

Strategic Plan for Fife 2026-29

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Joint Foreword

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

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

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

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

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



Lynne Garvey

*Director of Fife Health
and Social Care
Partnership*

*Chief Officer, Fife
Integration Joint Board*



Cllr David Ross, Chair

Integration Joint Board

Executive Summary

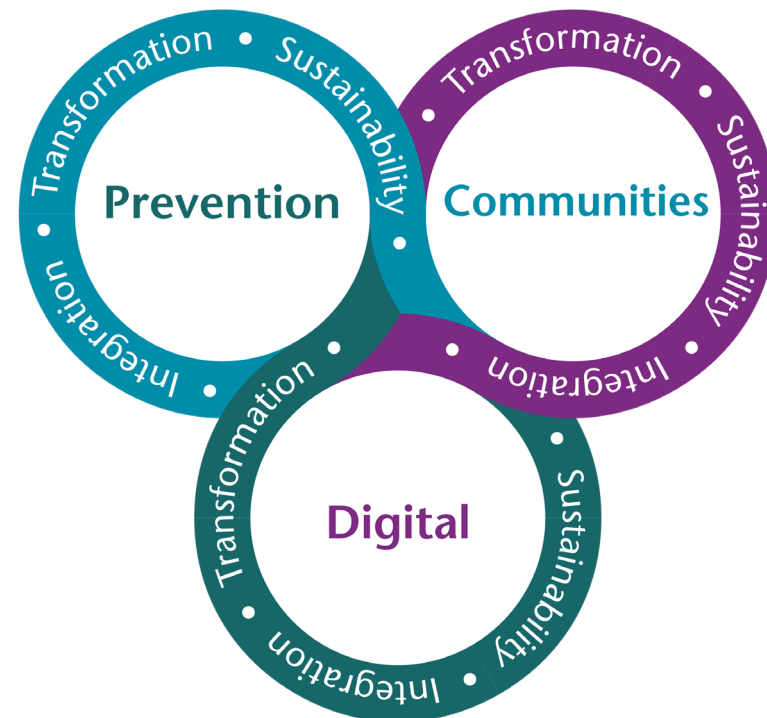
We are pleased to share the Fife Health and Social Care Partnership Strategic Plan 2026–2029, a clear and collaborative plan to improve health and wellbeing across Fife. Building on strong foundations, it reflects the voices of our communities, workforce and partners and sets out a shared vision:

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

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

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

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



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

We are committed to:



- **Financial sustainability:** Making best use of resources, investing in prevention and building a system that is economically and environmentally responsible.
- **Integrating further:** Joining up services across health, social work, social care, housing and the third sector to deliver seamless, person-centred support.
- **Transforming services:** Redesigning care models, embracing digital solutions and co-producing services with communities to meet evolving needs.

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

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

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

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

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

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



Our Plan

Our Vision

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

Our Mission

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

Our Strategic Priorities

Prevention

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

Communities

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

Digital

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

Framework for delivery

Financially Sustainable

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

Integrating Further

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

Transforming Services

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

Introduction

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

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

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

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

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

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

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

Our Approach

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

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

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

Transforming Health & Social Care in Scotland

Health & Social Care Service Renewal Framework

Prevention
People
Community
Population
Digital



Workforce
Sustainable
Flexible Models



Population Health Framework

Prevention
Access
Quality
Person-led



Digital
Ethical Data Use
Integrated Care Records
System Efficiency

Hospital Based Care



Community Base Support



National Policy Drivers and Frameworks

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

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

- NW** – [National Health and Wellbeing Outcomes](#)
- PHP** – [Public Health Priorities for Scotland](#)
- SRF** – [Health and Social Care Service Renewal Framework](#)
- PHF** – [Scotland's Population Health Framework](#)

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

Local Policy Drivers

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



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



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

Our Strategic Needs

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

People are living longer

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

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

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

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

Mental health is critical

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

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

The Key Metrics

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

Fife compared to Scotland

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

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

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

healthier living, and reducing preventable risk factors.

