



Strategic Plan Refresh 2026 – 2029

Phase One – Information Gathering

Participation & Engagement Feedback Report

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1. Introduction

Fife Integration Joint Board (IJB) is responsible for the strategic planning and delivery of delegated functions under Section 25 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In accordance with Section 29 of the Act, the IJB must prepare a Strategic Plan outlining how integration functions will be delivered to achieve the National Health and Wellbeing Outcomes. Section 37 further requires the Strategic Plan to be reviewed at least every three years.

The current Strategic Plan (2023–2026) was approved in January 2023. Work is now underway to refresh the plan for the period 2026–2029. This updated plan will define the future vision for health and social care services in Fife and set out the actions needed to support communities, the workforce, and service delivery. Annual Delivery Plans will support its implementation.

Under the Public Bodies Act (*Joint Working*) (Scotland) Act 2014 Integration Authorities are legally required to involve a broad range of stakeholders including service users, Carers, the public staff and service providers when developing or refreshing strategic plans. This duty ensures that strategic planning is informed by lived experience and priorities of those who deliver health and social care services.

[Health and social care - strategic plans: statutory guidance - gov.scot](#)

In developing the refreshed plan, consideration has been given to key challenges, including projected demographic changes. Over the next 20 years, the population aged 65 and over is expected to increase by approximately 30%, with significant variation across Fife's seven localities. Additional factors include rising demand for care at home, a shift toward more community-based support, and increased reliance on digital health solutions.

This report provides a summary of feedback gathered during the current phase of engagement to inform the development of Fife's Strategic Plan 2026–2029. It highlights key insights from targeted stakeholder sessions and outlines the next steps in the engagement process, including plans for broader public consultation.

2. Engagement Purpose

The aim of this engagement is to ensure that, by March 2026, the Strategic Plan reflects the voices of the public and key stakeholders and delivers on three core priorities set out below.

This approach is designed to:

- Build on insights from previous engagement linked to transformational strategies.
- Reach a wide and diverse audience through community outreach and existing networks.
- Ensure inclusive participation, particularly from individuals and groups whose voices are seldom heard.

Phase One focuses on gathering feedback to shape and inform the development of the draft Strategic Plan for 2026–2029.

The three strategic priorities are:

| | | |
|------------|-------------|---------|
| Prevention | Communities | Digital |
|------------|-------------|---------|

3. The Engagement Timeline

Diagram 1: Engagement Timeline:

