A robust risk review process is in place where risks are reviewed frequently across key workstreams.

### **3.3.5 Equality and Human Rights, including children's rights and health inequalities**

An impact assessment has not been completed because outreach work was undertaken in conjunction with SAS to target areas of lower uptake and be as flexible as possible in approach, using mobile facilities. For assurance the EQIA process underpins all programmes of delivery.

### **3.3.6 Environmental / Climate Change**

No direct impact on Board climate targets. Improvement work continues to ensure vaccine waste is minimised and to adjust patterns of working to maximise efficiencies in staff travel. Access to public transport is always factored into assessments for identifying [Climate Fife 2024 Strategy and Action Plan](#)

### **3.3.7 Other Impact**

No other relevant impact.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Communications are linked with the national direction, applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from previous vaccination programmes to ensure effective, timely and targeted communications.

## **4 Recommendation**

**Assurance** - Integration Joint Board is asked to **be assured** that the winter vaccine programme meets the deliverables as directed by the Chief Medical Officer.

## 5 List of Appendices

The following appendices are included with this report:

- Appendix 1, SGHD CMO 2024 16 Winter Programme 2024 – seasonal flu and COVID-19 vaccination
- Appendix 2, COVID19 & Flu Vaccine Uptake, Fife & Scotland
- Appendix 3, Respiratory virus activity in Fife 2024/25

6 Implications for Fife Council N/A

7 Implications for NHS Fife N/A

8 Implications for Third Sector N/A

9 Implications for Independent Sector N/A

10 Directions Required to Fife Council, NHS Fife or Both

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

### Report Contact

**Author Name:** Karen Nolan

**Author Job Title:** Clinical Services Manager, Community Immunisation Service

**E-Mail Address:** Karen.nolan@nhs.scot



Dear Colleagues

## WINTER PROGRAMME 2024 – SEASONAL FLU AND COVID-19 VACCINATION

We are writing to provide you with further information about the winter seasonal flu and COVID-19 vaccination programme 2024.

We would like to begin by thanking you for your hard work in delivering the spring COVID-19 vaccination programme as well as successfully introducing the new [Respiratory Syncytial Virus \(RSV\) programmes](#) for pregnant women and older adults, during what is a particularly busy time of year for our Health Boards.

### Key Objectives for the Winter 2024 programme

1. To protect those in society who continue to be more at-risk of severe COVID-19 and flu, to prevent severe illness, hospitalisation and death.
2. To continue to focus on a co-administration model, offering flu and COVID-19 vaccinations at the same appointment where possible.
3. To minimise further pressure on the NHS and social care services during the winter period.

### Eligibility

4. For winter 2024, **both COVID-19 and flu vaccination** will be offered to the following groups in Scotland:
  - Residents in care homes for older adults
  - All adults aged 65 years and over
  - Individuals aged 6 months and over who are in a clinical at risk group (as defined in tables 3 and 4 in the [COVID-19 chapter of the Green Book](#)), including pregnant women
  - Frontline Health & Social Care Workers
  - Staff in care homes for older adults

**From Chief Medical Officer  
Interim Chief Nursing  
Officer  
Chief Pharmaceutical  
Officer**

Professor Sir Gregor Smith  
Anne Armstrong  
Professor Alison Strath

03 September 2024

SGHD/CMO(2024) 16

#### Addresses

##### For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery, NHS Boards  
Chief Officers of Integration Authorities  
Directors of Pharmacy  
Directors of Public Health  
General practitioners

Immunisation Co-ordinators  
CPHMs  
Scottish Ambulance Service

##### For information

Chairs, NHS Boards  
Practice Nurses  
Chief Executives, Local Authorities

Infectious Disease Consultants  
Consultant Physicians  
Public Health Scotland  
Chief Executive, Public Health Scotland,  
NHS 24

#### Further Enquiries

##### Covid & Flu Policy Issues

Laura Wilson, Scottish Government  
[ImmunisationPolicy@gov.scot](mailto:ImmunisationPolicy@gov.scot)

##### Medical Issues

Dr Lorna Willocks  
Senior Medical Officer  
St Andrew's House  
[Lorna.Willocks@gov.scot](mailto:Lorna.Willocks@gov.scot)

##### PGD/Pharmaceutical

William Malcolm  
Public Health Scotland  
[William.Malcolm@nhs.scot](mailto:William.Malcolm@nhs.scot)

##### Vaccine Supply Issues

[nss.vaccineenquiries@nhs.scot](mailto:nss.vaccineenquiries@nhs.scot)



5. As per the [2024 Adult & Child Flu CMO letter](#), people in the following groups will be offered **flu vaccination only**:

- Those aged 18-64 years with an eligible flu-only clinical risk condition
- Unpaid carers, including young carers under the age of 16 years
- Household contacts of those with immunosuppression
- School age pupils (primary and secondary)
- Children aged 2-5 (not at school)
- Children aged 6 months to 2 years at-risk
- Poultry workers
- Non-frontline NHS workers
- Asylum seekers living in Home Office hotel or B&B accommodation
- Those experiencing homelessness
- Those experiencing substance misuse
- All prisoners within the Scottish prison estate

We would like to reiterate that the Scottish Government has decided to end the offer to other extended groups which were added as part of the pandemic response, notably those aged 50-64, teachers, and prison staff.

#### **Frontline health & social care workers & staff in care homes for older adults**

6. Frontline health & social care workers (HSCWs) & staff in care homes for older adults will be offered both COVID-19 and flu vaccination this winter.

7. The JCVI advises flu vaccination for frontline HSCWs and staff in care homes for older adults, but for winter 2024 it **does not** advise COVID-19 vaccination for these groups, principally as the indirect benefits of vaccination (vaccinating an individual in order to reduce the risk of severe disease in other people) are less evident now compared with previous years. However, its [statement](#) notes that:

*“Health and social care service providers may wish to consider whether vaccination provided as an occupational health programme is appropriate. Ahead of such considerations, health departments may choose to continue to extend an offer of vaccination to frontline health and social care workers and staff working in care homes for older adults in autumn 2024.”*

8. Therefore this winter Scottish Government has agreed to offer COVID-19 vaccination to frontline HSCWs and staff in care homes for older adults. The JCVI statement notes that their inclusion, at the discretion of the four nation health departments, is an interim position whilst further assessment of the possible need for a future occupational health offer is undertaken. The JCVI statement also goes on to describe the limited clinical benefits to this group.

9. COVID-19 vaccination for frontline HSCWs will therefore be available for those who wish to receive it in winter 2024, but we have also asked Health Boards to prioritise delivery of the flu programme to this group. The result of this ask is that greater resources will be deployed to make flu vaccination easier and more accessible, such as through peer-to-peer vaccination in the workplace.

10. The importance of flu vaccination for this group is detailed in the [Seasonal influenza \(flu\) immunisation programme 2024-25: confirmation of adult and child cohorts \(scot.nhs.uk\)](https://www.scot.nhs.uk/immunisation-programme-2024-25-confirmation-of-adult-and-child-cohorts)

### Unpaid carers and household contacts of the immunosuppressed

11. In winter 2022 and winter 2023, unpaid carers and household contacts of immunosuppressed people were eligible for a COVID-19 vaccine under JCVI advice. It is important to note that from winter 2024, as per JCVI advice, they are no longer eligible for COVID-19 vaccination although, as indicated above, they remain eligible for flu vaccination.

### Pregnant women

12. Most Health Boards and Health and Social Care Partnerships (HSCPs) will be delivering flu vaccines to pregnant women through their local maternity services again this season. In maternity services where flu and / or COVID-19 vaccination isn't offered at maternity appointments, midwives will encourage women to attend their local vaccination clinic and give details on how to book an appointment.

### Programme age limits

13. The age cut off for the winter 2024 programme is 31 March 2025. If an individual meets the age-related eligibility criteria before 1 April 2025 they will be eligible for vaccination. The only exception is for the infant programme, where the baby must have turned 6 months before the programme start on 1 September 2024. This also applies to those pre-school children eligible for flu aged 2. If a child is diagnosed with a new risk condition during the programme, their clinician, parent or carer can refer them for vaccination via the clinical referral route detailed in **Annex C**.

14. There will be a data refresh of the at risk COVID-19 groups before 1 November 2024, to identify those who have become newly eligible since the start of the programme.

### Programme timings

15. Below are the dates for the winter FVCV programme. Also of note is that the older adult [RSV programme](#) will run from August to the end of September:

- **Early September:** Start of child flu programme (*LAIV vaccine supply dependent*)
- **Mid-September:** Adult FVCV programme begins with flu only groups
- **23/09/24:** Start of co-administration of COVID-19 and flu
- **08/12/24:** 85% of the entire eligible adult population will have been offered an appointment (be it a dated & timed appointment, or a prompt to book), on a date prior to, or on 8 December
- **31/01/25:** COVID-19 vaccination ends
- **31/03/25:** Flu vaccination ends

### Further information can be found in the annexes:

- **Annex A:** Vaccine information
- **Annex B:** Programme resources & communication materials
- **Annex B:** Workforce education materials
- **Annex C:** Information on clinical referral routes

We would like to recognise and express our sincere gratitude for your professionalism and continuing support in planning and delivering this important vaccination programme. Thank you, and we wish you all the best for the winter 2024 programme.

Yours sincerely,

*Gregor Smith*

*Anne Armstrong*

*Alison Strath*

Professor Sir Gregor Smith  
**Chief Medical Officer**

Anne Armstrong  
**Interim Chief Nursing  
Officer**

Professor Alison Strath  
**Chief Pharmaceutical Officer**





## Annex A: Vaccine products for Scotland's winter programme 2024

### COVID-19

For the winter 2024 COVID-19 programme, the following COVID-19 vaccines are advised (please refer to the [COVID-19 chapter of the Green Book](#) for more details on the most up to date variant vaccines available for deployment this winter):

#### For all individuals aged 18 years and over:

- Moderna mRNA (Spikevax) vaccine. Dose: 50 micrograms
- Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 30 micrograms

#### For young people aged 12 to 17 years:

- Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 30 micrograms

#### For children aged 5 to 11 years:

- Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 10 micrograms

#### For children aged 6 months to 4 years:

- Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 3 micrograms

Novavax Matrix-M adjuvanted COVID-19 vaccine (Nuvaxovid) may be used as a booster dose for persons aged 12 years and above when alternative products are considered not clinically suitable.

### Covid-19 vaccine dosage interval

The COVID-19 vaccine should usually be offered no earlier than around 6 months after the last vaccine dose, although operational flexibility around the timing of vaccination in relation to the last vaccine dose is considered appropriate (with a minimum interval of 3 months between doses). More information on operational flexibility will be provided in the [COVID-19 chapter of the Green Book](#).

### Seasonal flu

Further information on flu vaccine types can be found in the [Adult & Child Flu CMO letter 2024](#).

Public Health Scotland (PHS) will provide Boards with template Patient Group Directions and National Vaccine Protocols for both flu and COVID-19 prior to programme start.