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

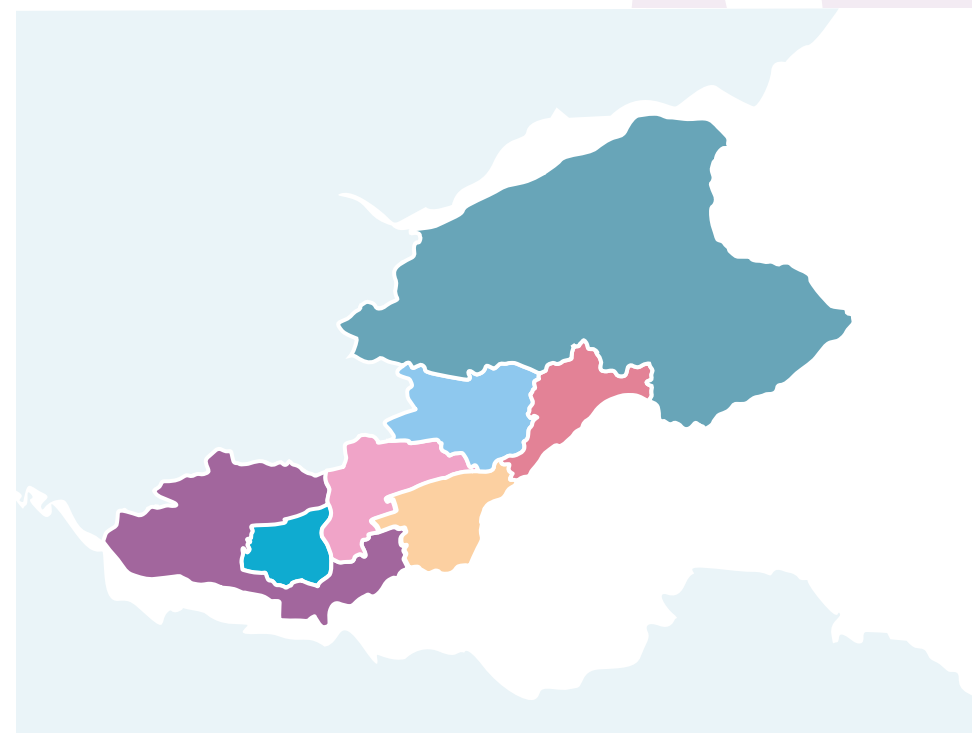
However, across a wide range of health metrics, Fife is similar to the rest of Scotland and in some instances, we are doing better. Cancer registrations are 6% lower and slightly more babies and Primary 1 children are of healthy weight, a key determinant of future health.

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

In many ways the Fife population is like Scotland in miniature.

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

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



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

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

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

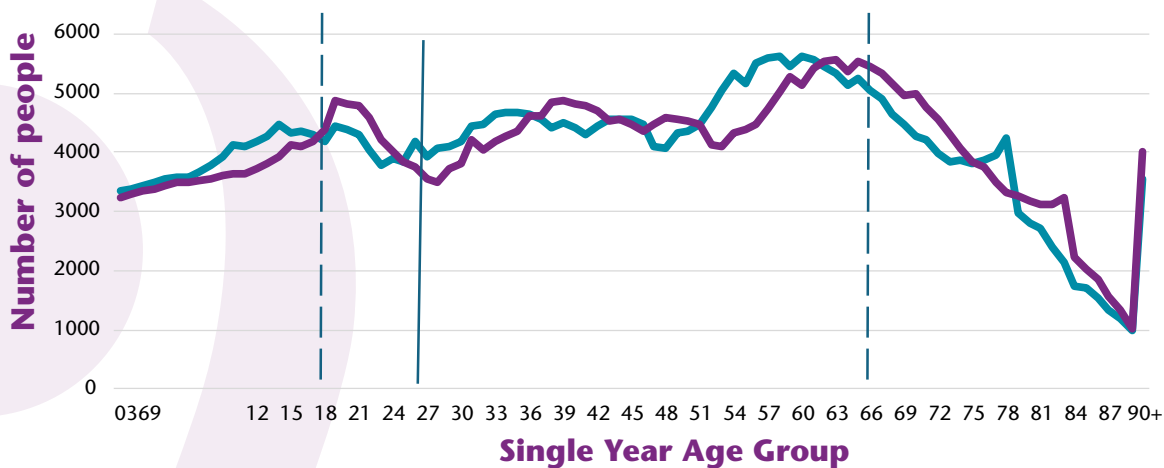
As emphasis shifts from hospital centred care to community-based models which are more sustainable and better care options, our models of care need to be transformed. We cannot ignore the very real differences in need in different parts of Fife, and we must be responsive to this and shape our care around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