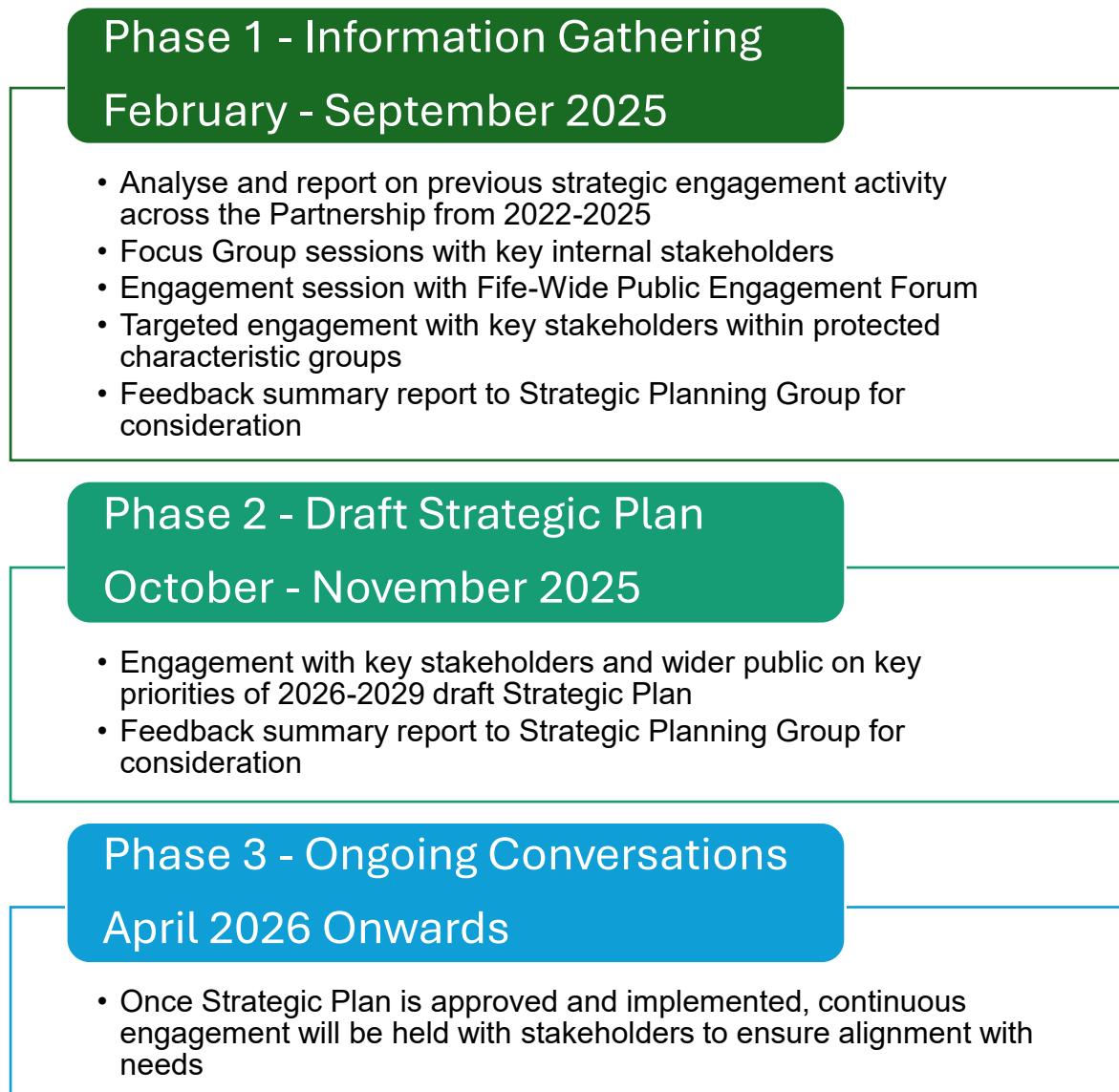


Diagram 2: Key Milestones for Phase 1 Engagement:

| Phase | Date | Activities | Outcomes |
|-------------|----------------|---|---|
| Preparation | Jan–Feb 2025 | Stakeholder mapping, internal briefings | Engagement plan developed |
| Launch | March 2025 | Public communications, initial meetings | Stakeholder awareness raised |
| Ongoing | Apr–Aug 2025 | Surveys, workshops, events | Feedback collected |
| Review | September 2025 | Data analysis, reporting | Recommendations formed and report delivered |

4. Stakeholder Engagement

4.1 Designing the Consultation

To ensure the Strategic Plan 2026–2029 reflects lived experience, Fife Health and Social Care Partnership is building on insights from previous engagement. This will help shape a plan that is person-centred, locally responsive, and financially sustainable.

The Participation and Engagement Team, in collaboration with the Strategic Planning and Performance Team, have developed a three-phase engagement approach:

Phase 1: Information Gathering (February – September 2025)

Phase 2: Feedback on Draft Plan (October – November 2025)

Phase 3: Ongoing Dialogue (April 2026 onwards)

This phased approach ensures input from service users, carers, families, and wider stakeholders throughout the development and implementation of the Strategic Plan.

4.2 Engagement Methods

Stage 1: Review of Previous Engagement (2022–2025)

Detailed mapping and analysis of prior consultation activity was carried out to:

- Build on existing stakeholder feedback.
- Ensure consistency in how insights inform the new Strategic Plan.
- Identify gaps in engagement across strategic areas.
- Minimise consultation fatigue by avoiding duplication.