We have procured sufficient flu and COVID-19 vaccines to support the programme, however, ongoing and effective management at a local level is essential to the success of the programme. Health Boards should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.



## Annex B: Programme resources and communication materials

### Communication materials

PHS will provide a range of communications materials, messaging and assets to Health Boards and key stakeholders to help promote the vaccination offer to the general public, with a focus on groups when uptake is historically low. PHS will also develop toolkits to encourage the promotion of the winter vaccinations that will support NHS and social care colleagues.

The public should be signposted to NHS Inform for up to date information on the vaccination programme [Winter vaccines | NHS inform](#).

### Workforce education

NHS Education for Scotland (NES) and PHS have developed a range of vaccine specific workforce education resources/opportunities for both COVID-19 and seasonal flu. These are, or will be, available on the NES TURAS Learn website:

Flu: [Seasonal flu programme | Turas | Learn \(nhs.scot\)](#)

COVID-19: [COVID-19 vaccination programme | Turas | Learn \(nhs.scot\)](#)

In addition a variety of generic supporting resources e.g. vaccinating children and young people are also available on the NES TURASLearn site at [Immunisation | Turas | Learn \(nhs.scot\)](#)

## Annex C: Clinical referral routes

- A clinical referral route has been well established over the last two and a half years of the combined flu and COVID-19 programme and remains the same for winter 2024.
- If an individual knows that they are eligible for vaccination this winter as part of a clinical at-risk group, or by virtue of being aged 65 years or older (up to and including 31 March 2025), but they have not been sent an appointment or prompt, they can book via the [portal](#) or by calling the helpline on 0800 030 8013.
- If an individual thinks they may be eligible as part of a clinical at-risk group, but is unsure, they can call the helpline which will refer them to their local Health Board to ascertain eligibility and bring them forward for vaccination, if required.
- An individual can also consult their GP practice or secondary care clinician who can then assess the individual and complete a referral form to refer their case through local referral pathways for vaccination. If GP practices or clinicians are unsure of their local referral pathway, they should contact their local immunisation team or co-ordinator for more information.



## Appendix 2: COVID19 & Flu Vaccine Uptake, Fife & Scotland

Table 1: Adult population cohorts Flu Uptake

Flu	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024		Fife 2023 vs Scottish Average 2023	
Overall	163462	87406	53.5%	53.0%	+0.5%	↑	-1.9%	↓
75+	40823	33128	81.2%	80.4%	+0.8%	↑	+0.3%	↑
65 to 74	45317	31638	69.8%	68.4%	+1.4%	↑	+0.2%	↑
WIS	12856	8035	62.5%	60.7%	+1.8%	↑	+0.2%	↑
18 to 64 at risk	60826	19926	32.8%	34.4%	-1.6%	↓	-2.8%	↓
Care Home	2426	1984	81.8%	83.5%	-1.7%	↓	-3.6%	↓

Table 2: Adult population cohorts COVID-19 Uptake

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024		Fife 2023 vs Scottish Average 2023	
Overall	158224	76620	48.4%	47.4%	+1.0%	↑	0	↔
75+	40823	31761	77.8%	76.6%	+1.2%	↑	+0.7%	↑
65 to 74	45317	29145	64.3%	63.4%	+0.9%	↑	+0.3%	↑
WIS	9853	4748	48.2%	47.0%	+1.2%	↑	+1.0%	↑
18 to 64 at risk	52253	14140	27.1%	27.6%	-0.5%	↓	-2.0% (12 to 64 at risk)	↓
Care Home	2426	1967	81.1%	81.4%	-0.3%	↓	-2.7%	↓

\*WIS = Weakened Immune System

Table 3: Under 18 Flu cohorts

Flu	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
Secondary School	25979	9908	38.1%	53.0%	-14.9% ↓	-31.2% ↓
Primary School	26779	17404	65.0%	68.1%	-3.1% ↓	-1.7% ↓
Pre-school	8542	3921	45.9%	50.1%	-4.2% ↓	-13.9% ↓
6m to 2y	117	51	43.6%	40.6%	+3.0% ↑	+1.5% ↑

Table 4: Under 18 COVID-19 cohorts

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
12 to 17 at risk	2620	183	7.0%	7.4%	-0.4% ↓	
5 to 11 at risk	2242	112	5.0%	6.0%	-1.0% ↓	-2.1% ↓
6m to 4y	380	21	5.5%	6.3%	-0.8% ↓	+0.1% ↑

Table 5: Staff Flu cohorts

Flu	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
All health care workers	11316	3753	33.2%	35.8%	-2.6% ↓	-4.2% ↓
All social care workers	12625	1845	14.6%	17.0%	-2.4% ↓	-4.0% ↓

Table 6: Staff COVID-19 cohorts

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
Health care workers	11316	3753	33.2%	35.8%	-2.6% ↓	-4.2% ↓
Social care workers	12625	1845	14.6%	17.0%	-2.4% ↓	-4.0% ↓

Covid	Eligible	Vaccinations	Uptake %	Scottish Average	Fife 2024 vs Scottish Average 2024	Fife 2023 vs Scottish Average 2023
Frontline healthcare	6982	1317	18.9%	23.5%	-4.6% ↓	-4.8% ↓
All social care workers	12660	1314	10.4%	11.7%	-1.3% ↓	-3.0% ↓

### **Appendix 3: Respiratory virus activity in Fife 2024/25**

#### Influenza activity (Table 1 & Figure 1- 4)

Laboratory confirmed influenza case numbers continue to decline having peaked in week 52 at extraordinary levels, with levels currently at moderate levels in most recent week of reporting (week 6, 03/02/25 to 09/02/25).

Of the 133 influenza virus samples that have been genetically sequenced this season, the dominant strain has been Influenza A H1N1 (84 cases). Influenza B is currently increasing as a proportion of total influenza cases, although has decreased in absolute number of cases in week 6 compared with week 5. Vaccine effectiveness estimates for 2024/25 will be published by PHS later in the season.

In total, to 10/02/25, there have been 10 confirmed Flu A outbreaks, 1 confirmed COVID-19 outbreak, and 2 unconfirmed respiratory illness outbreaks within care homes within Fife over the winter season. Care home outbreak activity was greatest in December 2024.

#### COVID-19 activity (Figure 5)

COVID-19 prevalence as measured by viral RNA levels in wastewater remains at low levels, reflecting the hospitalisation trend.

Figure 1: Influenza incidence rate per 100,000 population by week of sample, Scotland

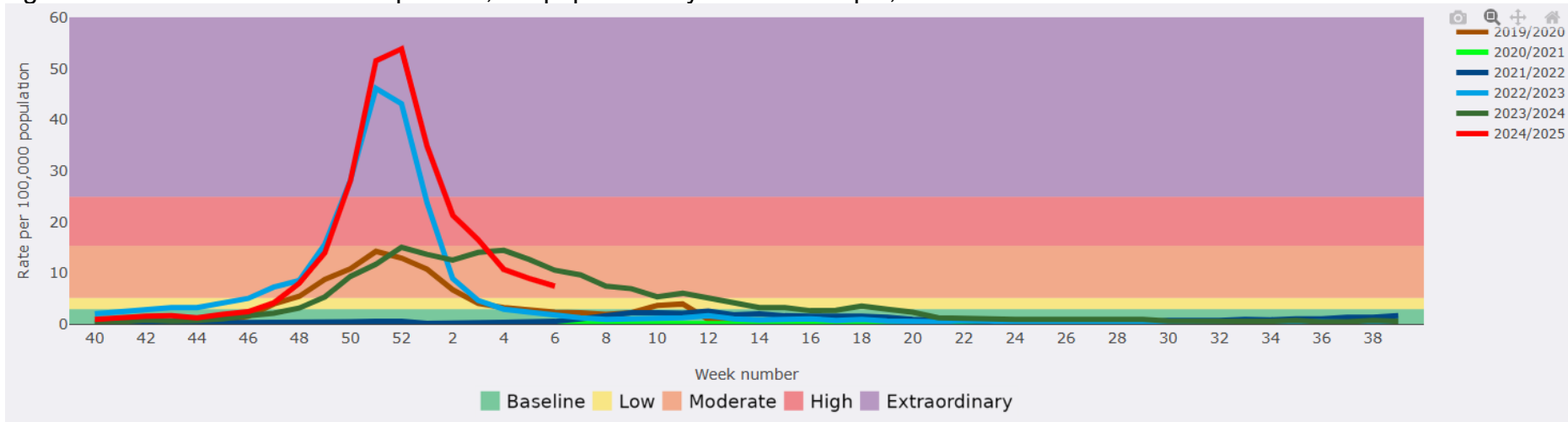


Figure 2: Influenza incidence rate per 100,000 population by age group by week of sample, Scotland

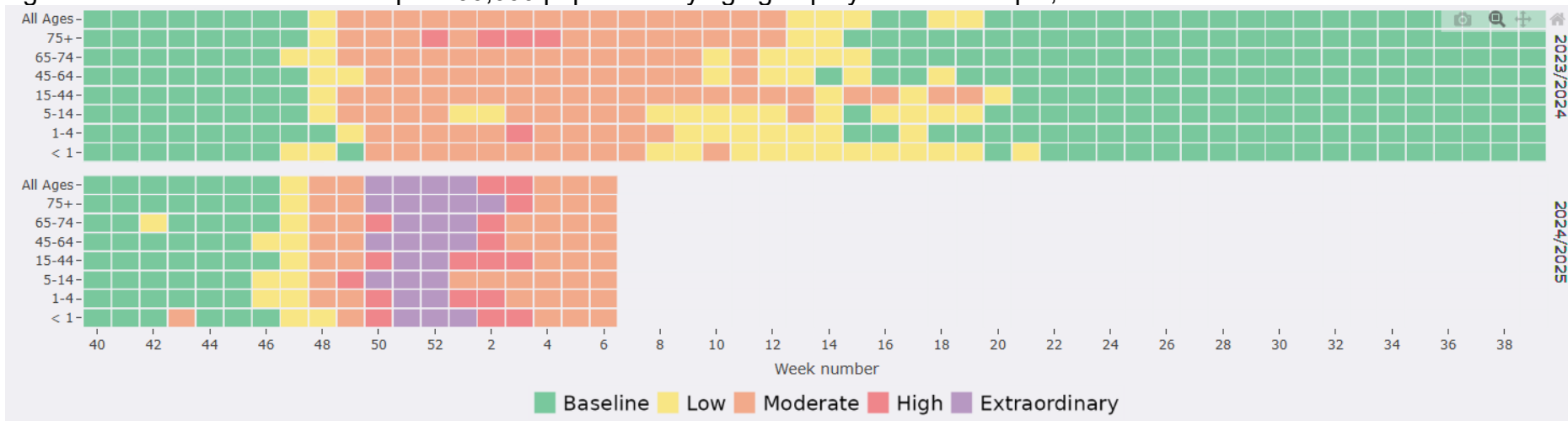
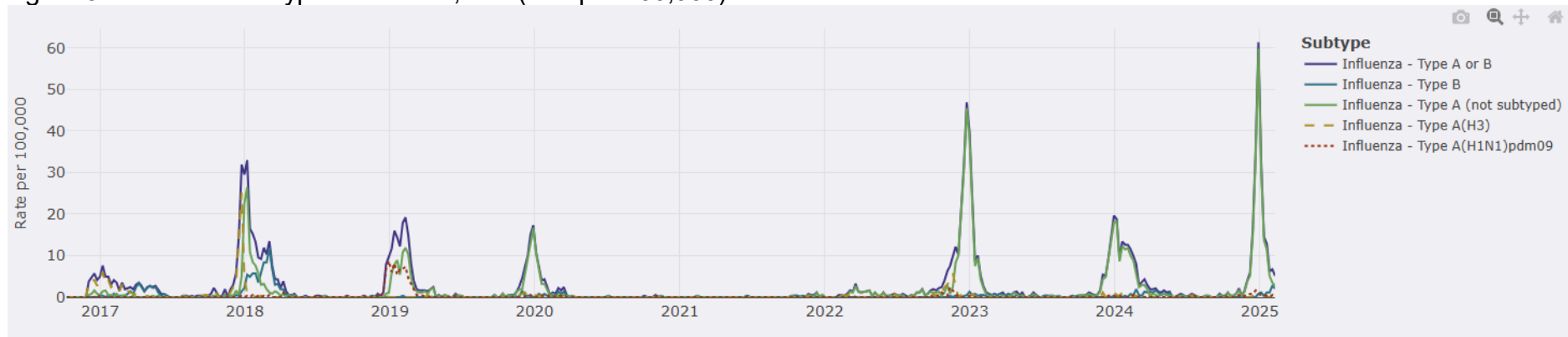




