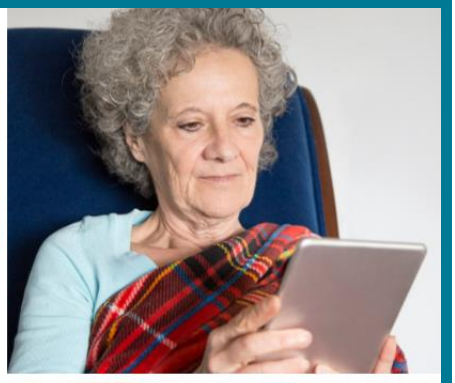
DRAFT – This document will be adapted following consultation.

Fife Health & Social Care Partnership

Strategic Plan 2026-2029





NHS Fife

Supporting the people of Fife together

Fife Council

Contents

Joint Foreword

To be included in final Strategic Plan.

Executive Summary

To be included in final Strategic Plan.

Our Strategic Plan 2026-2029

Introduction

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

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

An easy read version will be produced following approval of the Strategic Plan.

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

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

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

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

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

Our Approach

In refreshing the Strategic Plan, we built on the strong foundation of the previous Strategic Plan (2023–2026), alongside supporting strategies, delivery plans and annual reports. A major review of evidence was commissioned, including wider policy direction and the potential impact of future change across a broad range of services. We also reviewed three years of consultation and engaged directly with stakeholder groups and our workforce before drafting the new plan.

We carefully considered the needs of Fife's seven localities to support locality planning and ensure the Strategic Plan reflects diverse community priorities. The plan has been shaped by extensive engagement and consultation, and we remain committed to continuing that dialogue with the people we serve. Throughout the document, you'll find references to supporting evidence and links to further information.

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

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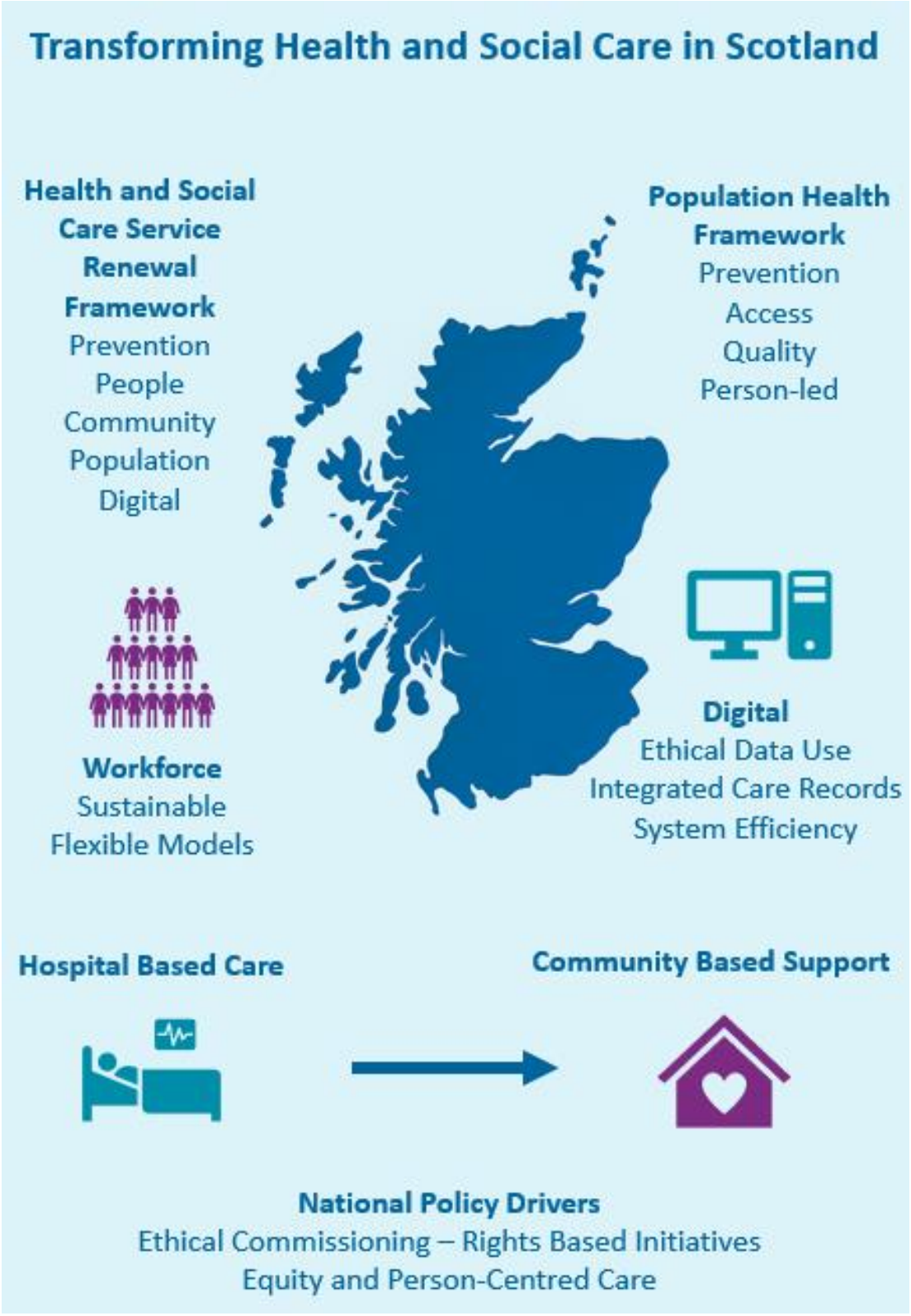
National Policy Drivers



You can read the national frameworks here:
www.gov.scot/publications/health-social-care-service-renewal-framework/documents
www.gov.scot/publications/scotlands-population-health-framework

Local Policy Drivers

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

You can find more information about the Plan for Fife here:
www.fife.gov.uk

You can read the full NHS Fife Population Health and Wellbeing Strategy here:
www.nhsfife.org/media/4cixmio8/phwb-strategy-web.pdf

Fife's strategic priorities are strongly aligned with national frameworks including the National Health and Wellbeing Outcomes, Public Health Priorities for Scotland, the Health and Social Care Service Renewal Framework, and Scotland's Population Health Framework. Appendix 1 outlines the connections between our local priorities and these national goals.