Stage 2: Professional Stakeholder Focus Groups

Eleven focus groups were held with internal and external stakeholders, including the Integration Joint Board and locality groups. Discussions centred on five key areas:

- Locality-based service models
- Sustainability
- Outcomes-based approaches
- Prevention
- Integrated working

Stage 3: Public Stakeholder Focus Groups

Two initial sessions with the Fife-Wide Public Engagement Forum (one in-person, one online) explored views on Prevention and Digital Health. Insights from these sessions informed discussions with 12 groups representing often underrepresented people across Fife, to ensure a wide range of perspectives were captured.

4.3 Engagement Reach

Stakeholder Engagement Summary

Engagement was undertaken with a broad range of internal and external stakeholders, including:

- Members of the public
- Service users and carers
- Frontline staff
- Service planners, managers, and providers
- Commissioned partners

Our range of internal stakeholders included:

Diagram 3: Internal Stakeholders List



External Stakeholders

We engaged with 12 community groups across Fife, with a focus on individuals representing protected characteristics under the Equality Act 2010 ([Equality Act 2010](#)). Some groups include individuals who face multiple inequalities.

| Group | Protected Characteristic |
|----------------------|--------------------------|
| The Well Kirkcaldy | Age/Race |
| The Well Dunfermline | Age/Race |
| People First | Learning Disability |
| Abbeyview Day Centre | Disability/Age |
| Job Club Glenrothes | Disability/Age/Race |
| Community in Cupar | Disability/Age/Race |
| The Well Rosyth | Age/Race |
| Age Well Cupar | Disability/Age |
| Link Living | Disability/Age |

| | |
|-----------------------------|-------------------------------|
| Hearing Voices Group | Disability |
| Job Club Cupar | Disability/Age/Race |
| LGBTQ+ Club | Sex/Sexual Orientation |

5. Themes from Feedback

5.1 Previous HSCP strategy engagement activity from 2022-25

Between 2022 and 2025, Fife Health and Social Care Partnership undertook extensive engagement to inform the development of its Strategic Plan (2023 – 2026) and supporting strategies.

Over this period, feedback was gathered from more than 3,200 individuals, including 371 unpaid carers (12% of respondents), whose contributions shaped our new/emerging strategic priorities.

As part of the Strategic Plan refresh, a mapping exercise reviewed all engagement activity across the Partnership since 2022 to:

- Ensure key messages from stakeholders were acknowledged and incorporated.
- Embed feedback across the Strategic Plan and supporting strategies.
- Build on previous engagement, avoid duplication, and deepen understanding of community priorities.

The graphic below shows the current strategies associated with the Strategic Plan.

Diagram 4: Current Strategies



The following key themes and corresponding actions were identified through the mapping of previous strategic engagement activity.

Advocacy

- Create Easy Read documents to support rights-based advocacy.
- Expand and fund advocacy services, improve awareness among professionals.
- Ensure consistent, accessible information and a single point of contact for support.

Training and Awareness

- Develop trauma-informed e-learning for staff.
- Raise awareness of carers' rights and support through campaigns.
- Promote understanding of technologies and advocacy.

Mental Health and Wellbeing

- Develop a new Mental Health and Wellbeing Strategy prioritising vulnerable groups.
- Promote early intervention, holistic care, and stigma reduction.
- Improve access to community mental health services and respite for carers.

Carer Support

- Provide dedicated case workers and flexible support for unpaid carers.
- Increase access to breaks from caring and support for kinship carers.
- Work with communities to identify and support carers.

Service Integration and Improvement

- Implement GIRFE (Getting It Right for Everyone) to bridge child and adult services.
- Improve collaboration and reduce duplication through integrated digital systems.
- Enhance data use and information sharing to streamline care.

Community and Prevention Focus

- Support smaller community groups and local services.
- Encourage volunteerism and local staffing.
- Focus on preventative care and early support.

Communication and Engagement

- Hold regular provider meetings and public engagement opportunities.
- Offer both digital and face-to-face feedback channels.
- Promote open dialogue and participation in service development.

5.2 Engagement with Key Internal and External Professional Stakeholders

Focus Group Engagement – June to July 2025

Following the completion of the engagement analysis, 11 focus group sessions were held with internal stakeholder groups across June and July 2025.