Figure 3: Influenza sub-types over time, Fife (rate per 100,000)\*



\*Variation testing practices over time impacts interpretation of rates across years

Figure 4: Acute influenza hospitalisation admissions, Scotland

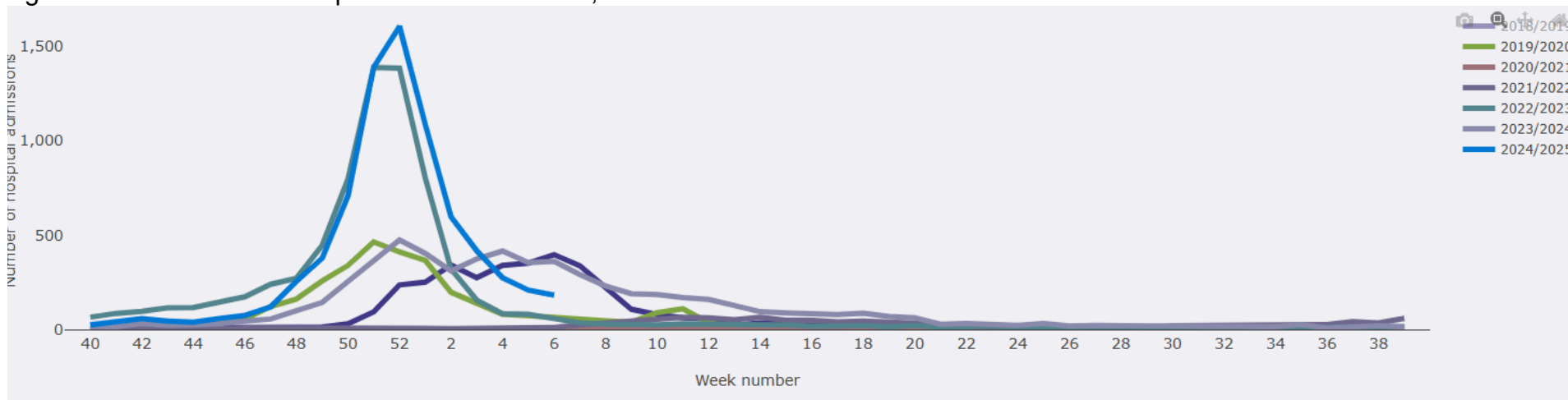
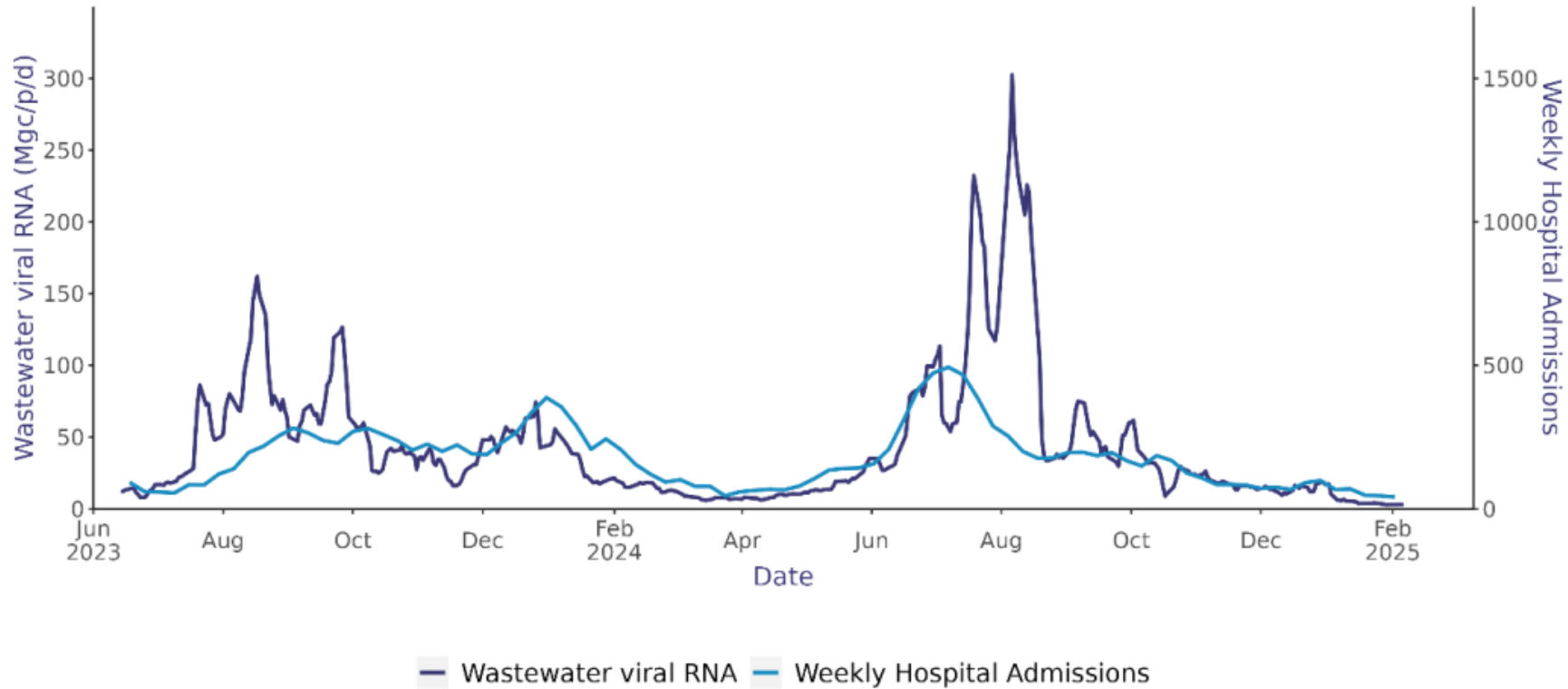


Figure 5: National average national trend in wastewater COVID-19 RNA compared with PHS hospitalisation data



**Appendix 3 Contact:**

Esther Curnock  
Consultant in Public Health Medicine  
[esther.curnock@nhs.scot](mailto:esther.curnock@nhs.scot)

**Source Data:**

Figures 1-5: [PHS COVID-19 & respiratory surveillance interactive dashboard](#) (extracted 14/02/2025).

Table 1: Fife health protection records (HPZone).



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 10<sup>th</sup> JANUARY 2025, 1000hrs - MS TEAMS

**Present:** Sinead Braiden, NHS Board Member (Chair) (SB)  
Councillor Rosemary Liewald  
Councillor Sam Steele  
Councillor Lynn Mowatt  
Councillor Margaret Kennedy  
Paul Dundas, Independent Sector Lead (PD)  
Morna Fleming, Carer's Representative (MF)  
Colin Grieve, Non-Executive Board Member (CG)  
Ian Dall, Service User Rep, Chair of the PEN (ID)

**Attending:** Lynne Garvey, Head of Community Care Services (LG)  
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)  
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)  
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)  
Avril Sweeney, Risk Compliance Manager (AS)  
Jacquie Stringer, Service Manager (Locality/Community Led Support) (JS)  
Chris Conroy, Head of Community Care Services (CC)  
Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (EB)  
Emma O'Keefe, Consultant in Public Dental Public Health (EO'K)  
Fiona Forrest, Acting Director of Pharmacy (FF)  
Rachel Heagney, Head of Improvement, Transformation & PMO (RH)  
Tanya Lonergan, Associate Director of Nursing (TL)  
Audrey Valente, Chief Finance Officer (AV)  
Jacqueline Drummond, Associate Medical Director, MH and Complex and Critical Care Services (JD)  
Jillian Torrens, Head of Complex and Critical Care (JT)

**In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

**Apologies for Absence:** Dr Helen Hellewell, Deputy Medical Director (HH)  
Lynn Barker, Director of Nursing (LB)  
Vanessa Salmond, Head of Corporate Services (VS)  
Jillian Torrens, Head of Complex and Critical Care (JT)

No	Item	Action
1	<p><b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b></p> <p>SB welcomed everyone to the 10 January 2025 HSCP Quality &amp; Communities Committee meeting.</p>	
2	<p><b>ACTIVE OR EMERGING ISSUES</b></p>	
	<p>No emerging issues were Reported.</p>	
3	<p><b>DECLARATION OF MEMBERS' INTEREST</b></p> <p>No declarations of interest were received.</p>	
4	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies were noted as above.</p>	
5	<p><b>MINUTES OF PREVIOUS MEETINGS HELD ON 08 NOVEMBER 2024</b></p> <p>The previous minutes from the Q&amp;CC meeting on <b>08 November 2024</b> were reviewed and no alterations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
6	<p><b>ACTION LOG</b></p>	
	<p>The Action Log from the meeting held on <b>08 November 2024</b> was reviewed.</p> <p>The Action Log is currently complete and up to date.</p>	
7	<p><b>GOVERNANCE &amp; OUTCOMES</b></p>	
7.1	<p><b>Quality Matters Assurance</b></p> <p>This Report was brought to Committee by Cathy Gilvear, in Lynn Barker's absence. The report is brought for <b>Assurance and Discussion</b>.</p> <p>CG introduced the report which relates to the QMAG meeting which took place on 01 November 2024 and the subsequent QMASH meetings. The report summarises the items which were presented, with no escalations. She stated, a small number of items were carried forward to the next meeting, as the meeting had to be adjourned early.</p> <p>CG advised, the Quality report presented showed an overall increase in adverse events reported over the year, this data will be reviewed and fed back to QMAG.</p>	