Our Strategic Needs

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

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

As people live longer, the need for health and social care services will naturally grow. During the lifetime of this Strategic Plan, we anticipate a nearly 10 % rise in demand for Care at Home services and a potential 15 % increase in Emergency Admissions for older adults. This group is already experiencing higher-than-average demand.

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

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

Across Fife, one in three people will experience mental health problems of some kind each year. Some mental health problems, such as anxiety or depression, can affect people of any age. Symptoms can last for a short time, they may come and go, be triggered by particular experiences and/or circumstances, or they can be lifelong. People with lifelong mental illness are more likely to die 15 to 20 years prematurely because of physical health problems. In Fife, almost 40 percent of adults aged 16 and over have a limiting long-term physical or mental health condition or illness.

The Key Metrics

Population	Unpaid Carers	People Receiving Care at Home	People with long term illness, disease or condition
371,340	44,189	2,800	86,893

	Life Expectancy	Healthy Life Expectancy	People in Long Term Care	People with Mental Health Issue
Male	76.7	58.7	2,500	44,189
Female	81.1	58.7		

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

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

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

In recent years Fife has seen a decrease in the number of children living in poverty. Around 15 percent of children are now living in absolute poverty (without basic needs) and 18 percent are living in relative poverty (below the general standard of living). The reduction in child poverty is linked to the Scottish Child Payment which supports low-income families.

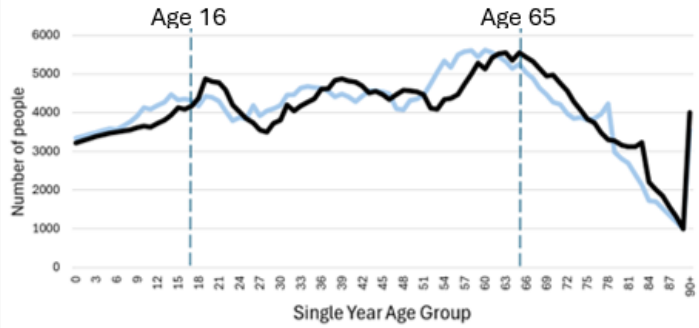
There is also good news among the figures, largely across a wide range of health metrics, Fife is similar to the rest of Scotland. In some instances, we are doing better, cancer registrations are 6 percent lower and slightly more babies and Primary 1 children are of healthy weight, a key determinant of future health.

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

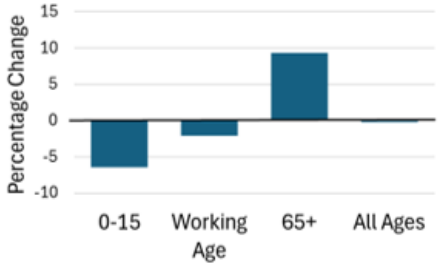
In many regards the Fife population is like Scotland in miniature, meaning that overall, we tend to be roughly average across most population and health metrics. However, these 'average' outcomes tend to hide very significant variation across Fife, even at a very fundamental level. For example, average life expectancy varies between Fife localities by as much as 4.6 years for females and 3.7 years for males. While cancer registrations are 13% higher in South West Fife and Cowdenbeath localities than in Dunfermline and North East Fife localities. In some instances, the difference can be stark, with hospital admissions for alcohol related reasons almost twice the rate in Glenrothes than in St Andrews. To a high degree the differences we see across Fife are driven by demographic factors such as deprivation, suggesting that solutions lie in wider society and strongly indicating the need for our close collaboration with Fife Community Planning Partners.

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

The Key Demographic Change



Change in population Age Structure in Fife by individual ages. (Blue is current: Black is 2030)



Percentage Change in Broad Age Groups by 2030

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

As emphasis shifts from hospital centred care to community based models which are more sustainable and better care options, our models of care need to be transformed. We cannot ignore the very real differences in need in different parts of Fife, and we must be responsive to this and shape our care around those differences. It is important that we have a **Communities** strategic priority to address these local differences and recognise the need for different care models.

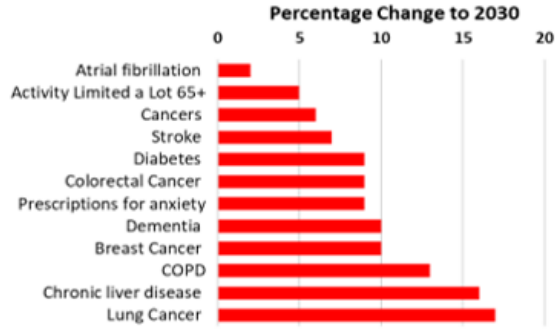
It is not possible to prevent everything which drives demand for services, but we can help by making access to care more efficient and the care itself more effective. A significant national driver to achieve this is greater use of **Digital** technologies and approaches. Engagement with individuals,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