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

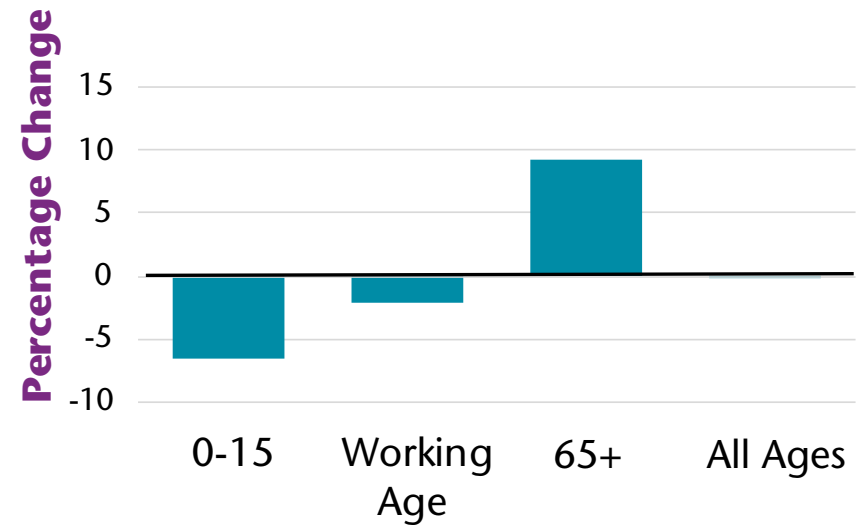
It is not possible to prevent everything which drives demand for services, but we can help by making access to care more efficient and the care itself more effective. A significant national driver to achieve this is greater use of Digital technologies and approaches. Engagement with individuals, carers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