	<p>Challenges around SAER and LAER reviews relating to capacity were outlined and CG stated the pool of staff have increased to mitigate. Other items highlighted related to pressure ulcers, medication incidents and ligatures.</p> <p>Questions were invited. SB thanked CG and her team for the paper. SB intends to attend a QMAG meeting in the near future.</p> <p>The meeting was content to take Assurance from the QMAG Report.</p>	
<p><b>7.2</b></p>	<p><b>Deep Dive Review Report for IJB Risk 20 – Transformation / Change</b></p> <p>This report is brought to Committee by <b>Audrey Valente</b> and was presented by <b>Avril Sweeney</b>. The report comes for <b>Assurance and Discussion</b>.</p> <p>AS introduced the Deep Dive and explained the Risk Reporting Framework. She stated the Risk is assigned to both the Quality &amp; Communities Committee and the Finance, Performance and Scrutiny Committee.</p> <p>The purpose of the Deep Dive is to ensure Committee members are assured risks are being effectively managed within the agreed risk appetite and at appropriate tolerance levels.</p> <p>AV outlined the risk description and explained scoring, the factors impacting on the risk and the assurances provided.</p> <p>The key mitigations were described and fully explained with appropriate Strategies referred to. Close scrutiny is being applied to delivery actions and performance is monitored. External factors out-with HSCP’s sphere of influence, are also being closely monitored. She highlighted the point some of the programmes are at planning stage and may require consideration as part of the refresh of the Strategic Plan 2026 onwards, therefore the risk may require review or merge with other risks - something for members to bear in mind.</p> <p>Questions were invited. SB thanked AS for the comprehensive Paper.</p> <p>PD commented he found the Paper very helpful as it explained in detail the risks associated with Transformation. He also found the standards within the papers attached very helpful.</p> <p>MF felt the IJB and Committees have been talking about Transformation Change for years. She felt often it is reported change has not been able to occur for various reasons and there is a lack of reference to the people who are going to be affected by change, ie service users, patients and workforce. She felt the Paper refers to the management side of the business. She stated, the reason for being is lost, ie. helping the people of Fife lead better, healthier lives.</p> <p>LG welcomed MF’s feedback and wished to address her comments. She explained the Transformation undertaken within the</p>	

	<p>Partnership is phenomenal and what is described in the Paper is the process for managers. She referred to the Participation &amp; Engagement Team who have their own Strategy, and as with all Strategies, there is a strong connection to the public weaved throughout them. She stated the Paper is a structured PMO approach of how projects are delivered, ensuring consistency. LG offered to speak with MF offline to give further assurance.</p> <p>LG spoke of aspects of Transformation which have taken place and various items which have been delayed, giving reasons. She gave assurance of delivery of aspects of Transformation, which will be delivered in the coming financial year.</p> <p>AV supported LG's comments and spoke of delivery of projects, support for SRO's, and staff progressing the work to deliver within timescales with the resources available. She confirmed the people are of upmost importance and referred to multi-disciplinary teams to support completion of the Transformation work.</p> <p>CG referred to the GANT chart, showing significant delays and slippage, he queried if this was the original GANT chart shown at the start of the Transformation. RH felt CG made a point and agreed there had been significant delays. She advised the chart shows text which should help to explain reasons for delays. She outlined several changes in circumstances which have affected delivery dates. She acknowledged HSCP should be getting into delivery for all programmes and major projects by 31 March. If no other internal or external changes take place, she felt confident of delivery. She spoke of transparency and participating and engagement work which has been taking place. She was very happy to receive feedback and adapt the reporting if required. CG felt assured by RH's explanation.</p> <p>PD commented the paper purposefully contextualised the current position of the Transformational journey. LG had referred to a possible Development Session and he felt that would be advantageous. It was agreed, there would be an IJB Development Session on Transformation organised. LG would like to extend the invite to all those interested.</p> <p>It was agreed a Development Session will be arranged relating to Transformational Changes.</p> <p>SB confirmed the Committee took Assurance from the Paper.</p>	<b>VS / LG</b>
<b>8</b>	<b>STRATEGIC PLANNING &amp; DELIVERY</b>	
<b>8.1</b>	<p><b>Fife Dental and Oral Health Improvement Annual Report 2024</b></p> <p>The report was brought to Committee by <b>Lisa Cooper</b> and <b>Emma O'Keefe</b>. It came for <b>Assurance</b>.</p> <p>LC introduced the report which outlines all activity overseen and led by Primary Care Contract Team in collaboration with the Dental</p>	

Leadership Team relating to Dental and Oral Health. She advised aspects of the report focus on oral health improvement, access and uptake to dental care services across Fife within the powers available to Fife HSCP.

LC referred to the Primary Care Strategy which demonstrates and supports focus on recovery, quality and sustainability on Dental Services across Fife.

EO'K introduced herself as Consultant in Dental Public Health in Fife. She stated a collaborative approach between PC, HSCP, the Senior Dental Leadership Team and the Partner Agency Sector.

EO'K drew attention to the challenges of Dental Access across the UK. She gave assurance, all possible efforts are being made to improve access, although many aspects are out-with NHS Fife's control. She explained PC Dentistry mainly comprises of independent dental practitioners, who are independent business people. She advised, Scottish Government introduced a new Contact in 2023, and explained what is within control and what is out-with control, whilst further direction is awaited from Scottish Government. She acknowledged the difficulties being experienced and advised, people with urgent dental pain will be triaged by the Public Dental Service and seen at the nearest clinic possible. She explained the difference between general medical contracts and dental contracts. As an NHS Board, there is not the legal obligation to ensure every member of the public is able to register with an NHS Dentist. She wished to emphasise, if there is a member of the public in pain, they will be seen.

EO'K referred to the new Annual Delivery Plan and explained the work which will be taken forward during 2025/26. This includes the Oral Health Improvement Programme, using opportunities to signpost to NHS Inform relating to self-care and prevention and encouraging good oral health. Child Smile National Initiative for children's oral health, starting with pregnant mums getting it right from an early stage was explained. A collaborative approach is taken to work with care homes, alcohol and drugs services and groups which are often without voices.

EO'K explained the Scottish Dental Access Initiative where it is intended for new Dental Practices to be established in Glenrothes, Kirkcaldy and Dunfermline. Applications are currently being received. The year ahead plans were outlined, which will see continued collaborative working around recovery and improving access, strengthening of quality assurance and reducing inequalities.

Questions were invited.

Cllr Kenedy thanked EO'K and LC for the paper and wished to raise the following points – she felt stats around children were concerning, although was aware the Pandemic had a huge impact on education / ability to influence families, the work which goes through Public Health,

etc. She was fearful of problems stored for the future. Also, she understood NHS Dental Care is not funded by Scottish Government at a rate to meet the cost of the treatment, contributing to the loss for NHS Dentists.

EO'K agreed the Child Oral Health information in the National Report is very concerning. She was aware there will be a rocky few years. Targeting resources appropriately will be important, she felt this was the benefit of the Public Dental Service, where there is the Child Smile Programme and National Dental Inspection Teams who are carrying out mapping to target resources appropriately.

There was discussion around the Dental Funding Contract and the problems it has brought. EO'K advised every effort is being made to stabilise NHS Dentistry to avoid moving to a purely private model. Primary Care are collecting data around de-registrations and will be working collaboratively to understand the situation.

Cllr Liewald appreciated the problems being experienced. She commented on de-registration and she, herself had experienced this. She advises her constituents to continue to check for dentists taking on NHS patients. She was supportive of the information going out to schools and the Child Smile Programme which is having a positive impact. She would welcome the additional funding coming from Scottish Government.

MF was glad to hear the reference to work with pregnant women. She stressed the importance of communication to the public. She felt a big impact on Dentistry has been Brexit and the Pandemic. Self-care must be communicated in a sensitive way. She felt access to dental treatment is definitely a public concern and is raised frequently.

PD spoke of the work which has been taking place on the Caring for Smiles Programme. Also, collaborative work on Test of Change around the Right Decision App in Care at Home, where work has taken place with Fife Council, Independent and Third Sector Organisations, to trial the App. He felt it was significant, in terms of both care planning and upskilling. Also for awareness of Oral Health and Oral Pain for people in Care Homes and being cared for at home. He added, evaluation of the work is underway and will be helpful to understand what this looks like at a local level.

ID asked if there was a list of dentists who are taking on NHS patients. EO'K advised the Public Dental Service has a dental advice line where you can leave an email address and a list will be emailed to you. The lists are checked monthly to ensure they are up to date. Mostly taking on children, quite a lot of waiting lists. ID agreed with MF and felt this information must be publicised.

CG queried statistics, particularly the P1, SIMD and the Scottish Dental Access Initiative mapping work. He asked why Fife have been 2<sup>nd</sup> worst



	<p>for two years in a row and what actions are in place to improve the situation.</p> <p>EO’K advised, SIMD is generally reported at National Level because the numbers are small and agreed, local information would be useful, although per school level information is available. In terms of SDAI mapping – worked with data colleagues looking at SIMD and access, as part of the access initiative is distance to travel. Intelligence around deprivation is key to ensuring equitable access to the service. She advised there are initiatives for dentists working in deprived areas and she is very keen to increase accessibility in these areas.</p> <p>LC was supportive of EO’K’s response to CG’s queries. She spoke of challenges seen locally of how data is reported. She advised locally, action is being taken to improve intelligence to drive what needs to be done and she will be seeking to see improvements next year. The Improvement actions being taken will be evidenced for assurance to members. LC commented she felt there is a significant level of assurance around the work the team are taking forward at a strategic and operational level. Teams are working to establish a Public Dental Service and an Emergency Dental Service which is operational 7 days a week ensuring access to care.</p> <p>The Committee took Assurance from the Paper.</p>	
<p><b>8.2</b></p>	<p><b>Fife Immunisation Strategic Framework 2024 – 2027</b></p> <p>This report is brought to Committee <b>Lisa Cooper</b>. It comes for <b>Assurance</b>.</p> <p>LC introduced the Fife Immunisation Strategic Framework 2024 – 2027, she advised the previous iteration of the Framework came to Committee in 2021. The Strategic Framework has since been reviewed to ensure it is contemporary and is what is needed now. LC outlined the main points from the review and gave assurance. She referred to improvement required within uptake and explained the quality improvement work taking place.</p> <p>Questions and comments were invited.</p> <p>Cllr Kennedy thanked LC for the report, she referred to stats relating to the Routine Childhood Programme (page 8). She commented a more rapid decline has been seen in the past 5 years. She queried if the ‘Anti-Vacc’ campaign during the Pandemic had an impact, also unproven links to autism. She also queried downward trends relating to older children.</p> <p>LC referred to a new phenomenon ‘vaccine fatigue’. She agreed comms are vital to encourage uptake. Through IPQR, QI approach,</p>	

