



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 11 NOVEMBER 2025 AT 14.00 PM VIA TEAMS

PRESENT: Vicki Bennett, British Dietetic Association Representative (Chair)
Lynne Garvey, Director of Health & Social Care
Ben Morrison, TU Rep, Royal College of Podiatry
Caroline Cherry, Principal Social Work Officer, H&SC
Chris Conroy, Head of Community Care Services, H&SC
Colleen Allen, UNISON
Dafydd McIntosh, Organisational Development & Culture Specialist
Debbie Fyfe, Joint Trade Union Secretary
Fiona Berry, Health & Safety Adviser, Fife Council
Gemma Reid, HSCP Coordinator (Minutes)
Hazel Williamson, Communications Adviser, H&SC
Helen Caithness, RCN
Laura Finlay, Health & Safety Adviser, Fife Council
Lee Cowie, Senior Manager, MH, LD & Addictions
Lee-Anne French, HR Business Partner, Fife Council
Lisa Cooper, Head of Primary & Preventative Care, H&SC
Louise Noble, UNISON
Lynn Barker, Director of Nursing, H&SC
Lynne Parsons, Employee Director, NHS Fife
Melanie Jorgensen, HR Team Leader, NHS Fife
Michaela Lessells, UNISON
Roy Lawrence, Head of Culture, Engagement & Communities, H&SC
Steven Portsmouth, UNISON
Tracy Hogg, Chief Finance Officer, H&SCP
Vanessa Salmond, Head of Strategic Planning & Performance, H&SC
William Nixon, H&S, NHS Fife
Yvonne Batehup, UNISON

APOLOGIES: Helen Hellewell, Deputy Medical Director
Karen Marwick, Head of Complex & Critical Care Services
Kenny McCallum, UNISON
Gillian Bell, UNISON

NO	HEADING	ACTION
1	APOLOGIES	
	Chair welcomed everyone to the meeting, confirming that the meeting would be recorded to assist with the minute. Apologies were noted as above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 16 SEPTEMBER 2025	

	The minute and action log of the meeting held on 16 th September 2025 were approved as an accurate record.	
3	JOINT CHAIRS UPDATE	
	<p>Lynne opened by celebrating achievements across the workforce and expressing pride in the efforts of all teams. She acknowledged ongoing challenges such as financial pressures and service redesign and emphasised the importance of maintaining open communication throughout.</p> <p>Marking her first year as Director, Lynne shared how honoured and proud she feels to lead the Health and Social Care Partnership despite the ongoing challenges. She confirmed the Senior Leadership Team (SLT) is now fully in place, with recent appointments bringing stability and strengthening collaboration.</p> <p>Engagement and Communication</p> <ul style="list-style-type: none"> • SLT continues to host virtual “Meet and Greet” drop-in sessions via Teams, offering staff the chance to ask questions and hear updates on strategic progress. • During Speak Up Week, SLT visited teams to encourage open, two-way communication, Actions have been captured and will be followed up by relevant senior leaders. • Heads of Service are also running bitesize sessions within their own areas. <p>Training and Wellbeing</p> <ul style="list-style-type: none"> • Lynne stressed the importance of completing mandatory and core training and asked for support from all to encourage uptake. • Flu immunisation remains a priority, with drop-in clinics available across Fife. <p>Service Developments</p> <ul style="list-style-type: none"> • Transforming Care: Packages are being reviewed to ensure they meet individual outcomes. • Stroke Rehabilitation Services: Bed reconfiguration at Glenrothes and Cameron Hospitals will support specialist services aligned with the Home First approach. <p>Achievements</p> <ul style="list-style-type: none"> • Three Occupational Therapy Assistants completed their HNC in Occupational Therapy Support. • The School Nursing Team were recognised as Community Champions at the NHS Fife Awards. • Speak Your Mind Group from Shared Lives Fife reached the final of the Great British Care Awards. • Third round of the Community Chest Fund launched, supporting unpaid carers and local initiatives. 	

