



Prevention & Early Intervention Strategy 2023-2026

Participation & Engagement Feedback Report

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Contents

1. Introduction	3
2. The Engagement Timeline	4
3. Stakeholder Engagement	5
3.1 Designing the Consultation	5
Phase One:.....	5
Phase Two:.....	5
3.2 Engagement Methods	5
3.3 Who did we Engage with?	6
Service Users.....	7
Service Providers	7
4. Consultation Summary	8
4.1 Phase One.....	8
4.2 Phase Two.....	10
5. Conclusion	20
Appendix 1: List of contacted stakeholders	22
Appendix 2: Details of groups engaged with.....	23



1. Introduction

The Prevention & Early intervention strategy is being developed as one of the nine transformational strategies underpinning the Fife Health & Social Care Partnership (HSCP) Strategic Plan 2023-2026.

A key part of prevention and early intervention is to build the capacity of individuals, families, and communities to secure the best outcomes for themselves. It is about moving from intervening when a crisis happens towards building resilience and providing the right level of support before problems materialise.

The strategy is looking to establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and in routine practice in the services they deliver and commission. The Strategy is dependent on five priorities which have been identified through a development group; one of which was engaged upon during the Strategic Plan engagement process.

Priorities				
We will ensure inclusive and equitable access to care across Fife	We will improve data collection and management, ensuring that our resources are deployed effectively	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations	We will assess existing service provision and identify both current requirements	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers

The Fife Health and Social Care Partnership’s Participation and Engagement Team supported the Prevention & Early Intervention working group through engagement activities to deliver on agreed engagement objectives.

These were:

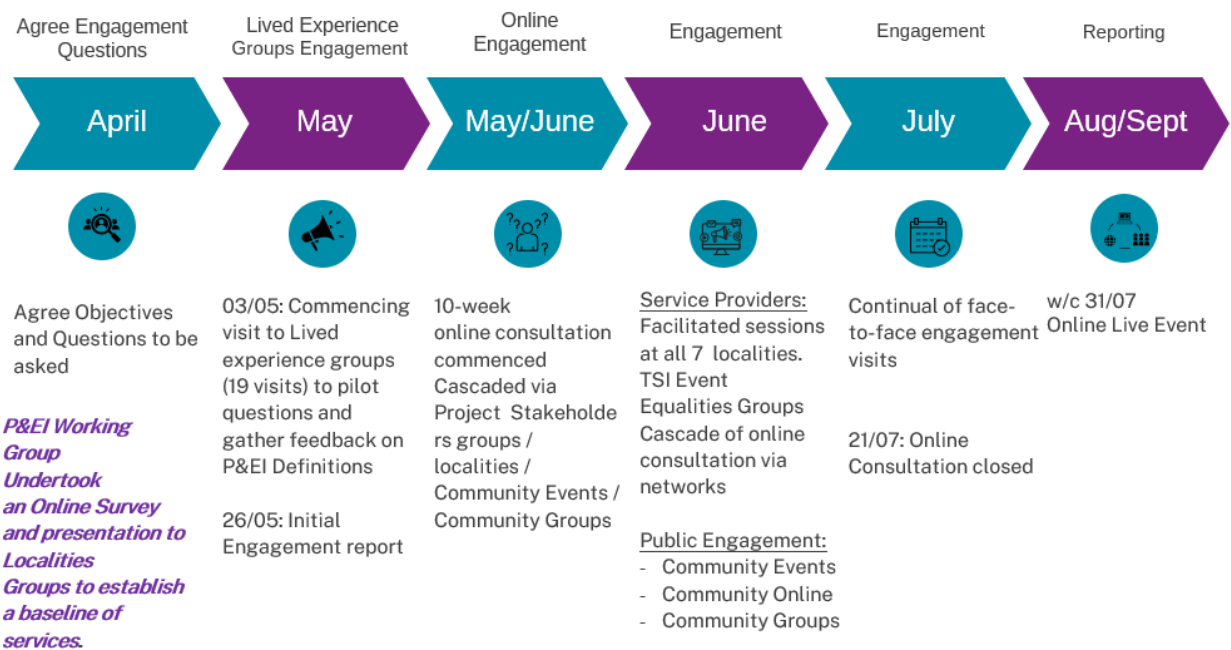
- ✓ Define the definitions of Prevention & Early Intervention and support all key stakeholder groups to better understand these.
- ✓ Inform the public, service providers, operational staff, and all other key stakeholder groups within all ranges of the life cycle approach, around the priorities that have been established for the draft Prevention & Early Intervention Strategy
- ✓ Gather feedback on what would help service users and service providers to achieve these priorities.



2. The Engagement Timeline

The participation and engagement timeline ran from April 2023 to August 2023.

P&E Timeline for Prevention & Early Intervention





3. Stakeholder Engagement

3.1 Designing the Consultation

The engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023.