Pressure on Services to 2030

Burden of Disease in Fife

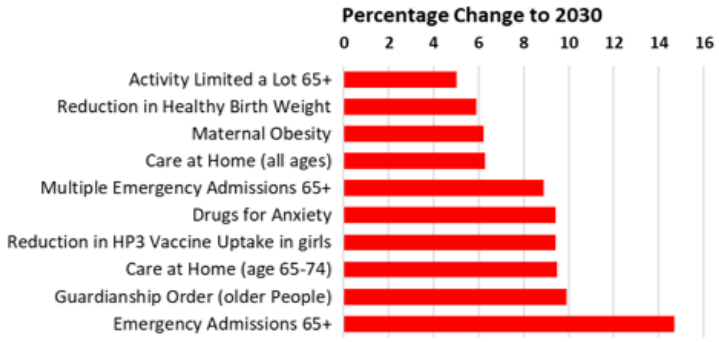
Over the period of the Strategic Plan a wide range of diseases and conditions are likely to increase markedly.

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



Service Challenges

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



Our Promise

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

Our commitment also extends to those we serve, patients, carers, residents, and service users. Their voices matter, and through our staff, we will ensure every interaction is grounded in respect. Meaningful engagement goes beyond one-size-fits-all approaches; it requires tailored communication, active participation, and respect for diverse perspectives. When people understand their role in transformation, they're empowered to lead and embrace change with purpose.

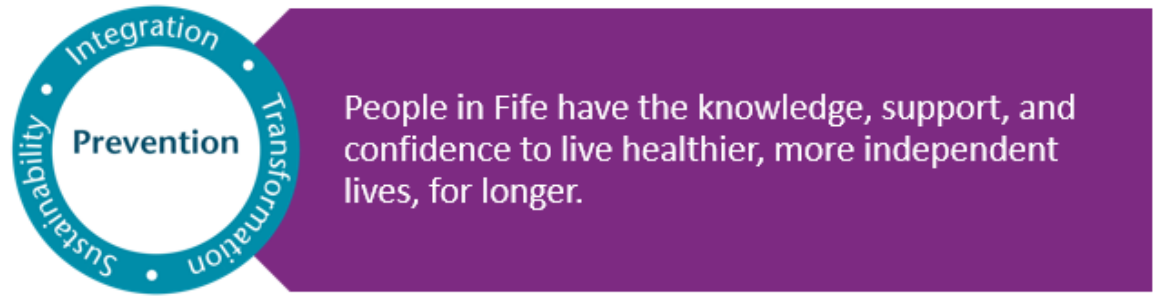
We are committed to being open and transparent. Staff deserve honesty, and we will communicate clearly, share challenges openly, and celebrate progress together. When people are informed and actively involved in shaping change, integration becomes a shared journey, one that fosters stronger connections, better decisions, and improved outcomes for the people of Fife.

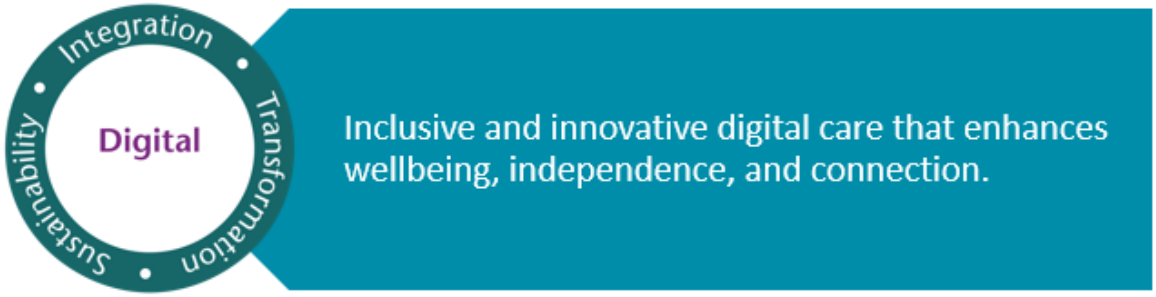
We are committed to ensuring our services are safe and sustainable for both our workforce and the people of Fife. Sustainability in this context means creating conditions where staff feel supported, pressures are reduced, and their experience at work is improved. By promoting priorities that reflect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

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

Our Strategic Priorities

Our strategic priorities set out what we want to achieve together for people and communities. They bring our vision to life and guide what we are working towards. This Strategic Plan is a shared effort shaped with the voices of community and voluntary groups, local organisations, and the people who live and work here. By working together, we can build on the great services and supports already in place, generate fresh ideas, and discover new ways of making a difference. Everyone has a role to play whether it is supporting a neighbour, encouraging a friend to be more active, or looking after our own health and wellbeing. Together, we can create stronger, healthier, and more connected communities where everyone can thrive.





Priority 1: Prevention

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

Context

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

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

Families and communities also shape health and wellbeing.

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

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

What people told us

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

What we will focus on

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

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

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

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

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

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

We will:

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

The difference this will make:

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



Priority 2: Communities

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

Context

Fife is experiencing growing pressure on hospital services as more people live longer with complex or long-term conditions. Strengthening support at home and in communities will help reduce unnecessary admissions and ensure smoother transitions from hospital to home. Locality planning and strong community engagement are central to this transformation. By combining robust data with lived and living experience, we can design services that reflect local realities, avoid duplication, and make best use of resources and identify potential vulnerabilities early. Supporting unpaid carers is also vital, recognising the essential role they play and ensuring they have the right help to sustain their wellbeing and caring role. None of this can be achieved by one organisation alone: strong collaboration and partnership across health, social care, housing, the independent and third sectors, and local communities will be vital to creating a system that is resilient, joined up and focused on what matters most to people.