	<p>inclusivity group established, much work is being carried out to encourage uptake and improve confidence.</p> <p>LC advised, HPV vaccine is now proven to eradicate cervical cancer. Work is taking place with education, looking at data to target improvement actions.</p> <p>Cllr Kennedy, queried why S2, S3 as well as S1 for HPV? LC advised, a rolling programme is used to catch all youngsters.</p> <p>FF welcomed the excellent paper. She spoke of the vaccine supply chain, continuous review of model of delivery ensuring flexibility. Also guaranteeing alignment with the Cold Chain Supply Model to ensure vaccines are available at the right place at the right time. Including pharmacy colleagues in conversations relating to changes to models for service delivery is vital. FF was very supportive of the direction of travel.</p> <p>SB queried if vaccines can be wasted if people do not attend appointments. LC stated, processes are in place to minimise waste, although there is a tolerance for a minimum of waste. Always maximising reduction of waste as far as possible, working with Pharmacy colleagues.</p> <p>Cllr Liewald queried pre-school uptake, ie. playgroups. She suggested, if available, could staff drop in to give informal chats regarding uptake? Some parents choose not to take children, perhaps through lack of correct knowledge. LC thought that was a very good suggestion and will take it back to the team. Cllr Liewald will forward contact details of the groups. LC will take away to look at ensuring there is available resource. Cllr Kennedy felt it would be helpful to know the outcome of this idea as it could be a point of contact she could refer queries to. LC will progress through the Transformational Group, Quality Improvement and Increase of Uptake, and will feedback.</p> <p>SB commented she hears of mothers taking advice through social media, which she felt quite troubling. She felt a national concerted comms campaign is required.</p> <p>The Committee were content to take Assurance from the report.</p>	<p><b>Cllr Liewald / LC</b></p>
<b>9</b>	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>	
<b>9.1</b>	<p><b>Learning from the Deaths of Fife’s Children and Young People Annual Report 2023-2024</b></p> <p>This report is brought to Committee by <b>Lisa Cooper</b> and comes for <b>Assurance</b></p>	

	<p>LC acknowledged the sensitive nature of the report and from a statutory perspective, it is mandatory for Fife HSCP to ensure there is learning from any child death. She stated, the report stipulates the processes in place which fall under the responsibility of the Executive Director of Nursing.</p> <p>In Oct 21, Scottish Government mandated a National Process to ensure there is learning from Child Deaths and the Child Death Oversight Panel was convened, led by a Consultant Paediatrician. LC advised, this is the 2<sup>nd</sup> report to be brought forward and covers a 15 month period. Moving forward, will be an annual report, aligning with the fiscal year. Interventions and protections will be put in place as identified through the Oversight Panel. The age of the children are aged up to 18, and 26 for those in care experience. The report advises of 20 deaths within the reporting period, 2 out-with Fife. 70% of those deaths were males, and all those over the age of 14 were males. LC outlined various statistics from the report. She gave assurance learning is taken from the approach being taken.</p> <p>Cllr Kennedy agreed it was difficult conversations to have and acknowledge it could be sensitive to those involved on the call or group. She felt there was a good deal of positive information contained within the report. She referred to the most common cause – chronic medical conditions, she asked if families who do not take up support at the time of their child’s death, are we confident there are follow up processes and if there is an ability to recognise where support is required. Trauma experienced years ago may come back to Services.</p> <p>LC did not have data but will come back to Cllr Kennedy. Families who choose not to engage in support at the time will be followed up. LC will check available data and come back to Cllr Kennedy. Support for staff was discussed and LC advised, debriefs and supporting staff is fundamental and ongoing. She gave an unspecified example where she has knowledge of support being provided.</p> <p>Assurance was taken from the report.</p>	<p>LC</p>
<p>9.2</p>	<p><b>Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2025</b></p> <p>This report is brought to Committee by <b>Audrey Valente</b>. It comes for <b>Assurance, Discussion and Decision</b>.</p> <p>AV explained the report is an update on the progress relating to achieving quality outcomes, set by IJB in April 2023.</p> <p>AV introduced AS to speak to the report.</p> <p>AS advised the report is on route to the IJB via this committee and the Finance Performance and Scrutiny committee. The Equality Act 2010 places a number of duties on public bodies, including IJB. The duties are outlined in the Background section of the SBAR. Fife HSCP last published its mainstreaming Equality Duty and Equality Outcome</p>	

	<p>Progress Report in 2023, when it also set out new equality outcomes as part of the Strategic Plan.</p> <p>AV outlined the main points from the report relevant to Q&amp;CC.</p> <p>MF thanked AV and AS for the report. She wished to highlight Carers are included in the Partnership's protected characters. She asked if there could be a specific reference to Human Rights relating to Carers. AS will look to adapt the report.</p> <p>The Committee were content for the report to be escalated to IJB.</p>	<p><b>AS</b></p>
<p><b>9.3</b></p>	<p><b>Drug Related Deaths Deep Dive Risk Assessment – NHS Board Corporate Risk Register</b></p> <p>This report is brought to Committee by <b>Elizabeth Butters</b>. It comes for <b>Assurance</b>.</p> <p>EB introduced the report and advised a Deep Dive Risk Assessment was carried out following a requested from NHS Fife to include Drug Related Deaths within their Corporate Risk Register. She stated NHS Tayside have also included DRD within their Risk Register, making Fife the second Board in Scotland to do so.</p> <p>EB highlighted the main points from the report, the importance of partnership working, the limitations of the NHS and the work of the ADP. She fully explained the content of Appendices.</p> <p>MF queried if it was known how individuals were obtaining prescription drugs. She also questioned if there is any evidence of grooming gangs operating in Fife, similar to Tayside. EB advised there is no doubt there are levels of diversion of prescription drugs. High risk pain medication work is being undertaken to understand the picture better, how this medication is prescribed, looking at warning people of mixing prescribed medication with illicit drugs. She pointed out not all elements can be controlled but able to warn people to be aware of dangers. She spoke of the Young Person's Rapid Action Group, warning young people of poly drug use, speaking to parents, raising the profile of risks within schools. A good deal of progression in this area. EB was unaware of grooming gangs operating in Fife exploiting vulnerable people.</p> <p>FF described the work being carried out over the past 2 years re high risk pain medication. She stated, Gabapentin is implicated in over half of drug deaths. If high levels are being prescribed, it gives greater chance of diversion. FF reported prescribing rates are starting to plateau with further work being put into understanding the rates of prescribing. It is important patients with long term pain have access to suitable medicines and other means to alleviate pain. As a priority, is being taken through the High Risk Pain Medicine Safety Group which feeds into the Medicine Safety and Policy Group across NHS Fife.</p>	

Looking to see what can be done differently. FF gave assurance is a high priority and the DRD Deep Dive will be taken through the HRPMS Safety Group.

LG referred to safe places to inject drugs offering proper equipment. Deaths may be caused by infection, although it is difficult to accept promoting illegal practice – in terms of reducing deaths may be helpful. Asked for EB's thoughts. EB felt it was a very innovative and interesting approach and has been quite effective, ie in the event of an overdose. She stated, Edinburgh have introduced a Safety Injecting Room. For Fife to introduce a site, a very extensive Needs Assessment would be required and she explained some of the considerations. She explained, in Glasgow and Edinburgh the sites are in City centres where there is a homeless population, which is not the case in Fife, so would be very different. It was agreed it would be wise to take learning from Edinburgh and Glasgow as trials progress and consider how it could work in Fife. LG was keen to investigate and unpick the reasons for death.

JT advised the consulting room in Glasgow is on the verge of opening and it will be useful, through Fife's strong links with Glasgow, to learn from their experience. Also, she stated there is now more determination from Police Scotland targeting the supply of drugs, hoping this has impact and will effect the drug deaths in Fife.

CG fully supports all recommendations within the report.

Cllr Liewald referred to the KY work and the effectiveness of the programme can be seen on page 170. In Cowdenbeath area where there is the highest number of deaths, there has been a change of venue to the Maxwell Centre. She spoke of further work relating to 15-24 yo age group. She highlighted a change of attitude and perspective within the community – more empathy and understanding that drug addiction is an illness. She felt this was something which needed to happen and very glad to hear it, as this was not the situation previously. She would like to expand the work of the KY. She asked EB what she felt KY could do. EB and Cllr Liewald will chat offline.

ID referred to the graph on deaths which peaks at 2019 and then a downward trend. He asked how deaths from overdose and deaths from long term use, how this will affect the rate of reduction, ie. if most people die from long term use, could this take longer to improve figures. EB advised the definition of what a DRD is, is decided by National Records Scotland. HSCP look at all drug-related deaths. She explained the treatment is the same for both and gave detail.

SB thought it was absolutely correct the DRD be added to the NHS Fife Corporate Risk Register and was pleased to see the Equality and Human Rights Team embedded National Collaborative Rights for People Affected by Substance Use. She agreed with Cllr Liewald regarding stigma, as this prevented people coming forward for help.

The possibility of Rehab facilities within Fife were discussed.

**EB / Cllr  
Liewald**

	<p>CG commented, the focus is on 'Intervention' and 'treatment'. However, drug use is inextricably linked to prevention at early stages (often chaotic home lives) or environments being the cause. It is absolutely a multi-agency issue not just health.</p> <p>SB confirmed the Committee took Assurance from the report.</p>	
<b>10</b>	<b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>	
	<p><b>10.1 Quality Matters Assurance Group</b> Unconfirmed Minute from 01.11.24</p> <p><b>10.2 Clinical Governance Oversight Group</b> Unconfirmed Minute from 01.11.24</p> <p><b>10.3 Strategic Planning Group</b> Minutes Unavailable</p> <p><b>10.4 Fife Alcohol, Drugs and Therapeutics Committee</b> Unconfirmed Minutes 23.10.24</p> <p><b>10.5 Equality and Human Rights Strategy Group</b> Unconfirmed Minutes 24.11.24</p>	
<b>11</b>	<b>ITEMS FOR ESCALATION</b> No items for escalation.	
<b>12</b>	<p><b>AOCB</b></p> <p>LG asked if SB could ask the meeting after each presentation if the paper should be escalated to IJB. If Assurance is taken, a report should not need to be escalated. All Committees will be asked to do the same. MF was supportive of LG's comment and would like to avoid duplication.</p> <p>LG plans to work towards minutes being shared at IJB will give Assurance to IJB. Also, avoidance of the same papers going to every committee. Moving forward, the intension is to create an SBAR template which is specific to each Committee, ie. considering a paper through a finance lens will be different from a quality lens, therefore a different narrative. A reviewed SBAR template will be developed.</p> <p>Cllr Kennedy asked the minutes in Item 10.3 have titles of those attending the meeting. JC will ask for titles to be recorded at future meetings.</p>	<b>LG / VS</b>
<b>13</b>	<b>DATE OF NEXT MEETING</b> <b>Thursday 6<sup>th</sup> March, 1400hrs, MS Teams</b>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 14 JANUARY 2025 AT 9.00 AM VIA TEAMS