Each session explored five key themes that were identified following this analysis:

- Localities
- Sustainability
- Outcomes-Based Approach
- Prevention
- Integration

These are the key findings across the 11 sessions in relation to these 5 areas:

Localities

Key Findings

- Test “one-stop shop” models in rural or high-need areas to improve outcomes and continuity.
- Trial named worker models to support navigation and relationship-based care.
- Evaluate pilot outcomes rigorously and scale successful models.
- Regularly update Locality Strategic Needs Assessments using both data and community engagement.
- Adopt flexible, locality-responsive commissioning models that can shift resources based on real-time need.
- Pilot shared digital tools (e.g. shared diaries, referral systems, Artificial Intelligence (AI) notetaking) in selected localities.
- Encourage community spirit and volunteering to reduce isolation and reliance on formal services.

Sustainability

Key Findings

- Clarify roles and reduce duplication across services.
- Invest in workforce development and support staff wellbeing.
- Accelerate digital integration and use AI to reduce admin burden.
- Align strategy with funding and conduct cost-benefit analyses.
- Promote group-based care and early intervention.

- Streamline governance and improve communication with the public.
- Use locality data to tailor services and engage communities.
- Foster innovation through small pilots, peer models, and community assets.

Outcomes-Based Approach

Key Findings

- Introduce outcome-based funding for third sector services to ensure accountability and alignment with strategic goals.
- Ensure all actions are SMART (Specific, Measurable, Achievable, Relevant, Time-bound).
- Support unpaid carers with training, recognition, and involvement in care planning.
- Promote existing services (e.g., NHS Inform, Mood Café) more effectively.
- Use evidence-based approaches to guide investment and service design.
- Conduct gap analyses to identify unmet needs and service duplication.

Prevention

Key Findings

- Reinvest in preventative services disrupted by the COVID-19 pandemic, focusing on what is locally achievable.
- Promote public understanding of Fife Health and Social Care Partnership and service expectations through targeted communication.
- Expand the role of the Participation & Engagement Team to ensure continuous feedback loops.
- Ring-fence funding and staff time for prevention and early intervention (Prevention and Early Intervention Strategy (P&EI)).
- Reinvest in community services and universal youth work.
- Use data to identify at-risk populations and target interventions.
- Promote self-care, resilience, and health literacy from an early age.
- Develop clear, honest public messaging about what services can realistically provide.
- Use consistent language across sectors to define and promote prevention.
- Ensure shared understanding of P&EI across all services.
- Develop better metrics to assess the impact of prevention.

Integration

Key Findings

- Invest in interoperable systems across NHS, Council, and third sector to reduce duplication and improve efficiency.
- Develop a digital roadmap for the Partnership with clear milestones and responsibilities.
- Establish a cross-agency governance framework to streamline decision-making and reduce delays.
- Create joint accountability structures for shared outcomes across NHS, Fife Council, and the third sector.
- Facilitate regular cross-team meetings (virtual and in-person) to rebuild relationships and reduce silo working.
- Benchmark commissioning practices with other local authorities to identify best practices.
- Develop a shared training and development programme across agencies to foster mutual understanding and collaboration.
- Foster cross-sector partnerships (health, housing, education, transport).
- Support cultural change initiatives to reduce resistance to integration and digital transformation.
- Explore multi-agency workforce models with shared roles and responsibilities.

5.3 Engagement with Key Public Stakeholders

Public Stakeholder Engagement – July 2025

We structured engagement with key public stakeholders, beginning with two sessions of the Fife Wide Public Engagement Forum—one in-person and one online.

With a more focused engagement approach, participants were invited to share their views on two priority areas:

- Prevention – Exploring changing habits, behaviours, and the support needed to stay healthy and live independently.
- Digital Health.

Question 1:

Prevention is tied into helping people change habits and behaviours. We asked, how can we (Fife Health & Social Care Partnership) help with that?

Key Findings:

- There should be emphasis on starting health education as early as possible.
- Carers and professionals should model healthy behaviours.
- Lack of digital access can affect prevention, so other methods should also be considered.
- A personalised approach can give people confidence to seek support.
- Friendly, non-judgmental and supportive approach can help.
- Using local community groups and services can help to reach and empower people.
- National campaigns across broad range of platforms can build credibility.