What people told us

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

"Consider the role that communities and neighbours can play in supporting one another and sharing information"

"Better communication between care agencies is vital"

"There is room for more collaboration with community centres due to local knowledge"

What we will focus on

We are transforming care in Fife by moving from hospital led services toward community-based support that promotes independence, recovery, and wellbeing. This means planning and delivering care at a local level, using evidence and lived experience to guide priorities and resources. We will co-produce services with people who use them, ensuring support is rooted in dignity, rights, and recovery. By strengthening access to advocacy, housing, and specialist support, and embedding compassionate, relational practice, we will build a system where everyone has the best chance to live a fulfilling life. We will work collaboratively with people, carers, families, and partners to help shape services that are inclusive, coordinated, and compassionate. Carers will be supported from the earliest stages of their caring journey, with access to information, flexible support, and breaks that sustain their health and wellbeing. Community engagement will be embedded in all aspects of planning and improvement, ensuring that diverse voices shape decisions. Our workforce will be skilled and confident, and partnerships across health, social care, the independent and third sectors will continue to strengthen, so that services remain responsive and aligned to local needs.



We will:

- **Support unpaid carers** so they can look after their loved ones while also staying healthy and well themselves.
- **Listen to people's voices and experiences**, and make sure they shape the way care and support are planned and delivered.
- **Plan services with communities,** using local knowledge and evidence to set priorities and respond innovatively to challenges.
- **Work together** to plan, design and deliver services that achieve better outcomes for people, use resources wisely, and share good ideas.
- **Strengthen community led support** so more people can connect with local support and take action to improve their life in ways that matter to them.
- **Ensure timely and equitable access to independent advocacy** for people who need support to understand choices and express their views.
- **Ensure safe and timely hospital discharges:** Ensure services work together so that people leave hospital safely with the right support in place.
- **Embed a culture of learning, reflection and openness,** where data and lived experience come together to help us to understand complex challenges, shape solutions, and lead meaningful change that improves outcomes for the people of Fife
- **Create a connected, person-centred support system where individuals and families receive the help they need regardless of where they first seek support**, through good conversations, effective triage, and a collaborative network of services.
- **Embed the principles of healthy and active ageing** across health and social care services, ensuring older people are supported to live well, maintain independence, and experience coordinated, person-centred care aligned with the Ageing and Frailty Standards.
- **Ensure that people experiencing care in adult and older people's care homes get the most out of life**, **and experience connection** which enriches their day-to-day lives and meets their individual needs.
- **Actively advance equality, eliminate discrimination, and improve outcomes for people from all backgrounds** by embedding inclusive practice, listening to lived experience, and targeting actions where they are needed most.
- **Ensure people living with dementia and their families** have their strengths recognised, their rights upheld, and receive person-centred care and support, free from stigma and delivered in a coordinated way across services, when and where they need it.
- **Shape integrated supports, services, and attitudes that uphold the human rights of autistic people and people with learning or intellectual disabilities**, empowering them to live healthy, active lives and fully participate in society.

The difference this will make:

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

Graphic design to include images.

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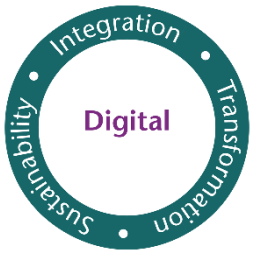
Priority 3: Digital



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

Context

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

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

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

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

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

What people told us

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

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

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

What we will focus on

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

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

We will embed digital inclusion in everyday service delivery, ensuring people of all ages and abilities feel confident and supported to use digital tools. By building digital skills, integrating systems, and co-designing solutions with those who use them, we will deliver more joined-up, efficient, and responsive care.

We will:

- **Enhance Hospital at Home services** by expanding remote monitoring, virtual consultations, and integrated care platforms, enabling people to receive hospital-level care safely in their own homes.
- **Increase access to digital tools that support prevention and self-management** of long-term conditions, including apps, wearables, and virtual clinics for conditions such as cardiovascular disease, COPD, diabetes, and high blood pressure.
- **Improve access to online self-help resources and therapies**, supporting people to manage their mental health and wellbeing.
- **Strengthen equitable access to digital and technology-enabled care**, helping older people to live independently and safely at home.
- **Develop and test enhanced digital support for people living with dementia**, aligned with Scotland's Dementia Strategy, focusing on tools that enhance safety, connection, and wellbeing.
- **Design and implement integrated digital care pathways** to enhance information sharing, care planning and future care planning
- **Build digital confidence across our workforce and communities** by providing inclusive training and support, while embedding cyber security awareness and safe digital practices, ensuring everyone can access and benefit from digital health and social care services securely and confidently.
- **Pilot and evaluate new digital approaches to supporting carers**, focusing on tools that improve access to information, peer support, and flexible respite options.
- **Strengthen digital support for people living with frailty and at risk of falls**, expanding access to remote monitoring, wearable technologies, and predictive tools such as fall detection sensors and virtual rehabilitation programmes.

The difference this will make

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

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

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

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

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

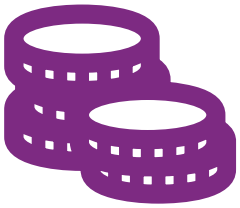
Most importantly, more people will share in the benefits of digital health and social care. By focusing on what matters to people and involving them in designing digital solutions, we will reduce inequalities, improve outcomes, and build a more connected, confident, and equitable system for Fife.