	<ul style="list-style-type: none"> • Mental Health and Wellbeing Strategy approved by the IJB. <p>Member Updates</p> <ul style="list-style-type: none"> • Vicki Bennett and Debbie Fyfe congratulated Lynne on her first year as Director. • Debbie praised the personalised approach of the Care at Home SWAY and requested similar updates across other services. Lynne confirmed she is working with Hazel Williamson and the Comms team to replicate this across all portfolios. • Hazel confirmed plans to replicate Care at Home SWAY at portfolio level. <p>ACTIONS</p> <ul style="list-style-type: none"> • Comms to replicate SWAY updates across portfolios as a priority. • SLT to ensure bitesize sessions are scheduled in diaries. 	HW
4	HEALTH AND WELLBEING	
	<p>4.1 Stress Oversight Group & Action Plan</p> <p>Caroline Cherry presented this report for assurance and discussion.</p> <p>Caroline highlighted that efforts to identify and address workforce stress have been coordinated across Fife Council and NHS Fife, with Elizabeth Crighton acting as the dedicated lead and reporting to the Stress Oversight Group. Due to limited resources and engagement this is not sustainable.</p> <p>As Elizabeth returns to her substantive post, a realistic action plan has been developed, incorporating key themes identified through the stress surveys. This plan will be approved by the Wellbeing Oversight Group and will remain under ongoing review.</p> <p>The group has taken combined knowledge of both employers and the positive work being undertaken, plus any recent action plans, to produce a focussed short plan to prioritise actions from the causes of stress, these are:</p> <ul style="list-style-type: none"> • Violence and Aggression • Stress and Stress Management Tools • Bullying and Harassment - Early Intervention • Civility within the workplace • Improving Communication • A focus on well-being within the workforce - Well-being Champions <p>Caroline took members through the actions for each stressor, which are detailed in full in the action plan included within the papers.</p> <p>Chair opened to questions from members.</p> <ul style="list-style-type: none"> • Debbie Fyfe emphasised the value of a blended working model, rather than exclusively home working, to maintain positive team dynamics and encourage supportive conversations, suggesting a How We Work Matters refresh for teams. 	

	<ul style="list-style-type: none"> Debbie requested a breakdown of violent and aggressive incidents by gender, noting that different strategies may be required depending on the gender of both the perpetrator and the victim. ACTION: Caroline Cherry confirmed she would take this forward. Steven Portsmouth noted his involvement in wellbeing sessions at Lynebank alongside Wendy McConville where staff raised concerns about mental health service redesign discussions taking place without their involvement, as well as talk of wards at Stratheden potentially relocating to Lynebank. Lee Cowie responded to Steven acknowledging the challenge of reaching all staff however, noted that two open sessions had been held to communicate changes with positive engagement, followed by an additional Teams session. Engagement was positive, and an information document will be shared. Lee also expressed his willingness to meet with staff at Lynebank and will coordinate this with Fraser Ross, Clinical Services Manager. Lynne Garvey confirmed mental health is not relocating but there will be some moves into more modern and safe facilities. <p>LPF members were assured by the current position.</p>	CCh
	<p>4.2 Attendance Update</p> <p><u>NHS Update</u></p> <p>Melanie Jorgensen provided a summary of key findings from the NHS Fife Attendance Report.</p> <ul style="list-style-type: none"> The sickness absence rate remained at 7.50% for August 2025. This is higher than the sickness absence percentage in August 2024. Community Care Services had the highest sickness absence percentage at 10.26%. Complex and Critical Services was second highest with 7.06%, followed by Professional/Business Enabling at 5.65% and Primary Care & Prevention Services at 5.57%. The highest number of hours lost was due to Anxiety / stress / depression / other psychiatric illness, followed by other Gastro-intestinal problems. The highest number of episodes of absence lost was due to Anxiety / stress / depression / other psychiatric illnesses, followed by Gastro-intestinal problems. The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 5+ job family. The highest absence percentage was within the Healthcare Sciences job family, followed by nursing and midwifery bands 1-4. Short-term absence increased and long-term decreased in August 2025. The highest overall absence rate was in the 20 - 24 age category. The next highest overall absence rate is in the 60 - 64 age group followed by 50 – 54 age group. 	

- Melanie concluded by noting that there were 23 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in August 2025.

Supports in place

Melanie noted that several documents have been shared through the Attendance Management Oversight Group outlining the approach to deep dives and how these will be carried out. It is expected that areas with absence rates exceeding 10% should undertake deep dives.

Melanie highlighted a poster to be distributed to services, designed to support attendance management by providing information on wellbeing resources and QR codes that give managers direct access to these resources.

Chair opened to questions from members.

Yvonne Batehup asked whether managers are provided with support to carry out deep dives to ensure consistency. Melanie confirmed that a guide, including expectations, is currently being developed. She also noted that the blanket category on SSTS for anxiety, stress, and depression has been raised nationally without success, but deep dives should help address this. Personal stressors remain a significant factor, and staff should be made aware of available bereavement support.