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

The Key Demographic Change



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



Percentage Change in Broad Age Groups by 2030

Pressure on Services to 2030

Burden of Disease in Fife

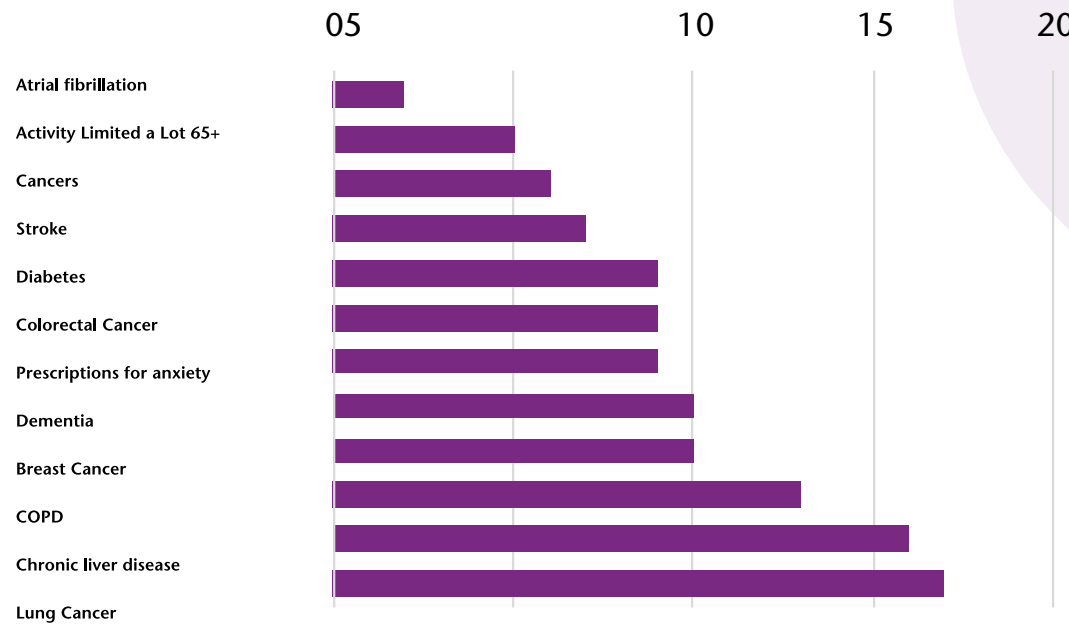
Over the period of the Strategic Plan a wide range of diseases and conditions are likely to increase markedly.

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

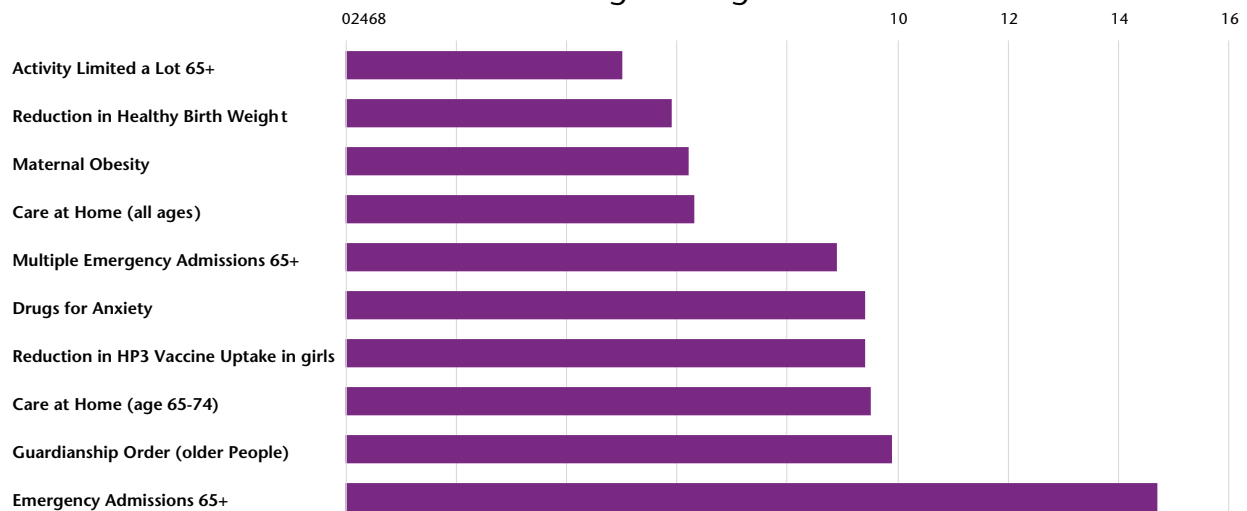
Service Challenges

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

Percentage Change to 2030



Percentage Change to 2030



Our Promise

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

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

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

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

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



Mainstreaming Equality

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

Our equality outcomes are:

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

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



Our Strategic Priorities

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



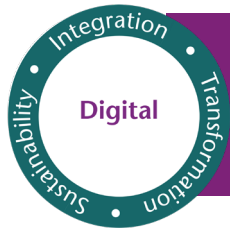
Prevention

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



Communities

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



Digital

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

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

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

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

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

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



Priority 1: Prevention



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

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

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

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

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

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



What people told us

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



What we will focus on

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

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



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

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

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

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



Our Priority Areas:

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

The positive change we aim to deliver

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





Priority 2: Communities

NW

PHP

SRF

PHF

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

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

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

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

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



What people told us

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



What we will focus on

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

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

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

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



Our Priority Areas:

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

Our Priority Areas cont.