Framework for Delivery

Health and social care services in Fife face growing complexity, rising demand, and limited resources. As people live longer with multiple conditions, the need for coordinated, person-centred support increases. Meeting these challenges requires effective planning, wise use of resources, and evidence-informed decisions.

Our Framework for Delivery supports our goal of being FIT for the future, built on three pillars: Financial Sustainability, Integrating Further, and Transforming Services. These guide how we join up services, optimise resources, and embed innovation to deliver high-quality, resilient care that improves outcomes for individuals, families, and communities.

Financial Sustainability



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

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

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

Integrating Further

We are changing the way services work by placing integration at the centre of how we support people's health and wellbeing. This means looking at the whole person, not just their medical needs, and focusing on prevention, early help, and what matters most to them.

Our commitment to being **FIT** for the future will guide how we design and deliver care. Integration is not just about joining up services; it's about creating a system where people, professionals, and partners work together seamlessly to deliver better outcomes.

Integrated Care Teams bring together professionals and specialist services from different organisations to support individuals and improve their health and wellbeing. Professionals across health, social work and social care, housing, and the third and independent sectors can share decisions, coordinate support, and respond earlier. This approach also ensures

that transitions, such as from hospital to home or from children's to adult services, are smoother and more person-centred.

We will consider how we integrate our services further, for instance through new partnerships and multi-agency projects and by strengthening collaborative working in local communities.

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

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

Transforming Services

Transformation means changing how we work at a fundamental level. It's not just about improving existing systems. It involves rethinking how services are delivered, how teams work together, and how decisions are made. It challenges assumptions, encourages innovation, and creates new ways of working that are more responsive, inclusive, and sustainable. This builds the foundation for long-term improvement and better outcomes for the people we serve.

We are reshaping services to be more joined-up and responsive. We are supporting new models of care and investing in digital solutions that improve access and efficiency. Our commissioning approach is changing to focus on outcomes and value. Co-production is central, bringing together providers, communities, and people with lived experience to design services that reflect local needs.

Aligned with our workforce strategy, workforce transformation is a key part of this change. We are creating new roles, career pathways, and leadership opportunities that support innovation and teamwork across the partnership. We are building a flexible, skilled, and confident workforce that can deliver services in new and better ways.

People want services that are easier to use and focused on what matters most. We are listening and acting. We are using digital tools, data, and insight to guide decisions and are involving people in shaping solutions. By changing how care is planned, delivered, and experienced, we are building a system that is strong, efficient, and ready for the future.

How we will Deliver

Our Strategic Plan will only succeed if it drives real, visible change in the lives of people and communities across Fife. To make this happen, we have a clear framework for delivery that connects our highest-level ambitions to day-to-day work across services. This ensures everyone understands their role, resources are used effectively, and progress is transparent and accountable. Our approach is flexible, allowing us to learn, adapt, and respond to emerging needs while keeping our focus on improving outcomes.

What People Have Told Us

Leaders, staff, and partners have told us that success depends on clear priorities, shared ownership, and knowing that every action contributes to meaningful outcomes. They want a system where progress is visible, learning is embedded into everyday work, and achievements are celebrated, even in the face of complex challenges.

What We Will Focus On

We will focus on translating our strategic priorities into practical actions that make a difference. This means ensuring objectives are clear, deliverables are well defined, and teams are supported to work together effectively. We will measure progress not just by outputs, but by the positive impact on people's lives, using evidence, insight, and lived experience to guide improvement and innovation.

We will:

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

The Difference This Will Make

This framework for delivery will create a health and social care system that is even more focused, connected, and outcome driven. People will see real improvements in services, feel their voices are heard, and benefit from care that is coordinated, compassionate, and responsive. Staff and partners will feel empowered and supported, working together to achieve our shared vision. This approach will ensure that Fife Health and Social Care Partnership delivers meaningful, lasting change for individuals, families, and communities.

Outcomes, Quality and Impact

Throughout the implementation of this plan, we will focus on outcomes—the real impact on people's health, wellbeing, and independence. Outcomes show the difference we make, bring teams together around shared purpose, and ensure our work aligns with local and national priorities. By linking objectives to clear outcomes and blending evidence, insight, and lived experience, we are building a richer story of change that celebrates successes, highlights opportunities to improve, and guides decisions in meaningful ways.

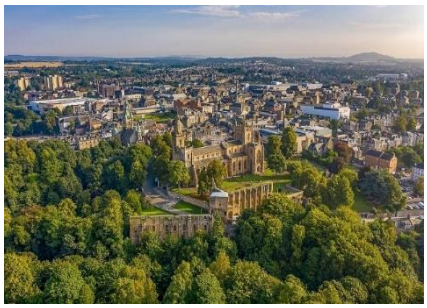
Our Locality Profiles

Delivering meaningful change across Fife means recognising that each locality has its own strengths, challenges and priorities. While our Strategic Plan sets out a shared vision, locality planning brings it to life by tailoring services to local needs. Each locality profile provides a snapshot in time, shaped by data and insight. We will continue to review and refine these to ensure our approach remains relevant and responsive. Some services, including statutory and specialist ones, will continue to operate across Fife, working alongside locality priorities to provide joined-up support for everyone.

City Of Dunfermline

Profile

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



Dunfermline Abbey

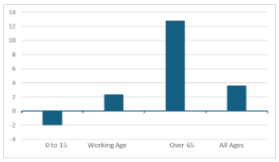
Dunfermline faces a range of interconnected challenges including long-term health conditions, economic inactivity, and a growing care burden. Issues around transport and access, alongside the influence of place on wellbeing, highlight the need for joined-up approaches to improve outcomes across the locality.