Yvonne highlighted the pressure on managers to find time for deep dives alongside their daily responsibilities. She also noted that regular contact with absentees is not always maintained and that additional support is needed for accessing services. Melanie reiterated that the poster being developed will support with this, encouraging managers to signpost staff whilst also reinforcing the need for staff to take ownership. Melanie advised that the poster is currently with the communications team for graphics and links and will be shared with the Attendance Management Oversight Group for feedback.

Lisa Cooper referred to the Multi-factorial Review, noting the need for expansion of membership within attendance groups to better support managers during attendance reviews. She reported positive feedback from managers who feel well supported and highlighted that case feedback indicates strong consistency in the quality of support provided to staff.

Yvonne acknowledged that whilst positive work is happening, strong communication is vital.

Vicki suggested that Yvonne should pick up conversation with Lisa offline.

Lynn Barker highlighted a report by Charlie Mayfield, ex-Chief Exec of John Lewis which she shared in the chat, noting it may be of interest to members and their teams to support with attendance management, reasons for absence and supports available.

Fife Council Update

Lee-Anne French presented key highlights from the Fife Council Attendance Report.

- In September 2025, HSCP recorded 26.69 working days lost per FTE which is a slight increase in comparison to July/August.
- Community Care Services has the highest level of sickness absence with 30.08 working days lost, followed by Localities with 24.87 WDL, Complex and Critical care with 24.43 WDL and Resources with 6.28 WDL. However, Community Care is at its lowest level for the previous 17 months.
- In September 2025, the top 3 reasons for sickness absence by working days lost were mental health (3.41), non-work-related stress (3.03) and other musculoskeletal (2.65).
- In September 2025, the top 3 reasons for sickness absence by number of occasions were diarrhoea and vomiting (691), cough, cold and flu (672) and non-work-related stress (227).

Chair opened to questions from members.

Debbie Fyfe noted that while there is limited scope to influence short-term absence, she would like to see more detailed information on long-term absence and explore alternative roles to enable staff to return to work in some capacity if they are unable to resume their substantive post. Chris Conroy expressed his support for this approach.

Debbie will pick up chat with Lee-Anne offline.

LPF members were assured by the current position.

4.3 Attendance Management Flash Reports

Heads of Service presented the attendance management flash reports to support the data presented by HR.

Primary & Preventative Care

Lisa Cooper provided an update on the Primary & Preventative Care portfolio position, noting a 6.3% absence rate. Lisa highlighted a slight increase in both long-term absence and short-term absence, predominantly due to seasonal illness. Lisa reinforced the importance of the uptake of flu vaccinations to protect colleagues and services and requested support from members to encourage this.

Lisa noted that the implementation of the Multi-Factorial Review has progressed, and discussions have taken place regarding stress risk assessments. The service held well-attended engagement sessions with the workforce, and a report is being compiled for presentation to SLT and other forums, including LPF, to inform improvement plans that support workforce health and wellbeing.

Complex & Critical Care Services

Lee Cowie provided an update on the current position within the Complex & Critical Care portfolio, noting that figures remain relatively stable with minor fluctuations. NHS absence rates continue to rise month-on-month, reaching approximately 7% in September 2025. Within Fife Council, absence levels were around 23 working days lost in July 2025. Across Complex & Critical Care, the average WDL is approximately 24.4 days, which is lower than the same period last year and below the Partnership average.

Key challenges persist, including seasonal illness, workload pressures due to vacancies, and limited time for effective absence management.

On a positive note, mental health-related absence figures have improved compared to the same period last year. Attendance Management Training for frontline managers, delivered by HR, has been scheduled and Staffside representatives are now joining absence management meetings.

Community Care Services

Chris Conroy provided an overview of the current position within the Community Care portfolio.

Chris reported an improving picture and a considerable reduction in NHS staff absence in September (8.84%), the lowest since April 2025 and lower than the same period last year. For Fife Council staff, Chris highlighted that absence days have decreased to the lowest level in 17 months (30.08 WDL), marking the fifth consecutive month of improvement.

Chris noted ongoing system pressures affecting attendance rates, alongside improved alignment with the NHS attendance policy, which ensures staff receive support earlier and at the appropriate stage of absence. While acknowledging the increased transformation work underway, he highlighted greater engagement and enhanced senior leadership visibility to support staff understanding and help drive this forward.

LPF members were assured by the current position.