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

The positive change we aim to deliver:

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



Priority 3: Digital



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

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

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

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

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

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

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

What people told us

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

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

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

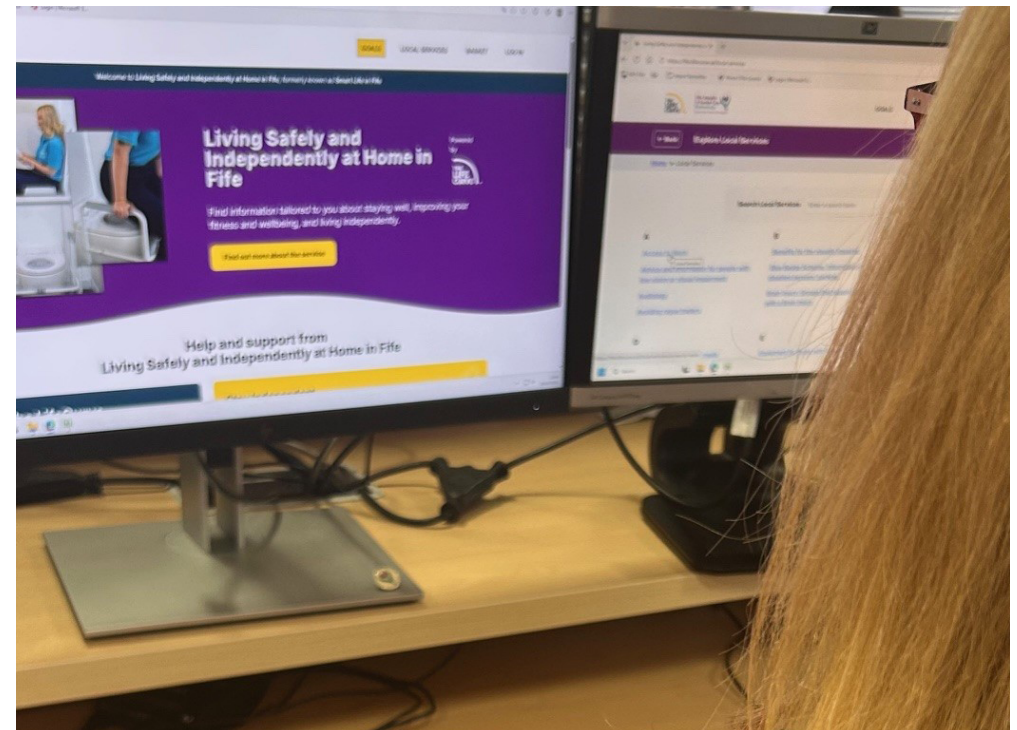


What we will focus on

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

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

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



Our Priority Areas:

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

The positive change we aim to deliver:

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

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

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

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

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

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

Framework for Delivery

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

Financial Sustainability



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

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

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

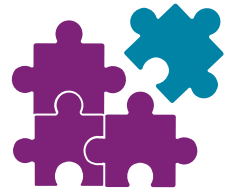


Integrating Further



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

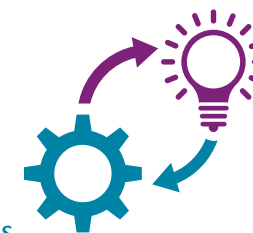
Integrated Care Teams bring together professionals and specialist services from different organisations to support individuals and improve their health and wellbeing. This approach enables earlier, shared decision making and ensures smoother, more person centred transitions, such as from hospital to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