**PRESENT:** Kenny McCallum, UNISON (**Chair**)  
 Vicki Bennett, British Dietetic Association Representative (Co-Chair)  
 Lynne Garvey, Director of Health & Social Care (Co-Chair)  
 Audrey Valente, Chief Finance Officer, H&SC  
 Ben Morrison, Specialist Podiatrist, NHS Fife  
 Chris Conroy, Head of Community Care Services  
 Debbie Fyfe, Joint Trade Union Secretary  
 Gemma Reid, H&SC Coordinator (**Minutes**)  
 Hazel Williamson, Communications Officer, H&SC  
 Jillian Torrens, Head of Complex & Critical Care Services  
 Karen Cassie, HR Lead Officer, Fife Council  
 Lisa Cooper, Head of Primary & Preventative Care Services  
 Lynn Barker, Director of Nursing, H&SC  
 Lynne Parsons, Employee Director, H&SC  
 Melanie Jorgensen, HR Team Leader, NHS Fife  
 Morag Stenhouse, H&S Adviser, Fife Council  
 Roy Lawrence, Principal Lead Organisation Development & Culture  
 Sharon Adamson, RCN  
 Steven Michie, H&S Lead Officer, Fife Council  
 Vanessa Salmond, Head of Corporate Governance & IJB Secretary  
 Wendy McConville, UNISON Fife Health Branch  
 William Nixon, H&S, NHS Fife  
 Yvonne Batehup, UNISON Welfare Representative

**APOLOGIES** Elizabeth Crighton, Organisational Development & Culture Specialist  
 Helen Hellewell, Deputy Medical Director, H&SC  
 Lee-Anne French, HR Business Partner, Fife Council  
 Liam Mackie, UNISON Fife Health Branch  
 Steven Portsmouth, Charge Nurse, NHS Fife

NO	HEADING	ACTION
1	<b>APOLOGIES</b>	
	As above.	
2	<b>PREVIOUS MINUTES / ACTION LOG FROM 12 NOVEMBER 2024</b> The minute and action log of the meeting held on 12 <sup>th</sup> November 2024 were approved as an accurate record.	

3	<b>JOINT CHAIRS UPDATE</b>	
	<p>Kenny gave thanks to those who worked over the Christmas and New Year period and welcomed the new NHS co-chair Vicki Bennett.</p> <p>Kenny confirmed that the next LPF will bring a more formal Joint Chair's Update following Vicki's appointment.</p> <p>Lynne Garvey also welcomed Vicki as the new LPF Co-Chair and Vicki thanked both Kenny and Lynne for their introductions.</p>	
4	<b>HEALTH AND WELLBEING</b>	
	<p><b>4.1 Attendance</b></p> <p>Chair introduced Melanie Jorgensen who presented the key points from the NHS sickness absence report.</p> <p>Melanie reported that the NHS sickness absence rate had increased in October 2024 and was higher than the sickness absence percentage in October 2023.</p> <p>Community Care Services had the highest sickness absence percentage within the Fife Health and Social Care Partnership, followed by Complex and Critical Services, Primary Care and Prevention Services and Professional / Business Enabling.</p> <p>The highest number of hours lost was due to anxiety/stress/depression/other psychiatric illness, followed by injury/fracture, whilst the highest number of episodes of absence was due to anxiety/stress/depression/other psychiatric illnesses followed by gastro-intestinal problems.</p> <p>The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 1 – 4 job family.</p> <p>Short-term sickness absence decreased, while long-term absence increased in October 2024.</p> <p>The highest overall absence rate was in the 55 - 59 age category. The next highest overall absence rate was in the 60 - 64 age group.</p> <p>There were 40 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in October 2024.</p> <p>Karen Cassie then reported on the key points from the Fife Council sickness absence report as per the presentation included within the papers.</p> <p>Total working days lost per FTE was 22.1 days for long term absence and 5.5 for short term absence.</p> <p>Mental health was reported as the highest reason for absence followed by stress (non-work related) and other MSK problems.</p> <p>Community Care Services reported the highest sickness absence, followed by Complex and Critical Services.</p> <p>Karen confirmed that 115 attendance cases are currently being supported.</p>	



## 4.2 Employee Relations Update

### Fife Council Update

Karen Cassie provided a verbal update for Fife Council, reporting that there are currently 41 live employee relations cases, including 31 disciplinary, 8 grievances and 2 improving performance cases. Karen noted a slight decrease in disciplinary cases from September 2024, where 35 cases were reported. Of the current 31 disciplinary cases, 13 are due to gross misconduct with 10 suspensions and 3 cases on alternatives to suspension.

Karen confirmed that suspensions are reviewed regularly with the majority of cases related to negligence and carelessness when carrying out duties.

Investigations continue to take considerable time to complete for various reasons including competing demands on investigating officers' time. External factors also have an impact on case time with one third of cases reported as having been in progress for over 8 months.

Karen reported that of the 8 current grievance cases, 4 have been in progress for 7-9 months.

Karen confirmed all 41 cases have a dedicated HR Advisor, advising on a case-by-case basis.

Karen provided an update on the current staffing challenges within HR, confirming that recruitment activity is underway with adverts going out this week. Once concluded this should support in reducing the timescales for completion of investigations.

Chair opened to questions from members.

Debbie Fyfe recognised that HR are under pressure but noted concerns around the length of time disciplinarys are taking to conclude. Debbie highlighted that the Partnership need to prioritise these, whilst adhering to policy timescales and recognising the impact on staff wellbeing. Karen shared these concerns, highlighting that investigating officers take on the role in addition to their substantive posts. Debbie suggested that investigating officers should have time freed up to conclude these investigations in a timely manner.

### NHS Update

Detailed metrics relating to the NHS Employee Relations caseload is noted within the papers.

Melanie Jorgensen reported that NHS are looking to introduce KPIs, specifically providing a system to alert Heads of Service when timeframes are being breached. Melanie shared that she is hoping to be able to share this tool with LPF soon and confirmed that it will be run as a pilot initially within a few small areas.

Melanie highlighted received training provided by the Central Legal Office which emphasised that suspension should be an absolute last resort. HR should not be told of a suspension but should be involved to provide expert advice, noting that having staff on suspension for prolonged periods of time

	<p>can have a negative impact on wellbeing. HR will ensure that an independent, designated contact is provided as per the policy and the fortnightly wellbeing check is being carried out.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe was positive around the independent designated contact and asked that this was fed through to the council side to ensure consistency in the levels of support provided.</p> <p><b>4.3 Staff Health &amp; Wellbeing</b></p> <p>Roy Lawrence presented a verbal update in Elizabeth Crighton's absence, confirming the stress survey closed with 1540 responses. Roy confirmed that analysis of the data is underway, and an update will be provided at the next LPF.</p> <p>Roy confirmed that Elizabeth will also bring an update to the next LPF on a previous LPF action around the set-up of focus groups to support with long-term absence.</p>	<p>RL / EC</p> <p>RL / EC</p>
<p><b>5</b></p>	<p><b>HEALTH AND SAFETY</b></p>	
	<p><b>5.1 HS&amp;W Assurance Group Update (inc. Mandatory Training)</b></p> <p>Jillian Torrens presented the salient points from this report, confirming that the group continues to meet on quarterly basis and brought LPF attention to the appendices.</p> <p>Jillian confirmed that there is a focus on improving statistics for the completion of mandatory training, with the barriers to this being workforce challenges and an issue with ring-fencing time for staff to complete the required mandatory training modules</p> <p>Jillian highlighted that Peer Audits would be pausing for a short period to collate information from existing audits and allow time to take actions forward. Jillian confirmed that these will recommence later this year.</p> <p>Service reports are received from all services, with the main risks reported as being the use of SSTS to ring-fence time for training and ongoing issues with ligature management.</p> <p>The ligature management project board meet on a bi-monthly basis and Jillian reported 2 new emerging risks around soap dispensers and curtain rails around bed bays which should be collapsible. Jillian noted that these risks were not identified through the programme but were unfortunately highlighted due to incidents.</p> <p>Jillian highlighted that the Health and Safety Executive (HSE) has been visiting local education establishments.</p> <p>In relation to Mandatory Training, there is a broad variance in compliance within services, ranging between 49% - 91%. Jillian highlighted the Organisational Development and Culture team who have achieved the highest</p>	

percentage rate for the completion of mandatory training, reiterating the continued focus on this and a need to ring-fence time for staff to complete.

Chair opened to questions from members.

Lynne Parsons agreed with the continued focus on Mandatory Training, stating the need for a plan going forward to achieve minimum levels as currently we are way off target which is concerning. Jillian suggested a detailed action plan and that this would be a focus and priority going forward.

Steven Michie confirmed that HSE has been in schools and will be coming in to Fife Council on 22 January to look at asbestos procedures, highlighting the need for managers to review their asbestos registers.

## **5.2 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)**

Billy Nixon presented the key points from the NHS Health and Safety report, highlighting that between November and December there were 337 staff incidents reported, with 1556 since April 2024.

Billy noted that 88% sharps incidents (7 out the 8 incidents recorded) had no SBARs attached, which is a huge failing in reporting. Billy asked that we remind those dealing with sharps incidents that an SBAR is required for all incidents and is also required for near misses.

Billy reported that there has been a slight but steady fall in Violence and Aggression incidents since August/September 2024 which is positive and 1 RIDDOR was reported resulting in an absence over 7 days.

Chair opened to questions from members.

Yvonne Batehup, UNISON welfare officer shared her concerns around 88% of sharps incidents having no SBAR and questioned the reason for this. Billy confirmed that this issue is a steady trend and that he is seeing no improvement in completion of SBARs, despite this being highlighted at all committees. Yvonne questioned if training is required for staff around completion of SBARs with Billy confirming that the team are fully supportive of training where required.

Debbie Fyfe welcomed the reduction in Violence and Aggression incidents, querying the rationale around this and if strategies had been put in place that we can share across the Partnership.

Billy confirmed that he is not aware of any new strategies but confirmed that he would speak to the Violence & Aggression adviser to enquire if there was any learning that could be shared.

Lynn Barker confirmed that from a data perspective we monitor Violence and Aggression numbers via Datix and conduct a bi-weekly review so spikes are addressed, noting that a sub-group is also in place.

Lynn suggested that she connect with Billy to do chasing and support teams with completion of SBARs for sharps incidents with Billy confirming that this is an NHS-wide problem.