Phase One:

Aimed to gather feedback on the draft definition for 'Prevention' and 'Early Intervention' and to influence the format and questions for the full consultation.

Phase Two:

Aimed to seek stakeholders' views on '**what constitutes a good life**', '**what support they need to deliver this**' and '**what would make it easier for them to improve their own health and wellbeing**'. In addition, participants were asked several agree/disagree questions with the option to comment further in relation to the draft strategy vision, mission, goals, and priorities.

The full consultation questionnaire can be viewed [HERE](#)

3.2 Engagement Methods

We engaged with a range of stakeholders through a range of planned online and face to face engagement activities:

- Online Consultation via MS Forms was developed for all stakeholders.
- Presentations with 'breakout' sessions were developed for Service providers within H&SC, NHS and Third sector/Voluntary organisation.
- Online Live Events were developed and held for Service users & Service providers.
- Community Roadshows and Events were scheduled to obtain Service user's feedback.

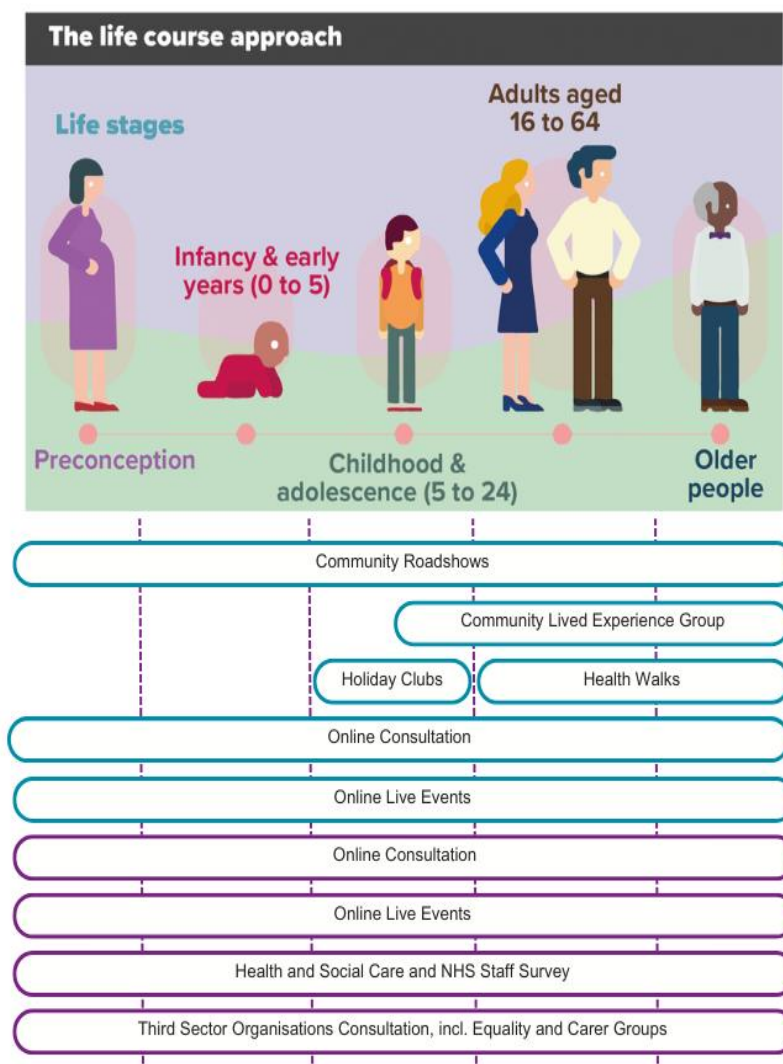


A range of promotional materials and communications were developed to support attendance at these engagement activities:

- An easy read version of the consultation was developed.
- Posters and Postcards were produced to promote the online engagement activities and additionally participants were offered the opportunity to submit their views through a Quick Response (QR) Code. A QR Code is a machine-readable optical image (square two-dimensional barcode) that when scanned directs the user to the online engagement.
- A website page [Prevention and Early Intervention Strategy | Fife Health and Social Care](#) was created promoting the consultation and live online events.
- The engagement opportunity was added to an online Consultation Diary, hosted on the Fife Council website.
-



3.3 Who did we Engage with?



For further information about each of the groups identified in the above diagram please refer to Appendix 2.

Numbers Engaged	Receive or Use Service	Service Providers	Total
Phase 1	104	403	507
Phase 2	168	193	361
Online	55	49	104
Easyread	6	2	8
Online Event	1	0	1
Postcards	0	0	134
Total	334	647	1115



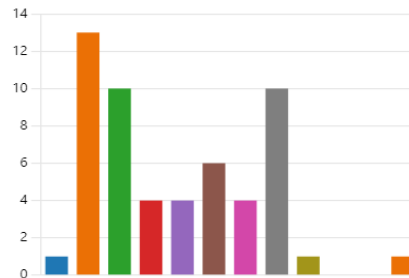
Service Users

Face to face participation and engagement activity was undertaken across Fife, with a particular focus on the protected characteristics as set out in the [Equality Act 2010](#).