Population

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

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

Total Population			
	10,872	37,717	10,956
59,545	18.30%	63.30%	18.40%



Projected Population 2030

What does this mean for the area?

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

Projected Increased Demand - Dunfermline

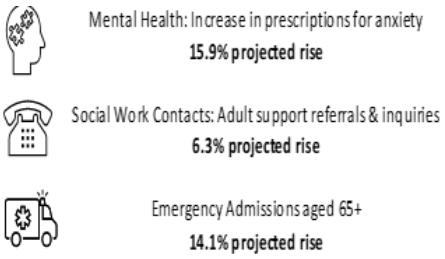
Older Adults (65+): Significant increase and demand:

- Long-term care
- Home care services
- Delayed discharge support

Mental Health: Increase in prescriptions for anxiety

Social Work Contacts: Adult support referrals

Emergency Admissions aged 65+



What the Strategic Assessment Says

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

How are Needs Different Here?

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

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

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

City Of Dunfermline Local Priorities

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

Support positive mental health and wellbeing through physical activity

We plan to

Increase confidence of health and care staff to have conversations about the importance of physical activity with their patients, service users and communities.

Key Strategic Link…

Prevention

Support positive mental health and wellbeing through access to services

We plan to

Work collaboratively to promote and increase referrals/attendance to HSCP community led support services in Dunfermline

Key Strategic Link…

Communities

Support positive mental health and wellbeing

We plan to

Work with other agencies to create an online family calendar of events/activities for young families

Key Strategic Link…

Digital

Support Unpaid Carers

We plan to

Deliver round three of Community Chest Fund and monitor projects funded in round one and round two

Key Strategic Link…

Communities

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

Cowdenbeath

Profile

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

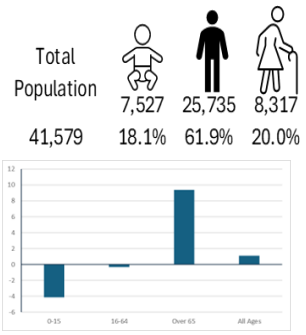
Cowdenbeath faces some of the most significant health challenges in Fife. High levels of long-term illness, mental health conditions, and intensive unpaid care reflect deep-rooted inequalities

Street Art, Cowdenbeath

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

Population

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



What does this mean for the area?

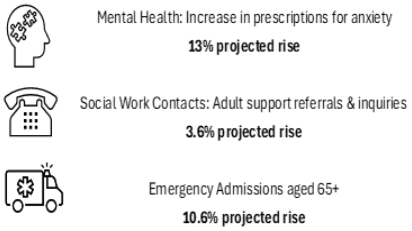
Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

Projected Increased Demand - Cowdenbeath

Older Adults (65+): Significant increase and demand

- Long-term care
- Home care services
- Delayed discharge support

Mental Health: Increase in prescriptions for anxiety
Emergency Admissions aged 65+



How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Cowdenbeath Local Priorities

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

Support Unpaid carers	Support People affected by Drug / Alcohol Harm and Death	Support positive health and wellbeing through collaborative working – Right time, right service	Support Active Fife Group
We plan to Deliver Community Chest Fund round 3 and monitor projects funded from round one and round two	**We plan to** Continue development of targeted support to communities and people at risk of harmful substance use using the KY Club model	**We plan to** Replicate Levenmouth Home First Primary Care Verification model with an aim to support the No Wrong Door initiative	**We plan to** Promote sustainable wellbeing through increased physical activity and social connection
Key Strategic Link… Communities	**Key Strategic Link…** Prevention	**Key Strategic Link…** Communities	**Key Strategic Link…** Prevention

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

Glenrothes

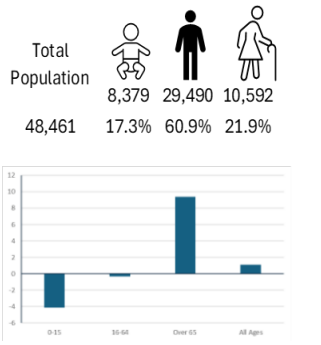
Profile

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

Riverside Park, Glenrothes

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

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



Projected Population 2030

What does this mean for the area?

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

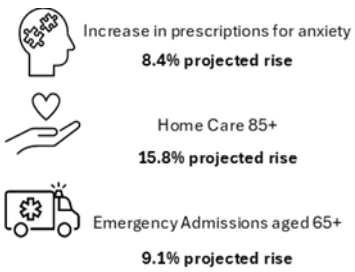
Projected Increased Demand - Glenrothes

Older Adults (65+): Significant increase and demand

- Home care services 65+
- Home care services 85+
- Emergency Admissions

Mental Health: Rise in prescriptions for anxiety.

Guardianship & adult support referrals projected to rise.



How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Glenrothes Local Priorities

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

Supporting people affected by drug and

We plan to
Develop targeted support to communities and people at risk of harmful substance use

Key Strategic Link…
Prevention

Community led support – Access to Services

We plan to
Raise awareness of services within the Glenrothes communities

Key Strategic Link…
Prevention

Community led support – Mental Health &

We plan to
Glenrothes Mental Health & Wellbeing working group will deliver training and resources to support wellbeing of frontline staff

Key Strategic Link…
Communities

Supporting Unpaid Carers

We plan to
Deliver round three of Community Chest Fund and monitor projects funded in round one and round two

Key Strategic Link…
Communities

Prevention & Early Intervention

We plan to
Deliver a Falls programme in Glenrothes to support people at risk of falling to live more independently

Key Strategic Link…
Prevention

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

Kirkcaldy

Profile

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

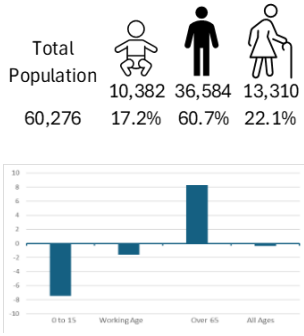
Beveridge Park, Kirkcaldy

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

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

Population

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



Projected Population 2030

What does this mean for the area?