4.4 Employee Relations Update

NHS Update

Melanie Jorgensen provided a summary of key points from the NHS Fife Employee Relations Report, noting that within the current reporting period there are a total of 24 employee relations cases within the H&SCP. This comprises 12 Conduct Cases, 7 Bullying and Harassment cases and 5 grievance cases. This is an increase of 2 cases since the previous reporting period.

Melanie advised that 25% of cases are within 3 months of the investigation commencing, 17% have been under investigation for 4-6 months and 29% have been under investigation for 7-12 months. Melanie noted that 29% of cases have been under investigation for over 12 months.

Those cases which have been ongoing for over 7 months continue to be reviewed and progressed to conclusion as quickly as possible. For those cases over 12 months the following factors have been identified as delaying the process:

- Awaiting the outcome of criminal proceedings (x3 cases)
- Delays caused by the wellbeing of the member of staff involved
- Delays caused by the member of staff not engaging with the process
- Case is paused pending conclusion of another process (x2)

Of the active conduct cases there are currently 4 employees suspended from duty as following a risk assessment, the risk posed could not be mitigated by adjustments or an alternative role. All suspensions remain subject to regular review.

Chair invited questions from members.

Vicki Bennett queried the average time taken to conclude a grievance case. Melanie explained that this information cannot currently be provided due to system limitations; however, the new reporting system, ServiceNow, which is being implemented from April, will enable this. Melanie added that she is encouraged by the capabilities of ServiceNow.

Fife Council Update

Lee-Anne French provided a verbal update on Employee Relations within Fife Council noting as at November 2025 there are a total of 36 Employee Relations cases, comprising 23 disciplinary, 11 grievance and 2 improving performance cases.

Lee-Anne highlighted that disciplinary cases have decreased since the previous report presented to LPF in April 2025, however cases of gross misconduct have increased.

Lee-Anne outlined the reasons for current investigations with the highest number of cases relating to negligence or carelessness (8) followed by adult protection (7), inappropriate conduct (4), criminal convictions (2), breach of confidentiality (1) and sexual harassment allegations (1).

Of the 23 disciplinary cases, 6 have been active for 0-3 months, 7 for 4-6 months, 3 for 7-12 months, and 7 cases have been active for over 12 months.

Lee-Anne reported 11 Grievance cases which is a slight increase of 2 since April 2025. Of the 11 cases, 7 relate to working relationships, 3 relate to bullying, and one "other".

Of the 11 grievance cases, 5 have been active for 7-12 months with 6 ongoing for over 12 months.

Lee-Anne reported 2 improving performance cases, both currently at the informal stage.

Lee-Anne highlighted that HR are currently undertaking a review of the Disciplinary Investigating Officer and Grievance training programmes and are making arrangements to offer training sessions starting from January 2026.

	<p>Once final details are confirmed, the team will communicate directly with Service Managers to provide further information.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe noted a significant number of cases being managed out with timescales and noted that she will pick up conversation around this with Lee-Anne offline.</p> <p>LPF members were assured by the current position.</p>	
	<p>4.5 Staff Health & Wellbeing Updates</p> <p>Roy Lawrence advised that Elizabeth Crighton has returned to her substantive post and Dafydd leading on wellbeing within the Partnership. Roy confirmed Julie Gracie and/or Casey Fitzpatrick will join LPF from the next meeting to provide an update on Fife Council wellbeing activity. Dafydd will also Chair the Wellbeing Oversight Group.</p> <p>Roy noted that a fuller report on wellbeing will be brought to the next LPF in January 2026.</p> <p>LPF members were assured by the current position.</p>	
<p>5</p>	<p>HEALTH AND SAFETY</p>	
	<p>5.1 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)</p> <p><u>NHS Update</u></p> <p>William Nixon presented key highlights from the NHS Fife Health and Safety report.</p> <p>Between September and October, a total of 263 incidents were reported with 1030 in total since April. These included:</p> <ul style="list-style-type: none"> • 11 sharps-related incidents • 6 slips, trips, and falls • 145 incidents of violence and aggression (25% drop on previous report) • 2 musculoskeletal incidents • 16 self-harm incidents, showing a decrease from previous periods • 3 RIDDOR-reportable incidents were recorded during this timeframe <p>Within the Violence & Aggression category:</p> <ul style="list-style-type: none"> • 9 incidents were formally reported to the police, comprising 5 physical and 1 verbal assaults, 3 unwanted behaviours and 5 were considered as a hate crime. • 10 incidents of sexual harassment were also reported, comprising 2 physical and 1 verbal assaults and 7 unwanted behaviours. <p>Chair opened to questions from members.</p>	