From those that chose to participate in the online consultation and who answered the optional equalities questions:

- 19% described their sexual orientation as Gay/Other/Prefer not to say with the remaining 81% as Heterosexual/Straight
- 56% recorded None as their religion with the next highest being 17% as Church of Scotland
- 31% described themselves as having a disability.

● Dementia	1
● A physical disability	13
● Chronic pain	10
● Sight or hearing loss	4
● A mental health condition	4
● Learning disability or learning di...	6
● Problems connected to ageing	4
● Long standing illness	10
● Terminal illness	1
● Alcohol or drug dependency	0
● Prefer not to say	0
● Other	1



Service Providers

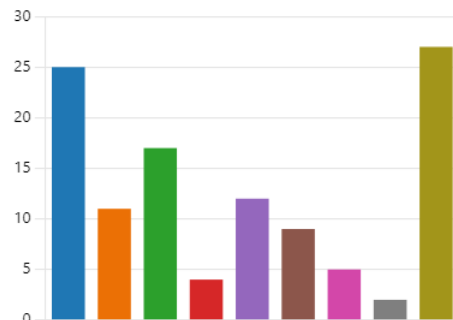
We engaged with the following service providers through face-to-face engagement activity:

- Operational Staff within HSCP and NHS
- HSCP Locality Planning Groups
- Third Sector Interface
- Fife Council Dunfermline City Conference
- Equality Group Providers

We shared the online consultation with 240 organisations (Appendix 2), who support service users to improve their Health & Wellbeing through Prevention & Intervention.

From the 112 responses received online, representation from both service users and service providers were categorised as;

● Someone who uses and/or recei...	25
● An unpaid carer	11
● A person who works for the Thir...	17
● A person who works for the Ind...	4
● A person working for Fife HSCP	12
● A person who works in NHS Fife	9
● A person working for Fife Council	5
● A member of the IJB/SPG or pro...	2
● Other	27





4. Consultation Summary

4.1 Phase One

We asked:

Stakeholder views on the draft definition for Prevention and Early Intervention, to gauge an understanding of their interpretation

Individual discussions across the system

- Over 20 individual discussions across a variety of services/strategy leads enabled us to gain insight on the potential benefits of the Strategy to them and how they see the shift in focus to prevention and early intervention will shape their working practices.
- Meeting with these key individuals also enabled us to understand their perspective, identify linkages and collaborative opportunities as well as collecting case studies on prevention and early intervention in action.

Service Providers Survey:

- Focus/direction – *Help to focus on this way of working. Able to contribute to shift in emphasis and resources.*
- Reduce impact on services/improve health and wellbeing – *It would also empower our client group to take responsibility for their own health and wellbeing.*
- Awareness/engagement – *It would help us raise awareness with the public around what resources they already have themselves to self-manage.*
- Partnership/workforce – *Provide a framework for services to interlink their work to improve patient/public health outcomes.*
- Digital/technology – *Might assist us in developing new technology to support prevention and early intervention.*

The following key themes were identified for consideration by the health and social care partnerships Extended Leadership Team (ELT):

ELT Session (Feb 23)

- Everyone's business/collective responsibility.
- Communication (start discussions: teams/others/service developments/make connections/what more can be done)
- Aspirational: transform people's lives/empower people
- Commitment: changes on how to target deliver services
- Acknowledgement: complex/wide range/underpins a lot of our work

When concluding Phase One, we could see the diversity of perspectives. It is evident that people's understanding of prevention and early intervention varies, reflecting the concept of prevention and early intervention in different contexts is complex.

The overall feedback during phase one highlights that **Prevention** is seen as proactive measures taken to avert potential problems before they occur. **Early intervention**, on



the other hand, was perceived as timely actions aimed at addressing issues in their initial stages to minimise harm and promote positive outcomes.

In terms of prevention, participants emphasised the importance of early detection and prompt action, and easier access to community supports and appointments in early intervention efforts with a commitment to shift resources.

The responses highlight that individuals' definitions are influenced by their experiences, backgrounds, and professional fields. Healthcare and social care professionals, and communities have their own perspectives on what constitutes prevention and early intervention.

In conclusion, the feedback highlights the need for ongoing dialogue and collaboration among stakeholders in the prevention and early intervention arena to ensure a holistic inclusive approach that considers various points of view and promotes the well-being of individuals and communities.

From the Phase One Feedback we:

We will use the feedback received from a variety of stakeholders including the public to help us shape the Prevention and Early Intervention definitions and to support a wider consultation.

4.2 Phase Two

We asked: What constitutes a good life?