JT

BN

LB

	<p>Morag Stenhouse then presented the salient points from the Fife Council Health and Safety report highlighting the ongoing IT issue with being unable to drawdown reports at service level. Due to this, Denise Paterson has provided a report in excel format to service managers.</p> <p>Morag noted that the papers provide data for the rolling year to the end of November due to Fife Council's additional Public Holidays over the festive period.</p> <p>Morag reported 3 RIDDORS in relation to moving &amp; handling which resulted in over 7 days absence.</p> <p>The largest cause of incidents (not including violence, aggression and threat) was slips, trips and falls which amounted to 60% of all incidents for service users and staff.</p> <p>Violence, Aggression and Threat was reported on the 2 years to December 2024, with figures higher over 2024 year compared to the same timeframe in the previous year.</p> <p>It was highlighted that there has been a push on the reporting of incidents so perhaps we are seeing incidents coming through which were not always reported in the past.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe raised concerns around one of the reported RIDDOR incidents and the need to reiterate to staff to remain within their scope of practice.</p> <p>Debbie highlighted the need to be tactful and mindful of staff wellbeing when dealing with such incidents.</p> <p>Debbie agreed that the movement in reported incident figures have increased due to previous under reporting, the increased accuracy in figures now reported is a positive step.</p> <p>Morag confirmed that regular meetings are held with care at home, and she will address the call handler moving and handling issue at the next meeting.</p> <p>Steven Michie confirmed that the carer should ask for help if/when they are asked to move a service user.</p> <p>Chris Conroy will follow up with SAS to ensure that no learning is required.</p>	<b>CC</b>
<b>6</b>	<b>FINANCE</b>	
	<p><b>6.1 Finance Update</b></p> <p>Audrey Valente, Chief Finance Officer provided an update on the financial position based on information to November 2024, confirming that there is a current projected £34.8m overspend, which is a worsening position from September 2024 of just under £8m.</p> <p>The report details the key areas of overspend which are partially offset by underspends. Audrey highlighted that weekly Progress Reporting Update meetings (PRUs) had been put in place with Service Manager to scrutinise</p>	

non-delivery of savings and noted that it is unlikely that we will see delivery of these savings this year which is therefore reflected in the latest monitoring position.

Audrey reported that 59% of the savings approved in March 2024 will be delivered (£23m by end of current financial year.)

Reserves of £4.7m have been brought forward but are earmarked for specific purposes such as the community living fund and analogue to digital transfer, with further detail on this reported within the appendices.

Audrey confirmed continual scrutiny of spend for the remainder of year to reduce the overspend, stressing that delivery of savings is a priority, however highlighted that due to the current position we are now looking to both partners for a substantial risk share, currently on a 62% / 38% basis.

Chair opened to questions from members.

Debbie Fyfe highlighted that whilst LPF will offer their support to officers to consider the opportunities to improve the financial position, Trade Unions and Staffside ask that no savings are agreed without proper consultation with both LPF and appropriate Staffside representatives.

Debbie questioned what can be done with the election coming up as it is clear Scottish Government are not investing enough within the Social Care sector. Debbie highlighted that we should consider coming together as a group to look forward to next year in an attempt to mitigate similar risks and circumstances.

Audrey noted a good working relationship with Trade Unions and Staffside, confirming that no action will be taken without proper consultation. Audrey indicated that collective discussions are welcome and that a session would be arranged with stakeholders once further financial information is available to support these discussions.

Lynne Garvey reiterated that nothing would be done without Staffside and Trade Union support when making decisions around staff. Lynne was keen to propose a plan to meet with key stakeholders with Kenny McCallum also in agreement with this. Lynne Parsons indicated that she was happy to support to arrange a meeting.

Lynn Barker highlighted that it is paramount that care is delivered in a safe and correct manner, with our focus on keeping staff safe when delivering care. Lynn welcomed the proposed meeting to provide reassurance that everyone is on the same page.

Vicki Bennett noted that she is supportive of meetings and early intervention to ensure that the finances go in right direction.

Lynne Garvey concluded by confirming that a meeting will be scheduled with Staffside, Trade Union staff and SLT. Due to awaiting information coming in from partners for next year's budget, it was proposed that this meeting would take place towards the end of Feb/beginning of March. Lynne will discuss plans for this with Vanessa Salmond.

**LG/VS**

	Chair thanked Audrey for the report and confirmed that the report was endorsed by LPF for onward submission to the IJB.	
<b>7</b>	<b>SERVICE PRESSURES &amp; WORKFORCE UPDATE</b>	
	<p><b>7.1 Multi-factorial Review in Attendance Management</b></p> <p>Lisa Cooper noted the need for a robust vaccination programme for winter flu and was seeking the support of Staffside and Trade Union colleagues to convey the message around the importance of vaccinations, highlighting a higher incidence of flu which is impacting on communities and staff.</p> <p>Lisa highlighted the ongoing pressures around seasonal flu impacting on attendance at work and noted that SLT are working with colleagues to ensure we can keep services safe.</p> <p>Sharon Adamson queried the current vaccine and if it protected against the current flu variant. Lisa confirmed that the vaccination covers various flu strains and whilst doesn't prevent flu, it is proven to reduce symptoms.</p> <p>Lisa noted that the first draft of the Multi-factorial Review in Attendance Management report was brought forward in July 2024, highlighting further work that has been undertaken since, with a test of change and an improvement plan. Lisa confirmed that any learning will be shared across all portfolios within Health and Social Care.</p> <p>Lisa reported a 64% response rate to the survey carried out which shows that managers are committed to supporting staff and want to have confidence in applying attendance policies, noting that the survey data can be found in Appendix 2.</p> <p>Within the report are some recommendations for LPF to endorse, with a recommendation that the TURAS attendance management module becomes compulsory, the development of staff training sessions around attendance management and the recruitment of a cohort of mentors who can support with this.</p> <p>Lisa concluded by advising that a further report will be brought back with further learning as the team go through process of the multi-factorial review.</p> <p>Chair opened to questions from members.</p> <p>Melanie Jorgensen highlighted a required correction within the report, noting that the neuro-diversity tool states this was developed by Human Resources. Melanie advised this is an Occupational Health tool rolled out via equality groups. Lisa Cooper took an action to amend.</p> <p>Vicki Bennett requested that Staffside are included in the attendance management group. Lisa confirmed that she would link Vicki with Sam, who is the Business Manager leading on this and an invite will follow.</p> <p>LPF endorsed the report.</p>	<p><b>LC</b></p> <p><b>LC</b></p>
<b>8</b>	<b>ITEMS FOR BRIEFING STAFF</b>	

	No items highlighted.	
<b>9</b>	<b>AOCB</b>	
	<p>Debbie Fyfe highlighted questionable practices with some independent care providers and noted that she would be meeting with Lynne next week to discuss. Debbie had raised the concerns with the regional organiser who confirmed this issue is prevalent across Scotland and asked that in Lynne's capacity as Director if she can raise this as an issue at wider, high-level meetings.</p> <p>Lynne confirmed she is aware of the case in Fife and will raise the issue and asked Debbie to highlight this with her via an email, confirming this will be raised at next Chief Officers Group as a national issue.</p> <p>Lynne Garvey updated the LPF with recruitment and shortlisting for the Principal Social Work Officer post, confirming this is a crucial role for Health and Social Care, and noted that we are looking at a timeframe of approximately 3 weeks for a confirmed appointment.</p> <p>Chair thanked all for their attendance and ongoing support and the meeting was concluded.</p>	<b>LG</b>
<b>10</b>	<b>DATE OF NEXT MEETING</b>	
	<b>Tuesday 11 March 2025 – 09:00-11:00 hours</b>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 15<sup>TH</sup> JANUARY 2025 AT 10.00 AM VIA MICROSOFT TEAMS

**Present:** Alastair Grant, NHS Non-Executive Board Member (Chair)  
John Kemp, NHS Non-Executive Board Member  
Colin Grieve NHS Non-Executive Board Member  
Cllr Dave Dempsey  
Cllr David Alexander

**Attending:** Lynne Garvey, Director of Health & Social Care  
Audrey Valente, Chief Finance Officer  
Lisa Cooper, Head of Primary & Preventative Care  
Jillian Torrens, Head of Complex & Critical Care  
Chris Conroy, Head of Community Care  
Vanessa Salmond, Head of Corporate Services

*In attendance:*

Tracy Hogg, Finance Manager HSCP  
Avril Sweeney, Manager Risk Compliance  
William Penrice, Service Manager, Performance Management & Quality Assurance  
Rachel Heagney, Head of Improvement, Transformation & PMO  
Gillian Muir, Management Support Officer (Minutes)

**Apologies for** Lynn Barker, Director of Nursing  
**Absence:** Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	<b>WELCOME AND APOLOGIES</b> Alastair Grant welcomed everyone to the meeting.  Apologies were noted as above, and all were reminded of meeting protocols.  Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.  Members were advised that a recording pen would be in use during the meeting to assist with minute taking.	
2.	<b>DECLARATIONS OF INTEREST</b> No declarations of interest were noted.	



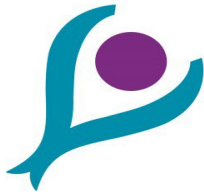
3.	<p><b>MINUTE OF PREVIOUS MEETING – 12<sup>TH</sup> NOVEMBER 2024</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p><b>MATTERS ARISING / ACTION LOG</b></p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
5.	<p><b>FINANCE</b></p>	
5.1	<p><b>Finance Update</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position (actuals to November 2024) highlighting a projected overspend of £34.8m and noting this was an adverse movement of £8m from the September position.</p> <p>Audrey Valente provided Committee with further detail on the principal areas contributing to the adverse movement noting these to be GP Prescribing, National Care Home Contract Rate, Psychology, Additional Packages, Service Level Agreements, Pay Shortfall and Non-Achieved Savings.</p> <p>Committee also noted the Partnership had released two planned savings due to these not being able to achieve the in- year savings expected. (Reduction in Care Home Beds and Community Services).</p> <p>Committee noted in relation to the savings position the Partnership was now reporting at November to deliver 59% of savings, a value of £23m against the £39m approved in March 2024.</p> <p>Audrey Valente noted the financial position remained challenging and not an improved position.</p> <p>The discussion was opened to Committee members and considerable discussion was had around the projected position and the areas contributing to the adverse movement. Members provided their thoughts and comments. Questions raised included what level of certainty do we have that what we are projecting at the moment is likely to be the outcome of the financial year; what is it that has stopped us achieving the digital sensor technology transforming overnight care and where are we with that particular saving and is it going to deliver next year?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 30<sup>th</sup> November 2024 as outlined in Appendices 1-3 of the report.</li> </ol>	

	<p>2. Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1.</p> <p>3. Noted the onward submission to the IJB of the financial monitoring position as at November 2024.</p>	
<p><b>5.2</b></p>	<p><b>FP&amp;S Risk Register – Deep Dive Transformation</b></p> <p>The Committee considered a report from Avril Sweeney, Compliance Manager for discussion and assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels as well as noting as part of the IJB’s risk reporting framework the risk was assigned to both Governance Committees.</p> <p>Avril Sweeney drew Committee’s attention to appendix 1 highlighting it sets out the risk description, risk scoring and highlights internal and external factors that may impact on the risk as well as providing relevant assurances, performance measures, benefits, and linked risks as appropriate.</p> <p>Committee noted key mitigations for the risk included the Transformation Change Programme aligned to the Strategic Plan, the Medium-term Financial Strategy, and the Workforce Strategy.</p> <p>Committee also noted that regular monitoring and review of the programme takes place through the Programme Management Office Oversight Board and was also reviewed at Senior Leadership Team Strategic Meetings.</p> <p>Avril Sweeney highlighted this was an overarching strategic risk but in addition to the management actions for the whole programme, individual projects would also report into the various Partnership Programme Boards where additional scrutiny would apply and any concerns would be raised and addressed.</p> <p>Committee noted there was confidence that there was a reasonable level of assurance that work was ongoing to support management on the risk and close scrutiny was being applied to delivery actions and monitoring of performance.</p> <p>Committee also noted that it is acknowledged that there are a number of external factors out with the Partnership’s sphere of influence and control, but that it was trying to keep these closely monitored.</p> <p>Avril Sweeney highlighted that some of the programmes are still at the planning stage and may require consideration as part of the refresh of the Strategic Plan for 2026 onwards and it maybe that risks and this risk itself may require review or possible merge with other risks as the Strategic plan refresh develops which may impact on the target date and target score going forwards.</p>	