	<p>Vicki highlighted incidents at Stratheden which are not showing on the reports and noted that she will pick this up with Billy offline.</p> <p><u>Fife Council Update</u></p> <p>Fiona Berry, representing the Fife Council Health and Safety team, reported an increase in slips, trips, and falls, attributed to adverse weather, darker mornings and evenings, and a renewed focus on reporting within Care at Home.</p> <p>Fiona highlighted ongoing projects aimed at improving reporting processes, including support with First Contact forms and raising awareness of reporting guidelines through training and root cause analysis.</p> <p>Looking ahead, site review visits will continue to assist with accurate reporting and ensure risk assessments are properly followed up and reviewed. Fiona noted that feedback on this initiative has been excellent.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe expressed her appreciation that Care at Home is promoting incident reporting. She noted that some carers hesitate to report issues for fear that service users might lose their care, when in fact solutions such as assigning additional carers can be implemented.</p> <p>LPF members were assured by the current position.</p>	
6	FINANCE	
	<p>6.1 Finance Update</p> <p>Tracy Hogg provided an update on the financial position based on information to 30 September 2025, noting the forecast for Fife Health & Social Care Partnership is currently a projected overspend of £6.8m, which is an adverse movement of £1.3m since the July position.</p> <p>This overspend is accountable to key areas:-</p> <ul style="list-style-type: none"> • Projected non achievement of savings • Mental Health & Psychology • Service Level Agreements • Adult Packages of Care • Care at Home • Older People Residential • Primary Medical Services • Prescribing <p>These overspends are partially offset by underspends in:-</p> <ul style="list-style-type: none"> • Supported Living, Community Support & Social Care Fieldwork • Expenditure reduction, use of reserves, reduction bank/agency, management posts held • Primary & Preventative Care • Learning Disabilities 	

	<p>Tracy advised that much of the above is attributable to vacant posts.</p> <p>Tracy presented the changes since month 4 and provided a rationale for each area identified as contributing to these movements.</p> <p>Delivery of savings currently stands at 82% delivery (£24m of £29m). There are areas that may not achieve full delivery within the year, and PRU meetings are continuing to address key risk areas, with support from SLT.</p> <p>Tracy noted £1.7m of reserves which she advised are all accounted for and factored into the projection.</p> <p>Given the continued projected overspend there is a requirement to develop further recovery actions to ensure financial balance by the end of the financial year. Although recovery actions are reflected in the report, further work will be progressed, and this will be reported to the next meeting of the Finance, Performance and Scrutiny Committee.</p> <p>Chair opened to questions from members.</p> <p>Lynne Garvey advised that whilst there are savings associated with unfilled vacancies, this is not the main driver. Lynne also reported that the modernising admin project has been delayed due to delays with digital enablement.</p> <p>Lynne acknowledged a top-heavy management structure within Health and Social Care and confirmed her commitment to role modelling by holding her management vacancies until the new financial year, whilst other vacancies, primarily administrative, are due to the ongoing redesign work.</p> <p>Yvonne Batehup queried how many posts are being held and the impact this is having on staff.</p> <p>Lynne responded to confirm that we don't have these exact figures available.</p> <p>Debbie Fyfe requested a meeting with Tracy offline to discuss the 2 red indicators.</p> <p>Lisa Cooper reassured members that there are no vacancy freezes in place for critical or essential posts.</p> <p>LPF</p> <ul style="list-style-type: none"> • Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at 30th September 2025 as outlined in Appendices 1-4 of the report; and • Noted that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2025-26. 	
7	SERVICE PRESSURES & WORKFORCE UPDATES	
	<p>7.1 Winter Plan</p> <p>Due to timescales, Chair advised that any comments on this report should be directed via email.</p>	