Question 2:

What do we (Fife Health and Social Care Partnership) need to put in place to help people stay healthy and live independently?

Key Findings:

- Services must be accessible across all areas.
- Sharing positive life stories can encourage others.
- Pharmacies can play a role in educating around health and wellbeing.
- Utilising local resources, such as libraries and information sharing within communities can make a difference.
- Clear, effective and inclusive communication across all services is important.
- Focusing on healthier diets and changing habits as young as possible.
- Attending information and support groups can help with early intervention.
- Ensuring health and wellbeing information is as accessible as possible.
- Being empathetic to people and framing change positively can help.

Digital Health

We wanted to hear about how helpful you find digital tools, what interest you have in using them and what concerns you may have using digital tools for managing your health.

Question 3:

What digital tools or apps would be helpful in managing your health?

Key Findings:

- Can use AI and search tools for health-related questions.
- Fitness, recipe and diet apps (online and mobile applications) could make a difference.
- Trusting local resources is also important and should be promoted as much as possible.
- Having a centralised digital hub which is accessible with integration of current resources and local content.

Question 4:

What encourages use of Digital Health services accessibility & simplicity?

Key Findings:

- Availability and accessibility are essential, making services free and easy to use with personal benefits.
- Have training and support to build confidence, especially for those with learning disabilities.
- Building awareness of services, promoting through community centres, libraries etc.
- A rights-based approach and safety education would help people with learning disabilities overcome restrictions.

Question 5:

What concerns do you have about using Digital Health Services and how can we address them?

Key Findings:

- Digital exclusion is a concern as not everyone has access or skills to use digital services, particularly older people or those with disabilities.
- There is a need for non-digital alternatives.
- Trust and safety – there needs to be education on digital safety.
- Apps and websites must be inclusive and easy to navigate.
- Hidden costs and lack of transparency are barriers.
- Desire for a national service that allows record sharing across regions.
- Public sector needs to match user capabilities.

Targeted Public Engagement – August 2025

To ensure seldom heard voices were heard, a targeted approach, rather than a population-wide model was progressed by the Strategic Planning and Performance Team during this phase of engagement. Over a three-week period in August 2025, 12 engagement sessions were delivered, involving 70 individuals from protected characteristic groups.

Sessions included individual conversations and small group discussions, designed to create safe, inclusive spaces with tailored resources and sufficient time for meaningful input.

This phase focused on two strategic priorities:

- Prevention – Exploring changing behaviours and how people access information and support to stay healthy and live independently.
- Digital Health.

A population-wide engagement approach will follow in Phase 2.

The summarised findings from these sessions were:

Prevention:

We wanted to hear about changing habits and behaviours and where people can find information and support to stay healthy and live independently.

Question 1:

When we talk about prevention, we know this is tied into helping people change their habits and behaviours. How can Fife Health & Social Care Partnership help with that?

Key Findings:

- Start as early as possible, with health and wellbeing education in schools.
- Ensure GP's (local doctors) can be accessed promptly and can share local knowledge of relevant services and support.
- Learning from our peers is important, as is sharing experiences.
- Making GP's more accessible for appointments, as online consultation forms are a barrier for some people.
- Translated leaflets can be useful, particularly for asylum seekers.
- Talking to family members can be beneficial.
- Patients seem to get passed from one person to another; there needs to be a consistency of service.

Question 2:

Is there something more that we could do to make people aware of the services and support that are available to them?

Key Findings:

- Services and supports should be promoted through a multitude of channels, such as leaflets, posters, radio and social media.
- Create straightforward resource packs for people to understand what services are available.
- Ensure information is accessible, including use of clear language.
- Social work could do more to assist people with awareness of services and supports.
- There must be more funding and resources dedicated to making people aware of what's available to them.
- Organisations need to get out into communities where people need healthcare services most.
- More information leaflets and posters in community settings such as GP practices, libraries and activity groups.
- Get into schools more to promote what services and support are out there.
- Local GPs need to be aware of local services and support available to people, this needs to change.