	<p>The discussion was opened to Committee members where considerable discussion was had around the deep dive review and risks. Members provided their comments and feedback on the report. Questions raised included whether the risk score for digital sensors should be higher than that noted in the report and should we be thinking of widening the wording of that risk – are we being ambitious enough in our transformation programme that we do have something that could get us on a sustainable footing? A query was also raised with regards to the Gantt chart presented within the report.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the deep dive review and provided comments and suggestions for improvement.</li> <li>2. Noted the level of assurance provided on this risk.</li> </ol>	
<b>6.</b>	<b>PERFORMANCE</b>	
<b>6.1</b>	<p><b>Performance Report</b></p> <p>The Committee considered a report presented by William Penrice, Service Manager, Performance Management &amp; Quality Assurance for assurance and discussion providing an update and overview of progress and performance in relation to the:</p> <ul style="list-style-type: none"> <li>• National Health and Social Care Outcomes</li> <li>• Health and Social Care – Local Management Information</li> <li>• Health and Social Care – Management Information.</li> </ul> <p>Committee noted that along with the regular report, the document contained some updates on efforts to improve the performance approach including a proposal for a new graphic to look at indicators and an outline of how automation would also be built in.</p> <p>Committee also noted the Partnership’s intent to deliver the new format report with improved indicator scope in its report of the first period of the new financial year.</p> <p>The discussion was opened to Committee members who thanked officers for their comprehensive report. Members had considerable discussion around the proposed new format and provided their comments and feedback. Questions raised included the data around absence rates – was there a core of long-term sickness or was this regular individual sickness, was there a long-term trend and could anything be done to alleviate the sickness absence. A query was also raised with regards to the uptake of technology enabled care and the eligibility criteria as set by the Scottish Government.</p> <p>Committee noted that in depth reports from HR colleagues within the partner agencies are provided to the Local Partnership Forum covering areas such as causes for absence, absence rates per service, demographic and split between long-term and short-term. HR colleagues are supporting the Partnership in its monitoring of this.</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the report and provided comment on the new format.</li> <li>2. Took assurance of the contents.</li> <li>3. Approved for onward submission to the Integration Joint Board.</li> </ol>	
<b>7.</b>	<b>SCRUTINY</b>	
<b>7.1</b>	<p><b>Mainstreaming the Equalities Duty &amp; Equality Outcomes Progress Report</b></p> <p>The Committee considered a report presented by Avril Sweeney, Compliance Manager for assurance, discussion, and decision for onward submission to the Integration Joint Board for final approval.</p> <p>Committee noted that in April 2023, the Integration Joint Board approved and published its Mainstreaming the Equalities Duty and Equality Outcomes Progress Report in accordance with the Equalities Act 2010 when it also set out new equality outcomes as part of the Strategic Plan 2023-2026.</p> <p>Avril Sweeney drew Committees attention to appendix 1 of the report noting this provided the latest information on Mainstreaming the Equality Duty as well as a progress update on the five equality outcomes agreed and published in 2023.</p> <p>Committee noted that the Partnership had integrated its approach to the development of the new set of outcomes with the work to develop the Strategic Plan 2023 to 2026 and together with support from the Equality and Human Rights Commission and through the IJB Equality Peer Support Network it was working to ensure continued compliance in this area going forward.</p> <p>Avril Sweeny also drew Committee’s attention to the action plan contained within appendix 2 of the report. Committee noted during 2023 and 2024 the Partnership worked to develop and strengthen processes and raise awareness in this area and work through the Strategic Planning Group and the Performance Reporting Framework has helped to ensure the implementation of the equality outcomes.</p> <p>The discussion was opened to Committee members who thanked officers for the comprehensive report. No additional questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance from the work undertaken to mainstream equalities into the exercise of functions and provide an update on progress with achieving the Equality Outcomes set by the IJB in April 2023.</li> </ol>	

	<p>2. Discussed the report.</p> <p>3. Recommended the report be presented to the Integration Joint Board for final review and approval.</p>	
<b>8</b>	<b>ITEMS FOR NOTING</b>	
<b>8.1</b>	<p><b>Chief Social Work Officer Report 2023-24</b></p> <p>The report was provided to Committee for noting.</p> <p>Committee noted that following the reports submission and approval at Fife Council’s People and Communities Scrutiny Committee on 14<sup>th</sup> November 2024 the report was submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer.</p> <p>Committee noted the report provides an overview of key aspects of social work provision in Fife and the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the Local Authority and by the Health and Social Care Partnership.</p> <p><u>Decision</u></p> <p>The Committee</p> <p>1. Noted the contents of the report.</p>	
<b>9.</b>	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 29<sup>th</sup> January 2025.</p>	
<b>10.</b>	<p><b>AOCB</b></p> <p>No issues were raised under AOCB.</p>	
<b>11.</b>	<p><b>DATE OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Additional Finance, Performance &amp; Scrutiny Committee Wednesday 12<sup>th</sup> February 2025 at 10.00 am via MS Teams</li> <li>• Wednesday 12<sup>th</sup> March 2025 at 10.00 am via MS Teams</li> </ul>	



## CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 17 JANUARY 2025 AT 10.00 AM (TEAMS MEETING)

**Present:** Dave Dempsey (Chair), Fife Council (DD)  
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)  
David Alexander, Fife Council (DA)  
Sinead Braiden, NHS Non-Executive Board Member (SB)

**Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)  
Vanessa Salmond, Head of Corporate Services (VS)  
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)  
Amy Hughes, External Auditor (AH)  
Isabella Middlemass, Management Support Officer (Note Taker)

**Apologies:** Lynne Garvey, Director of Health & Social Care Partnership (LG)  
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)

		<b>ACTION</b>
1.	<b>WELCOME AND APOLOGIES</b> Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above	
2.	<b>MINUTES OF PREVIOUS MEETING</b> The minutes of the previous meeting were approved.	
3.	<b>ACTION LOG</b> Action note approved.	
4.	<b>INTERNAL AUDIT PROGRESS REPORT</b> Jocelyn Lyall presented the Internal Audit Progress report to brief the Audit and Assurance Committee on the progress of the Annual Internal Plan for 24/25 for awareness and discussion.  Appendix 1 of the report sets out progress with the Annual Plan 24/25 and Appendix 2 summarises the NHS Fife Internal Audit Report issued since the last meeting. There were no applicable Fife Council reports for this update. The summarised NHS Fife report is the Internal Control Evaluation which provides an overview of all areas of governance and early warning of any issues that need to be addressed by year end. That draft report was considered by the	

	<p>NHS Fife Audit and Risk Committee on the 12 December 2024 and it has now been finalised and papers are available on the NHS Fife website.</p> <p>Jocelyn flagged up to the Committee there is a risk that the full Fife IJB plan for 2024/25 may not be delivered in year due to resource pressures within the NHS Fife team. The NHS Fife Audit and Risk Committee agreed that the NHS Fife Internal Audit Plan would be revisited, including a risk assessment of all remaining work.</p> <p>After much discussion Audrey Valente will have a discussion with the Directors of Finance regarding concerns around the content of the audit plan and how we can prioritise before March.</p> <p><b>Recommendation:</b> For awareness and discussion members of the Audit &amp; Assurance Committee were asked to consider and note the attached progress report at Appendix 1 and note the summary of relevant reports at Appendix 2.</p> <p>Members were also asked to note the ongoing risk to delivery of the Fife IJB Audit Plan for 2024/25. Members considered and noted the reports.</p>	<b>AV</b>
<p><b>5.</b></p>	<p><b>INTERNAL AUDIT – FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</b></p> <p>Jocelyn Lyall presented this paper to the Committee to give an update on the progress with an action to address the internal audit recommendations.</p> <p>There were 9 actions remaining from reports that were published more than a year ago - 2 of these were completed pending validation by Internal Audit. 6 actions out of those 9 have been extended or have an extension pending and 1 is not due.</p> <p>5 recommendations from reports published less than a year ago - 1 was complete pending validation. 2 have been extended or have an extension pending and 2 where they haven't actually received updates from the managers as yet. The detail position is set out in Appendices 1 &amp; 2 and since this report was submitted for papers all actions from Internal Audit F05/23 which was the Workforce Plan Audit have been closed off so those will no longer feature in this report .</p> <p>Jocelyn updated members of the Committee that they were reviewing the AFU's system and have now moved away from using Pentana to a system of 1-1 discussion with officers to obtain updates.</p> <p><b>Recommendation:</b> Members of the IJB Audit &amp; Assurance Committee were asked to note this report for assurance. Members noted this report for assurance.</p>	
<p><b>6.</b></p>	<p><b>AUDIT &amp; ASSURANCE WORKPLAN</b></p> <p>The purpose of the workplan is for discussion and noting. Little alternations needed to update plan. Noted</p>	
<p><b>7.</b></p>	<p><b>LESSONS LEARNED ACTION PLAN</b></p> <p>Audrey Valente presented this report to the Committee to provide a</p>	

	<p>progress update in terms of delivery of the corrective actions agreed at the last meeting if this Committee.</p> <p>The actions that were identified in the Action Plan was improvement of management information, enhance collaborative decision making, increase tripartite communication, complete accurate and timely year end entries and that accurate financial projections are essential in use of monitoring directions. All the actions have been identified in the SBAR and the appendix.</p> <p>Audrey gave a presentation to talk through some of the work that has been happening in the background and gave a level of assurance that these are complete.</p> <p>Discussions took place around monitoring the delivery of lessons learned and it was felt that the presentation was very useful and easily understood. Jocelyn Lyall added that they would look at the Lessons Learned as part of the ICE work to assure the Committee that they will provide independent assurance on the stage of completion of those actions.</p> <p><b>Recommendation:</b> The Committee were asked to note the content and review and scrutinise the plan to provide assurance to the IJB that the actions are being effectively implemented and monitored. Committee agreed.</p>	
<p><b>8.</b></p>	<p><b>ITEMS FOR REFLECTION &amp; HIGHLIGHTING TO IJB</b></p> <p>None.</p>	
<p><b>9.</b></p>	<p><b>AOCB</b></p> <p>It was noted the IJB Development Session due to take place on 28<sup>th</sup> February what discussions to take forward around the Integration Scheme.</p>	
<p><b>14.</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <p>Friday 14 March 2025 – 10.00 am – 12.00 noon.</p>	