	<p>Vicki queried staffing of surged beds highlighting the added pressure on staff as a result.</p> <p>Chris noted this would be spread across multiple community hospitals and wards and not specific to one area, and reassured members that we would only surge if it was safe to do so.</p> <p>Lynn Barker confirmed that if surge was considered necessary, this would be supported by supplementary staffing.</p>	
	<p>7.2 H@H Frailty Team Configuration</p> <p>Due to timescales, Chair advised that any comments on this report should be directed via email.</p> <p>Lynne Garvey confirmed this is simply an operational change, amalgamating 3 teams into 2.</p>	
	<p>7.3 VMF Update</p> <p>Tracy Hogg provided a verbal update regarding a mix-up with the Activities Coordinator post at Stratheden. New posts were proposed, and one staff member left, with roles amalgamated at some point. The post that should have been filled at Stratheden has now been approved by the VMF panel. Tracy advised that Maria Ayling currently maintains oversight of all posts via a spreadsheet, and Lee is exploring options to recruit to these posts under the AHP banner. Tracy confirmed that an update is expected soon.</p> <p>Chair opened to questions from members.</p> <p>Vicki Bennett requested data around the progression of VMFs to understand where the gaps are.</p> <p>Action: Tracy to provide VMF data to Vicki Bennett</p> <p>LPF members were assured by the current position.</p>	TH
	<p>7.4 Admin Transformation</p> <p>Tracy Hogg provided a verbal update advising that she had recently taken over this project, noting the last project board took place on 18th September and was attended by Audrey Valente.</p> <p>Tracy advised she would be attending a meeting next week to gain a clearer understanding of progress in this area and noted that the last staff communication was in January 2025. She is keen to share updated information with staff soon and is working with the Comms Team around this.</p> <p>Action: Tracy confirmed she will return to the next LPF in January 2026 with further information.</p> <p>LPF members were assured by the current position.</p>	TH
	<p>7.5 Workforce Mobilisation Update</p>	

	<p>Lynn Barker provided a verbal update, noting that mobilisation may need to be considered due to challenges with surge demand, vacancies, and absences, in order to maintain a consistent workforce across HSCP.</p> <p>Chair opened to questions from members.</p> <p>Lynne Garvey welcomed Lynn's leadership on this work, noting it was part of last year's recovery actions to mobilise staff to critical areas and reduce reliance on bank and agency spend. Given current flu intelligence and predictions of the most severe strain to date, workforce capacity may be reduced, and staff mobilisation could be necessary to maintain critical services.</p> <p>Action: Lynn Barker working up a robust process which will be brought to January LPF meeting.</p> <p>LPF members were assured by the current position.</p>	LB
8	REPORTS	
	<p>8.1 Workforce Strategy Year 3 Annual Report & Three-Year Summary</p> <p>Roy Lawrence acknowledged Dafydd for leading on the development of the report and advised that, due to time constraints and member drop-off, the full report would be re-shared with members after the meeting for feedback.</p> <p>Roy explained that the Scottish Government no longer requires a three-year Workforce Strategy. Instead, the emphasis will shift to the Strategic Plan, supported by Workforce Annual Reports aligned with the annual delivery plan as of April 2026.</p> <p>Vicki Bennett complimented the report and the work ongoing.</p>	
	<p>8.2 Equality, Diversity & Inclusion Year 1 Annual Report 2024-25</p> <p>Roy Lawrence advised that, due to time constraints and member drop-off, the full report would be re-shared with members after the meeting for feedback.</p>	
	<p>8.3 Prevention & Early Intervention Strategy</p> <p>Lisa Cooper presented this report for assurance and to provide an update on the progress made during Year 1 of delivering the Prevention and Early Intervention (P&EI) Strategy Delivery Plan.</p> <p>Lisa drew members' attention to training and education for delivering Prevention and Early Intervention, noting that a training plan is now live for all health and social care staff and is led by the Health Promotion team.</p> <p>She also highlighted staff concerns about how to effectively enable Prevention and Early Intervention, stressing the need for innovative approaches while remaining mindful of financial constraints.</p> <p>Lisa confirmed that the report has full support from the Quality and Communities Committee and will progress to the IJB on 26 November 2025.</p> <p>LPF members were assured by the current position.</p>	

9	GOVERNANCE	
	9.1 LPF Workplan The LPF workplan was included within the papers for assurance and noting.	
10	ITEMS FOR BRIEFING STAFF / AOCB Lisa Cooper highlighted a low uptake of flu vaccinations amongst Health and Social Care staff and requested support to promote vaccinations, highlighting that whilst Health and Social Care staff are not eligible for covid vaccinations this year, flu vaccinations should be encouraged. Yvonne Batehup queried peer vaccinators with Lisa confirming that these are in operation with a large cohort of staff able to perform vaccinations across Fife and pop-up clinics are in operation within care homes, Bankhead and Fife House. No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.	
11	DATE OF NEXT MEETING – LPF Development Session (Fife House) - Wednesday 10 December, 14:00-16:00 LPF Meeting (MS Teams) - Tuesday 13 January 2026 – 14:00-16:00	