Question 3:

If you are looking to access services or support to help with your health and wellbeing, where would you expect to find them?

Key Findings:

- Community groups
- GP's
- Churches
- NHS 24 via 111
- Hospitals
- GP home visits should come back; these are particularly important for older people who can't as easily access GP practices.

Digital Health:

We wanted to hear about how helpful you find digital tools, what interest you have in using them and what concerns you may have using digital tools for managing your health.

Question 4:

What digital tools or apps would be helpful in managing your health and wellbeing?

Key Findings:

- Online repeat prescription tool.
- Facebook for health and wellbeing support.
- Apps for sleep and weight monitoring.
- Apps for monitoring heart rate.
- Using search engines or Artificial Intelligence (AI) for initial researching of symptoms.

- NHS website is useful but needs to be accessible for all.

Question 5:

What would encourage you to try new digital health and social care services?

Key Findings:

- If resources were provided for training and support on using these services.
- If there was a more joined-up approach between digital and non-digital services.
- Helping people who are unsure of accessing and using these services.
- If digital services provided a better service than NHS 24, they would be used more.
- If digital tools were more user friendly, they would be more likely to use them.
- If digital tools were more frequently translated that would be a step in the right direction.
- Posters advertising services and supports should have phone numbers as well as email addresses.

Question 6:

Do you have any concerns about using digital health services and how can we address your concerns?

Key Findings:

- Worried that we have become too reliant on technology.
- A lot of people are not 'tech-savvy'.
- Connectivity across Fife is not consistent, leading to digital inequalities.
- There is a great deal of negativity and abuse online through social media.
- Lack of trust in sharing personal information online.
- Online scams are a major concern, particularly for older people.
- There isn't enough funding or resources to help people get up to date with digital tools.
- Worried about misinformation online.
- Many older people can't cope with the digital tools out there.
- For those who don't have English as their first language it could be difficult utilising digital tools.
- Repeat prescriptions have become difficult as people are asked to do them online, this is more difficult for older people.
- People have to fill out an online consultation form before accessing their GP.

6. Conclusion

The engagement carried out so far has built on earlier work, with a focus on reaching people where they are by visiting local communities and working through existing networks.

This approach has helped to ensure a wide range of voices have been heard and included. The feedback from this stage complements and strengthens previous findings, while adding further detail about what matters to people. Feedback from internal stakeholders and the public highlights support for focusing on Prevention, Communities and Digital as key strategic priorities for future planning.

Staff emphasised the need for flexible, locally responsive services, better digital infrastructure, and stronger collaboration across sectors. There was enthusiasm for testing new ideas like one-stop shops and shared digital tools while ensuring they are well evaluated and scalable.

Whilst there is agreement on the priorities, there was some concern raised through public engagement, particularly with older people groups, that, whilst digital tools were welcomed, there may be an overreliance on digital technology when delivering health services. It was felt that striking the balance between digital and more traditional methods was an important one to ensure services continue to be accessible to all.

Secondly, public participants called for early support, especially through schools and local services, clearer communication, and more visible involvement from professionals like GPs and social workers and integrated teams. The feedback from the external engagement sessions highlighted the need for greater consistency when accessing and utilising GP services as there were many different experiences shared on the challenges for arranging regular appointments.

To move forward, services must be inclusive, well-resourced, and easy to access. These insights will shape the next phase of strategic planning and service redesign, helping ensure health and social care in Fife is more responsive, equitable, and future-ready.

6.1 Next Steps

This report will be submitted to the Strategic Planning Group (SPG) for consideration as they begin to shape the 2026-2029 Strategic Plan.

Once the plan has been drafted, we will move to the second phase of engagement which will see wider public and key stakeholder engagement on the draft plan's priority areas of focus.

This second phase of engagement is planned to take place during October and December 2025, with a Phase Two feedback report to follow. Phase Two will support the finalisation of the new Strategic Plan.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultation or other engagement events, is available on our website: www.fifehealthandsocialcare.org