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

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

Transforming Services



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

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

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

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

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

How we will Deliver

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

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

What People Have Told Us



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

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

What We Will Focus On



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

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

Our Priority Areas are:

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

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

The positive change we aim to deliver

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

Outcomes, Quality and Impact

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



Appendix 1 - Glossary

Armed Forces Covenant Duty

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

Care at Home Services

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

Delayed discharge

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

Demographic Change

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

Digital Inclusion

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

Hospital at Home Services

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

Integrated Care Teams (ICTs)

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

LifeCurve

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

Life expectancy and healthy life expectancy

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

No Wrong Door

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

Person-Centred Care

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

Poverty

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

Prehabilitation

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

Primary services

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

Priority Areas

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

Reablement

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

Remote Monitoring

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

Secondary services

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

Smart Life in Fife

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

Statutory and Non-Statutory Services

Statutory Services

Services that organisations are legally required to provide.

NonStatutory Services

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

Strategic Priorities

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

Team Around the Person

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

Tertiary services

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

Appendix 2 - Our Localities

Our Locality Profiles

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

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

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

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

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

City Of Dunfermline



Profile

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

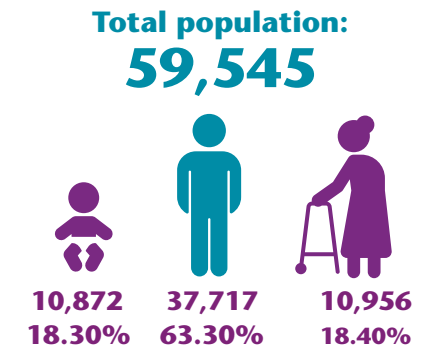


Dunfermline City

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

Population

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



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

Projected Increased Demand - Dunfermline

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

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

What the Strategic Assessment Says

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

How are Needs Different Here?

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

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

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

City Of Dunfermline Local Priorities

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



Active Living and Movement



Early Intervention & Prevention within the Community



Support positive mental health and wellbeing



Support Unpaid Carers

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

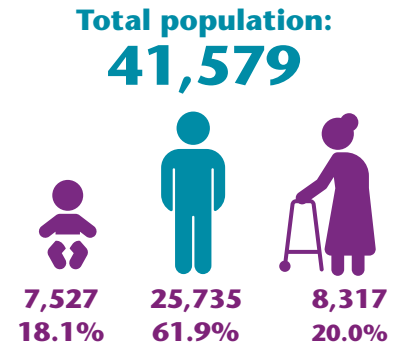


Cowdenbeath

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

Population

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



Projected Increased Demand - Cowdenbeath

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

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

How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Cowdenbeath Local Priorities

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



Support Unpaid carers



Support People affected by Drug / Alcohol Harm and Death



Support positive health and wellbeing through collaborative working



Active Living and Movement

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

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.

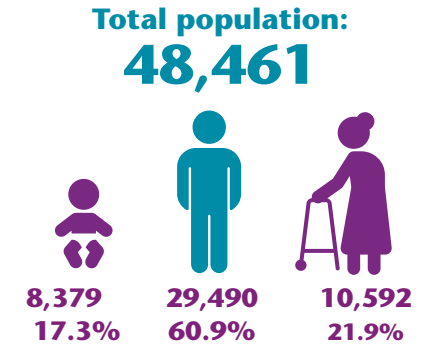


Glenrothes

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

Population

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



Projected Increased Demand - Glenrothes

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

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

How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Glenrothes Local Priorities

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



Supporting people affected by drug and alcohol harm



Active Living and Movement



Mental Health & Wellbeing



Supporting Unpaid Carers



Prevention & Early Intervention

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

Kirkcaldy



Profile

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

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

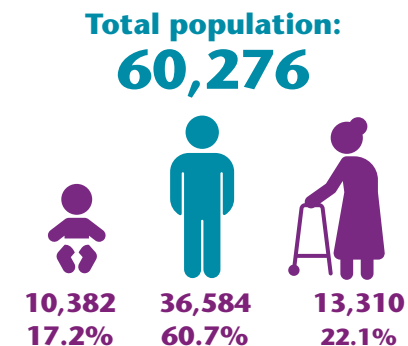


Beveridge Park, Kirkcaldy

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

Population

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



Projected Increased Demand - Kirkcaldy

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

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

How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Kirkcaldy Local Priorities