From 156 responses, the following key themes were identified:



“Being healthy, pain free and able to live life to the full. Being able to do all the things you want to do without having to think about it.”

“Able to live an active life with sufficient resources and good health.”

“Stable mental health”

“To be free to make your own choices, to be in a position and able to make decisions and informed ones very importantly.”

In Conclusion

The feedback from participants, when asked what constitutes a good life, provides insights into what they believe constitutes a good life. There is no one-size-fits-all definition. Individual perspectives vary, however, common themes emerged, emphasising the importance of good mental health, personal fulfilment, feeling valued, meaningful relationships, good health, sense of purpose and free to make own choices. These findings are a reminder that in pursuit of a good life everyone’s journey is their own.

It is evident that a good life is a multifaceted concept, encompassing not only physical well-being but also emotional, social, and psychological aspects. Participants emphasised the importance of autonomy, meaningful relationships, mental health support, and access to quality healthcare as key components of a good life.



We asked: What support they need to deliver this?

Question 1 - What does the Fife Health & Social Care Partnership need to do to make sure you can achieve this?

From 152 responses, the following key themes were identified:



“Referral to the right place and when I need it.”

“Make services highly visible, easy to navigate, local.”

“Often people are unsure what is available to them, so it is good to ensure there are means for people to become informed.”

“I believe ensuring services are available when people have low to medium needs which need to be met, is essential to preventing high end needs and a crisis point being reached.”

“For health and care providers to make sure I am involved in discussions and decisions about me and my health.”

In Conclusion

From the feedback shared, individuals seek personalised and holistic approaches from health and social care providers. They are looking for services that prioritise face to face supports that allow people to access supports in their local community, preventive care, mental health support, and inclusivity, considering person centred needs and preferences. Participants also stressed the significance of easier access to services, transparent communication, and a person-centred approach in their interactions with healthcare and social care professionals.



Question 2 - What could you do to help maintain and improve your own Health & Wellbeing?

From 105 responses, the following key themes were identified:



“Reduce weight, create better lifestyle, eat more healthy, regular exercise, explore local groups.”

“Keeping active and eating well but also planning for older age.”

“Look after myself physically and psychologically to eat well, exercise and be able to sort out issues that cause the balance to falter.”

“Not put so much pressure on myself, speak to others experiencing similar issues.”

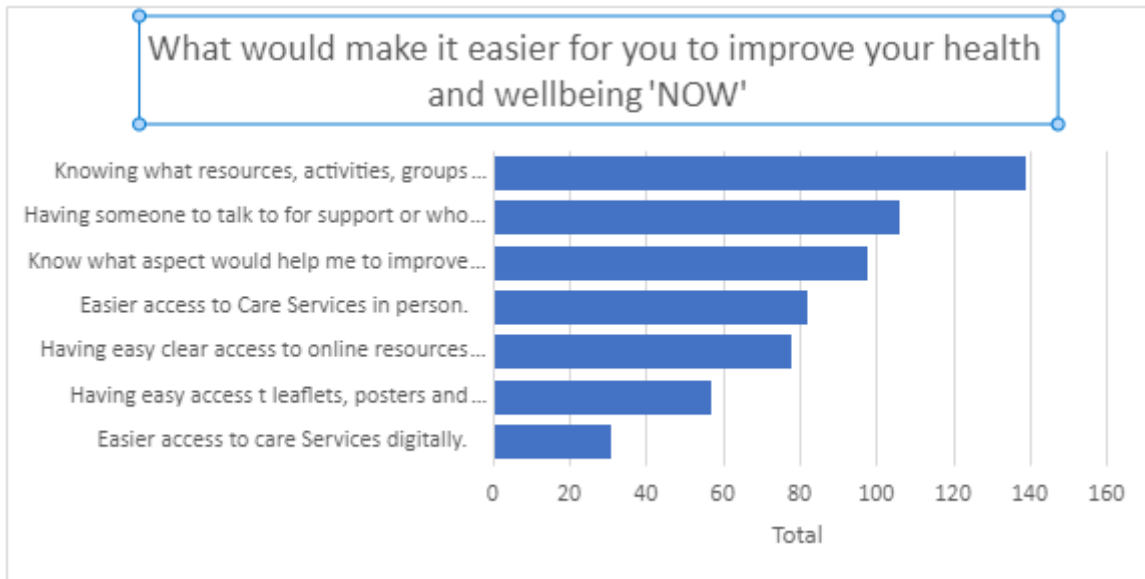


We asked:

What would make it easier for them to Improve their own Health and Wellbeing?

Question 1 - Participants were asked to identify the top 4 things that they feel 'would make it easier to improve their health and wellbeing' **at the present time**.