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

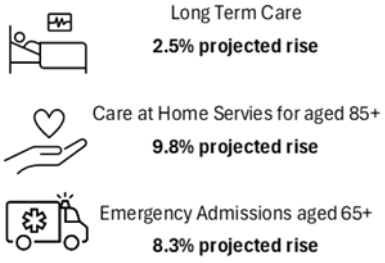
Projected Increased Demand - Kirkcaldy

Older Adults (65+): Significant increase and demand;

- Home care services 85+ & 65+
- Long Term Care
- Emergency Admissions 65+

Mental Health: Increase in prescriptions for anxiety

Social Work Contacts: Adult support referrals



How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Kirkcaldy Local Priorities

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

Support Unpaid carers	Community Led Support – Elderly Physical Activity	Support People affected by Drug / Alcohol Harm and Death	Support People at Risk of Homelessness	Community Led Support & Supporting Mental Health & Wellbeing
We plan to Deliver round three of Community Chest Fund and monitor projects funded from round one and round two	**We plan to** Raise awareness of living well and increasing physical activity with the Ageing Population using the LifeCurve Tool	**We plan to** Target support to communities and people at risk of harmful substance use using the KY Club model	**We plan to** Support People at risk of homelessness via Test of Change in Kirkcaldy from FC "Ending Homelessness Together".	**We plan to** Raise awareness of CLS resources & empower people to manage their own health & wellbeing
Key Strategic Link… Communities	**Key Strategic Link…** Digital	**Key Strategic Link…** Prevention	**Key Strategic Link…** Communities	**Key Strategic Link…** Prevention

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

Levenmouth

Profile

Coastal Villages of Wemyss

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

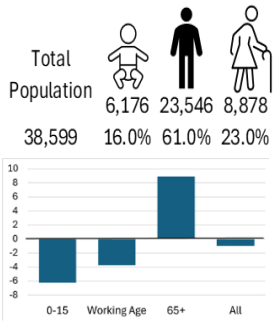
Levenmouth faces the most acute health inequalities in Fife and has the worst health outcomes in Fife.

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

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

Population

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



Projected Population 2030

What does this mean for the area?

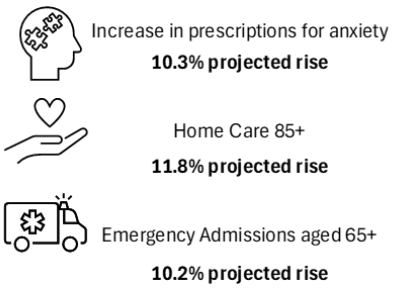
Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

Projected Increased Demand - Levenmouth

Older Adults (65+): Significant increase and demand;

- Home care services 65+ & 85+
- Local Authority Guardianships
- Emergency Admissions

Mental Health: Increase in prescriptions for anxiety



How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Levenmouth Local Priorities

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

Support positive mental health and wellbeing	Community Led Support – Powers of Attorney	Support Unpaid Carers	Community Led Support – Access to medical advice	Community Led Support - Supporting People at Risk of Homelessness
We plan to Introduce test of change to ensure people who make contact receive the right support at the right time	**We plan to** Raise awareness of Power of Attorney in the Levenmouth community to increase awareness and effectiveness in the area	**We plan to** Deliver round three of Community Chest Fund and monitor projects funded in round one and round two	**We plan to** Raise awareness of community services to increase confidence and knowledge about community services	**We plan to** Support People at risk or identified as becoming Homelessness via "Ending Homelessness Together" initiative
Key Strategic Link… Prevention	**Key Strategic Link…** Prevention	**Key Strategic Link…** Communities	**Key Strategic Link…** Prevention	**Key Strategic Link…** Communities

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

North East Fife

Profile

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

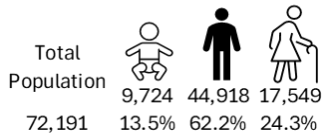
Pittenweem, North East Fife

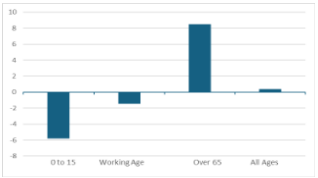
North East Fife, on average, has the highest levels of good health in Fife (81.9% of people reported that they are in good health

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

Population

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





Projected Population 2030

What does this mean for the area?

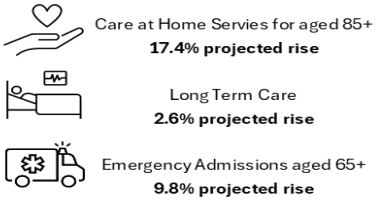
Based on projected calculations to 2030, it is anticipated that demand for services will increase across the locality in the following areas.