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



Support Unpaid carers



Community Led Support



Active Living and Movement



Support People at Risk of Homelessness



Supporting Mental Health & Wellbeing

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

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

Levenmouth



Profile

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

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



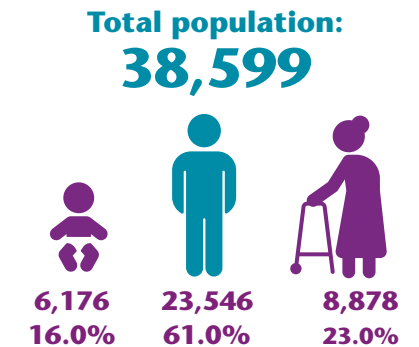
Coastal Villages of Wemyss

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

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

Population

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



Projected Increased Demand - Levenmouth

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

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

How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

Levenmouth Local Priorities

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



Positive health and wellbeing



Active Living and Movement



Support Unpaid Carers



Access to medical advice

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

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



Pittenweem, North East Fife

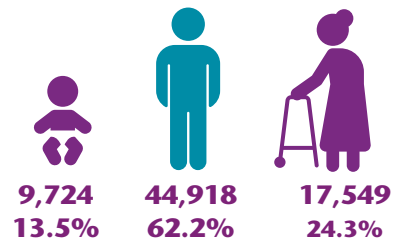
North East Fife faces a unique set of challenges shaped by its ageing population, rural isolation, and limited access to healthcare. Economic inactivity and digital connectivity gaps further impact wellbeing, alongside the distinct needs of its military population. These factors highlight the importance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

Population

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

Total population:

72,191



Projected Increased Demand - NEF

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

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

How are Needs Different Here?

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

What the Strategic Assessment Says

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

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

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

North East Fife Local Priorities

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



Active Living and Movement



Support Unpaid carers



Support Mental Health & Wellbeing



Positive Health & Wellbeing

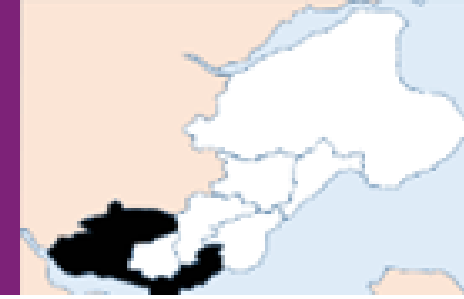


Support positive mental health & wellbeing

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

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

South West Fife



Profile

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



Culross, South West Fife

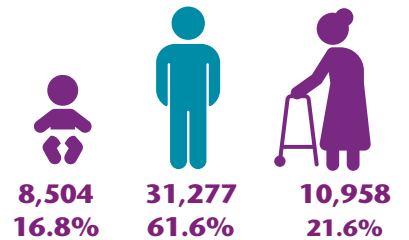
South West Fife's focus area reflects key challenges including an ageing population, economic inactivity, and a growing care burden. Some areas have limited transport and access, alongside place-based wellbeing concerns, compounded by the distinct needs of specific communities and gaps in digital connectivity—highlighting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

Population

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

Total population:

50,739



Projected Increased Demand - SWF Villages

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

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

What the Strategic Assessment Says

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

How are Needs Different Here?

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

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

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

South West Fife Local Priorities

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



Support Unpaid Carers



Active Living and Movement



Community Led Support/ Partnership working



Support Mental Health & Wellbeing

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

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Appendix 3 - 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/

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

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

[Strategic Needs Assessment 2025](#)

[Health and Social Care Evidence Review](#)