From 244 responses, the following key themes were identified:

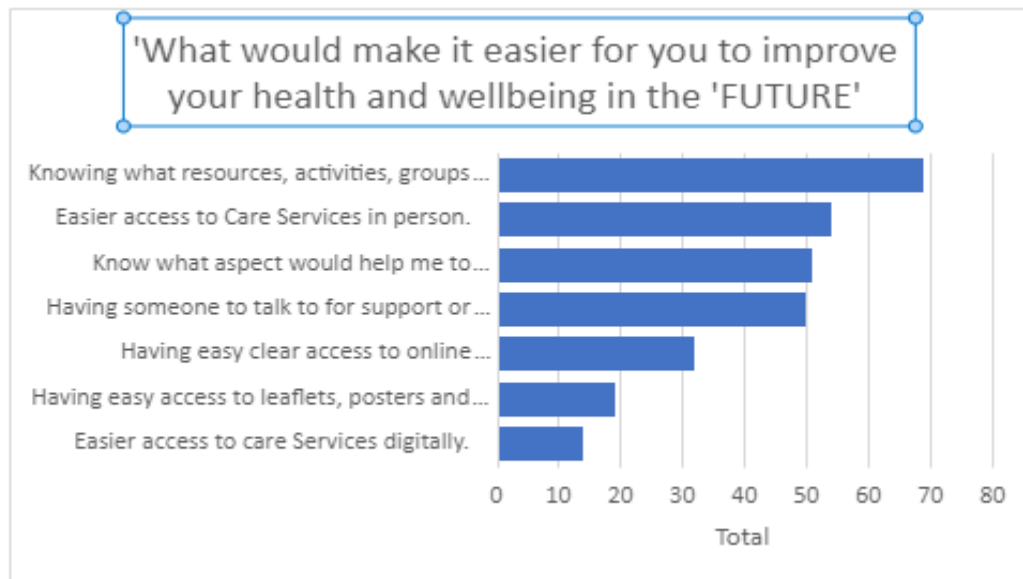


- **'Knowing what resources, activities, groups are available in my local area and how I can access these'** and **'Having someone to talk to for support and could guide them in the right direction'**, were the top 2 key themes identified.
- When asked whether they preferred **'resources digitally or physically'**, a greater percentage indicated they would **prefer digital resources**.
- This contrasted with **'access to care services'** where a greater percentage indicated they would **prefer to access care in person**. With **'access to care services digitally'** scoring the lowest within this question.



Question 2 - Participants were asked to identify the top 4 things that they feel 'would make it easier to improve their health and wellbeing' **in the future**.

From 104 online responses, the following key themes were identified:



- '**Knowing what resources, activities, groups are available in my local area and how I can access these**' and '**Easier access to Care Services in person**', were the top themes identified.
- When asked whether they preferred '**resources digitally or physically**', a greater percentage indicated they would **prefer digital resources**.
- Comparing the answers between '**at the present time**' and '**in the future**': '**Knowing what resources, activities, groups are available in my local area and how I can access these**' is the top key theme identified across both questions and '**access to care services digitally**' scoring the lowest across both questions.
- When people were asked the '**in the future**' question at face-to-face engagement during Phase One, a common response was '**I do not know what I will need in the future**'.

In Conclusion

It will be crucial for ongoing engagement with the public in conversations about their health and well-being, particularly in the context of an ageing population. There will be a need to engage in dialogue which is age-specific with messaging that highlights the benefits of proactive self-care. This might include community workshops on healthy ageing, disseminating informative pamphlets, and leveraging digital platforms for health and self-care tips. Creating a supportive environment that aims to allow people to empower themselves to take charge of their health will contribute to a healthier ageing population.



From this Feedback we:

We will use the feedback to inform the Prevention and Early Intervention strategy and delivery plan.



We asked: For feedback on the Draft Prevention and Early Intervention Strategy **Vision, Mission and Goals**



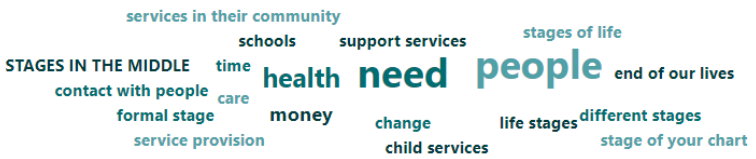
From those who responded via MS forms, Easy Read and those who attended online events, the following feedback was received:

We asked for Feedback on the following		Responses
VISION	To enable everyone living in Fife to have the same chance of getting the best care or support they need whatever their age. Prevent or limit problems arising so their lives will be healthy and independent for longer	96% agreed with the vision. 2% disagreed. 2% were unsure
MISSION	To build a culture of prevention involving all partners across Fife including communities and individuals, so we are as good at preventing health and social care needs as we are at treating them	93% agreed with mission. 4% disagreed. 3% were unsure
GOALS	To enable people to access health and social care when and where they need it. <ul style="list-style-type: none"> • work together to proactively prevent, reduce, and delay people becoming patients. • support earlier detection to improve overall quality of life. • ensure everyone has the opportunity to take control of their own health. • ensure everyone has the same chance of living well and independently for longer. • support people to achieve the highest level of independence that they are able to 	96% agreed with the goals. 2% disagreed. 2% were unsure
SHARED PURPOSE	To enable everyone in Fife to access what they need to keep them healthy and well to avoid the need for health or social care or services	90% agreed with the shared purpose. 5% disagreed. 5% were unsure