Projected Increased Demand - NEF

Older Adults (65+): Significant increase & demand;

- Home care services 85+
- Long Term Care
- Emergency Admissions

Mental Health: Rise in prescriptions for anxiety



How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

North East Fife Local Priorities

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

Support Mental Health & Wellbeing in Primary Care & Community Settings	Support Unpaid Carers	Support Mental Health & Wellbeing through greenspace	Reduce Health Inequalities within NEF Locality	Support positive mental health and wellbeing
We plan to Deliver the Mental Health & Wellbeing in Primary Care and Community Settings Test of Change: How Services Work Together	**We plan to** Deliver round three of Community Chest Fund and monitor projects funded	**We plan to** Work collaboratively with NHS Fife and other partners on NHS Green Space project in Anstruther	**We plan to** Work collaboratively with services to provide targeted support to people in NEF in most need, enabling them to manage their own health and wellbeing.	**We plan to** Link Life Fife engage with patients attending the medical centre to support with social circumstances affecting physical and/or mental health/wellbeing
Key Strategic Link… Prevention	**Key Strategic Link…** Communities	**Key Strategic Link…** Communities	**Key Strategic Link…** Prevention	**Key Strategic Link…** Prevention

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

South West Fife

Profile

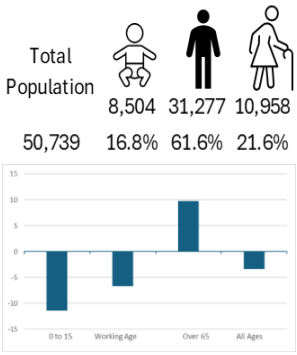
South West Fife is shaped by its industrial heritage, coastal setting, and a mix of urban and rural communities. The area includes key towns such as Rosyth and Inverkeithing, which have strong transport links and proximity to major infrastructure. Alongside opportunities for regeneration and growth,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

Culross, South West Fife

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

Population

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



Projected Population 2030

What does this mean for the area?

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

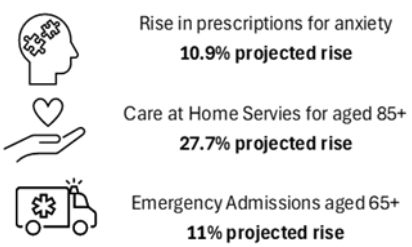
Projected Increased Demand - SWF Villages

Older Adults (65+): Significant increase and demand;

- Home care services 85+
- Community alarms
- Emergency Admissions

Mental Health: Rise in prescriptions for anxiety

Guardianship and adult support referrals



What the Strategic Assessment Says

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

How are Needs Different Here?

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

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

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

South West Fife Local Priorities

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

 Support Unpaid Carers	 Community Led Support action plans	 Community Led Support/Partnership working	 Support Mental Health & Wellbeing
We plan to	**We plan to**	**We plan to**	**We plan to**
Deliver Community Chest Fund round 3 and monitor projects funded from round one and round two	Work collaboratively to create a community action plan to increase awareness of what matters to local people to help them live a healthier, active life	Work collaboratively to promote and increase referrals/attendance to HSCP community led support services in S&WF	Increase awareness of opportunities to incorporate physical activity into health and care services
Key Strategic Link…	**Key Strategic Link…**	**Key Strategic Link…**	**Key Strategic Link…**
Communities	Prevention	Prevention	Prevention

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

Legislation and References

This is a link to the Fife Health and Social Care Partnership website: *www.fifehealthandsocialcare.org*

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

The National Health and Social Care Health and Wellbeing Outcomes are available here: *www.gov.scot/publications/national-health-wellbeingoutcomes-framework/*

The Public Health Priorities for Scotland are available here: *www.gov.scot/publications/scotlands-public-health-priorities/pages/1/*

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

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

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

Scotland's Population Health Framework is available here: *www.gov.scot/publications/scotlands-population-health-framework/*

Appendix 1 National Frameworks

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

Fife Strategic Priorities		National Health and Social Care Health and Wellbeing Outcomes	Public Health Priorities for Scotland	Health and Social Care Service Renewal Framework	Scotland's Population Health Framework
Prevention	People have the knowledge, support and confidence to live healthier, more independent lives for longer.	NW01	PHP2 PHP3	RF1	PHF1
Communities	Work together with communities and our partners to support people, carers, and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and	NW02 NW03 NW06	PHP1 PHP4 PHP6	RF2 RF3	PHF2 PHF4
Digital	Inclusive and innovative digital care that enhances wellbeing, independence, and connection.	NW01 NW08 NW09	PHP2 PHP3 PHP6	RF5	PHF2
Fife's Strategic Enablers					
Financial Sustainability	Financial Sustainability is integrated into all decisions to support long-term resilience and improved outcomes across health and social care.	NW09	PHP5	RF4	PHF3
Integrating Further	Embedding integration into the way we work, enabling effective collaboration across health and social care services.	NW04 NW08	PHP4	RF5	PHF2
Transforming Services	Driving transformation to create more innovative, efficient and person centred health and social care services.	NW05 NW09	PHP5	RF5	PHF2

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Prevention	People have the knowledge, support and confidence to live healthier, more independent lives for longer. NWO1 PHP2 PHP3 RF1 PHF1
Communities	People, carers, and families are supported to live independent, healthier lives at home or in a homely setting, with access to local care and support that promotes health, wellbeing, and connection. NWO2 NWO3 NWO6 PHP1 PHP4 PHP6 RF2 RF3 PHF2 PHF4
Digital	Inclusive and innovative digital care that is high-quality, accessible, and works for everyone. NWO1 NWO8 NWO9 PHP2 PHP3 PHP6 RF5 PHF2
Financial Stability	Financial Sustainability is integrated into all decisions to support long-term resilience and improved outcomes across health and social care. NWO9 PHP5 RF4 PHF3
Integrating Further	Embedding integration into the way we work, enabling effective collaboration across health and social care services. NWO4 NWO8 PHP4 RF5 PHF2
Transforming Services	Driving transformation to create more innovative, efficient and person centred health and social care services. NWO5 NWO9 PHP5 RF5 PHF2