We asked: For feedback on the Draft Prevention and Early Intervention Strategy **Priorities**

From those who responded via MS forms, Easy Read and those who attended online events, the following feedback was received:

Priority Area		Responses	Key Themes
PRIORITY 1	We will ensure inclusive and equitable access to care across Fife.	90% agreed with Priority 1 3% disagreed. 7% were unsure	Key themes related to changes/enhancement of services . 
PRIORITY 2	We will improve data collection and management, ensuring that our resources are deployed effectively.	85% agreed with Priority 2 5% disagreed. 10% were unsure	Key themes related to resources and the need for correct funding, staff levels and for all information to be readily available . 
PRIORITY 3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	84% agreed with Priority 3 3% disagreed. 13% were unsure.	Key themes related to effective communication, promotion and easy access to resources and the need to educate the general population on how to eat healthily , have a good physical and mental wellbeing . A further key theme was education in the early life course stages particularly with teenagers. 



Priority Area		Responses	Key Themes
PRIORITY 4	We will assess existing service provision and identify both current requirements.	84% agreed with Priority 4 4% disagreed. 12% were unsure	<p>Key themes related to provision of services and the need for these to focus on prevention, as well as cross sector working.</p>
PRIORITY 5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	83% agreed with Priority 5 7% disagreed. 10% were unsure.	<p>Key themes related to requirements for a cultural shift with sufficient resourcing being available and effective promotion and communication to support health education.</p>

From this Feedback we:

We will reflect the feedback received on the Priorities, Vision, Mission and Goals in the Prevention and Early Intervention Strategy.

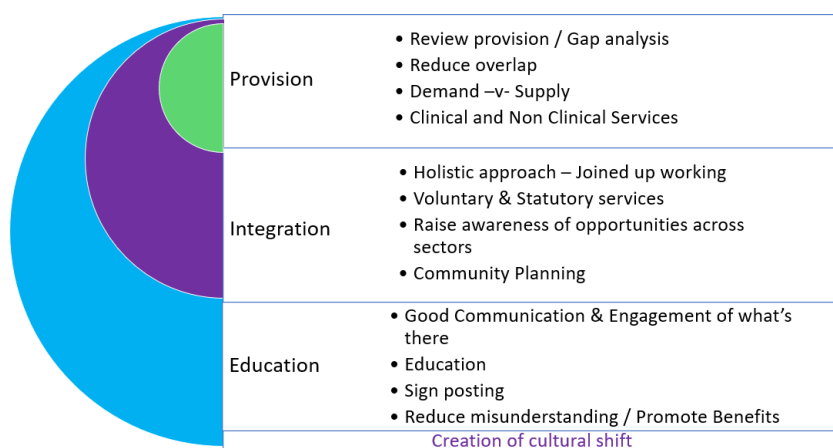


We asked: Service Providers what Prevention and Early Intervention do you currently offer?

Responses revealed that there are a significant range of services that are currently provided by NHS, H&SCP and Third Sector that provide Preventative and/or Early Intervention approaches that help improve people’s Health & Wellbeing. These would appear to cover a broad range across the life course.

We asked: Service Providers what Prevention and Early Intervention opportunities are there?

Opportunities identified by service providers can be categorised into the 3 themes below, with provision of services requiring a review to identify opportunities, greater collaboration between all services to provide the right service with clear leadership, communication and education being the key enabler to create the cultural shift.



In Conclusion

The responses from service providers regarding what they offer did show their commitment to healthier communities. These providers demonstrated a dedication to addressing potential issues at their root and working to facilitate positive outcomes for individuals and communities. As the partnership continues to evolve the prevention and early intervention strategy requires everybody’s collaborative efforts will play a crucial role in mitigating challenges and promoting well-being, leading to healthier resilient communities.

From this Feedback we:
We will use the feedback to influence the design of the Prevention and Early Intervention Strategy 2023 – 2026.



5. Conclusion

The consultation included significant engagement from a wide range of stakeholders highlighting the willingness of everyone to help shape the Prevention & Early Intervention Strategy.

One of the key requirements from service users was the need to be able to access services, both clinical as well as general activities to improve their health and wellbeing. There is a perception that services are not easily available however the engagement with service providers identified that preventative and early identification is already an integral aspect within a lot of services, but this does not resonate with the public perception of those who have responded to this consultation. This could indicate a potential gap in communication and education, not just of what services are available to service users but amongst service providers to enable greater collaboration in providing a comprehensive approach.

Overall, the public and staffing groups agreed with the proposed vision, mission, goals, and priorities with the key themes being the need for a cultural shift with sufficient resourcing being available and effective promotion and communication to support health education across all stages of the life course.

Feedback from participants to understand their definitions of prevention and early intervention, we can see the diversity of perspectives within this area reflecting the concept in different contexts and settings is complex.

The overall feedback highlights that Prevention is seen as proactive measures taken to avert potential problems before they occur. Early intervention was perceived as timely actions aimed at addressing issues in their initial stages to promote positive outcomes and minimise harm.

It is evident that a good life is multifaceted, encompassing not only physical well-being but also emotional, social, and psychological aspects. Participants emphasised the importance of autonomy, meaningful relationships, mental health support, and timely access to quality healthcare as components of a good life.

Participants who responded are looking for services that prioritise preventive care, mental health support, considering person centred needs and preferences. Participants also stressed the significance of easier access to services, and knowing what is available, and a person-centred approach in their interactions with healthcare and social care professionals.

The responses from service providers regarding what they offer showed their commitment to prevention and early intervention approaches to fostering healthier communities. These providers demonstrated a dedication to addressing potential issues at their root causes and facilitating positive outcomes with and for individuals and communities. As the partnership evolves the prevention and early intervention strategy their collaborative efforts will play a crucial role in mitigating challenges and promoting well-being.



The feedback also highlights the need for ongoing dialogue and collaboration among all stakeholders to ensure a holistic inclusive approach that considers various viewpoints and promotes the well-being of individuals and communities with a key focus on ensuring inequalities to be made more explicit.

Ongoing engagement with the public in conversations about their health and well-being, particularly in the context of an ageing population will be crucial moving forward. From the feedback received we can see that people who responded do not necessarily know what they need to help them stay healthy and well in the future. There will be a need to engage in dialogue which is age-specific with messaging that highlights the benefits of proactive self-care. This might include community workshops on healthy ageing, disseminating informative pamphlets, and leveraging digital platforms for health and self-care tips. Creating a supportive environment that aims to allow people to empower themselves to take charge of their health will contribute to a healthier ageing population.

The overall feedback will be utilised to shape the delivery plan for the prevention and early intervention strategy ensuring its effectiveness and alignment with stakeholders' feedback and needs.

Further information, including opportunities to get involved, is available on our website: www.fifehealthandsocialcare.org/get-involved

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views to help shape the Prevention & Early Intervention Strategy 2023 – 2026.



Appendix 1: List of contacted stakeholders

Community Panels	Service Providers	Third Sector	Care Homes
Community Voice	Head of Primary and Preventative Care Services	Abbeyfield Kirkcaldy Society Ltd	Abbeyfield Society
FC Community Engagement	Clinical Director – Community Dental	Abbeyview Day Centre	All HSCP Care Homes
NHS virtual Group	Director, Fife Psychology Service	Aberdour Day Care Association	Abbotsford Care
FC Peoples Panel	Health Promotion Service Manager	Adapt (FASS/FCDS)	Holmes Group
Public Representative	Team Manager Strategic Planning	Age Concern Cupar	Fairfield Care
Carers Representative	Consultant Sexual Health	Arden House	HC One
	Head of Pharmacy	Asian Older People Group	Holmes Group
	Education Fife Council	Auchtermuchty Midday Club	Patricia Payne
Protected Characteristics	Clinical Services Manager -Care Close to Home	Auchtermuchty Old Peoples Welfare	Holmes Group
Fife Centre for Equalities	Older People's Services	Autism in Fife	Four Season
Transgender Fife	Digital Programme Manager	Care & Share Companionship	Tamanna Anjum
Fife International Forum	Communications Advisor	Castle Furniture	Avondale Care Scotland
Dementia Friendly Fife	Team Manager Strategic Planning	Citizens Advice Rights Fife	Holmes Group
Al-Anon Family Groups	Participation & Engagement Manager	Continuing Care North East Fife	Barchester
Bluelight	Associate Medical Director	Couple Counselling	HC One
Dunfermline Camera Club	Finance	Cruse	Belsize / Care Concern
Dunfermline Central Mosque and Islamic Centre	Education and Children's Services	Delgaty Bay Day Care Association	Kingdom Homes
Fife Breastfeeding Mums	Head of Nursing	Day Centre Services Ltd	Belsize / Care Concern
Fife Gingerbread	Consultant Public Health (secondary Care)	Defence Medical Welfare Service (DMWS)	Carnegie Care
Fife Pride	FVA Projects and Communications	Dementia Services Development Centre	Kingdom Homes
Fife Women's Aid	Speech and Language Therapy	Disabled Persons Housing Service Fife	Kingdom Homes
Impact Funding Partners	Clinical Service Manager	Dunfermline Advocacy	Caring Homes
Leonard Cheshire Services (Fife)	Realistic Medicine Project Manager	Enable	Balhouse
Loch of Shirling Waters	Clinical Services Manager	ENERGI	Gibson Trust
Pink Saitre	Health Improvement Programme Manager	Express Group	Ewan McGregor
Victim Support Fife And Central SAMH	Lead Pharmacist – High Risk Pain Management	Fife Alcohol Support Service	Pauline Wilson
Lochgelly Lunches	Interim Clinical Service Manager	Fife Boomerang	Belsize / Care Concern
NHS Fife Virtual Group	Primary & Secondary	Fife Carers Centre	Enhanced Care
Equalities Forum	Fife Psychology Service	Fife Circles Network	Belsize / Care Concern
Fife Carers Centre	Associate Medical Director	Fife Day Care Services Ltd	Mealmore
Fife Independent Sector	Head of Nursing	Fife Employment Access Trust	Leonard Cheshire
Fife Voluntary Action	Public Health	Fife Rape & Sexual Assault centre	Mealmore
Fife International Forum	Speech and Language Therapy	Fife Shopping & Support Services	St Philips Care
Friendship Group	Clinical Services Manager	Fife Voluntary Action	Fairfield Care
People First	Head of Pharmacy	FIRST	Avondale Care Scotland
SAMH Sunflower	Lead Pharmacist – High Risk Pain Management	Food Train	HC One
Equalities Centre	GPs Cluster group	Frontline Fife	Holmes Group
MH Lived-Experience Group	Dentistry	Homelands Trust	Four Season
The Wells	Optometry	Homestart Glenrothes	Beechwood Care/Rosturk Group
FSLT Careers Groups	Health Promotion	IncludeME	Holmes Group
STAND (Striving for a new day)	Complex and Clinical Care Services rep Social Work	KASP (Kingdom Abuse Survivors Project)	Belsize / Care Concern
People First	Health Visitors	Kindred Advocacy	Nicola Henn
Disability Fife	Community Pharmacists	LEAD - Scotland	Karen Reid
RNIB	Community Nursing	Link Living	Rosturk Group
Fife Advocacy Forum	Community Mental Health	Marie Curie	Jan McIntosh
Fife Care Providers Forum	Life Stages	NHS Fife Addiction Services	Holmes Group
FAMIS	Pre Conception / Maternity	North East Fife Befriending Project	Kennedy Care
The Autism Network	Education and Children's Services	Nourish	Avondale Care Scotland
Later Life Choices Glenrothes	Infancy & Early Years (Health Visitors)	Pain Association Scotland	Holmes Group
Fife Chinese Older People	Education (Pam Colburn)	Penumbra	Rosturk Group
Deaf Blind Scotland	HV/School Nursing Rep	People First	Caring Homes
Alzheimer Scotland	Clinical Services Manager -Care Close to Home	Phoenix Futures	Central Healthcare
Equal Voice in Central Fife	Older People's Services	Quarriers	Acra Care - Fergus Thain
	Life Curve	Restoration Fife	Caring Homes
		Royal Voluntary Service	HC One
Linked Strategies & Projects		Sacro	D & J Anderson
High Risk Pain Management: Lead Pharmacist		Safe Space	Holmes Group
Housing Strategy		Samaritans Dunfermline	Irene Bright
Carers Strategy		Samaritans Kirkcaldy	Beechwood Care/Rosturk Group
Primary Care		SAMH	
Distressed Brief Intervention project		Scottish Care	
TSI - Commissioning Services		Scottish Drugs Forum	
		Scottish Huntingtons Association	
		Seescope	
		Strathmiglo & District Lunch Club	
		Support in mind Scotland	
		Talk Matters	
		Wheatley Care (Formerly Barony)	
		We are with You (Formerly Addiction)	



Appendix 2: Details of groups engaged with

Community Roadshows	Community Roadshows are interactive events and displays held across Fife which are open to the public to mingle for either a specific theme or to bring the community together.
Community Lived Experience groups	Lived experience groups are specially formed for group of individuals who have the same experience / condition. They provide individuals the opportunity to come together and socially / support each other. These include by way of example, Dementia, Adults with learning disabilities, socially isolation.
Holiday Clubs	Specially organised activities that are run throughout the school holidays to support parents and children. There are a wide range of activities held within all Localities that will suit the whole family and are often free.
Café Inclusive	Cafe Inc is a free lunch club where families or individuals, of all ages, can sit down to a hot meal or soup and a sandwich or pick up a cold packed lunch to take home. There are over 50 locations across the region with no need to book, no criteria and free for all.
Health Walks	Health Walks are a free local led walks that are suitable for suitable for most people, even if you have a long-term health condition such as Dementia or Cancer. There are 16 health walks each week across Fife, led by a trained team of Volunteer Walk Leaders with over 300 people attend.