Let’s really raise the bar

Fife Mental Health Strategy

2019 to 2023

Draft: Version 1 as at 18 March 2019
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Foreword

Since the launch of Fife’s Joint Mental Health Strategy, ‘What Matters to You?’ in 2013 a significant amount of work has been carried out within our mental health and wellbeing support services. From a national perspective there has been an increased awareness of the importance of good mental health and wellbeing through several keeping well and anti-stigma campaigns, as well as an increased focus from the Scottish Government.

With this in mind, it was acknowledged that the time was right to take stock of the work being done in Fife, to reflect on what has been achieved and to lay out our commitments for the coming four years.

Our refreshed Strategy takes full account of the recommendations of the National Mental Health Strategy (2017 – 2027) which emphasises the need to reduce the reliance on hospital beds and to build capacity within our local communities, working with a range of partners to achieve this. Fife’s commitment is to embrace an ethos of recovery which is focused on maximising opportunities for people experiencing mental ill health and mental illness and embedding values based practice into service delivery. We believe in equality of access to support and are committed to the principles of personalisation, where people can build a meaningful and satisfying life whether or not they have ongoing or recurring mental health symptoms.

This refreshed Mental Health Strategy for Fife will provide an overview of the work currently underway, our commitments for the next four years as well as outline how we will evidence that our commitments have been achieved.

We would like to thank everyone who contributed to this Strategy; they include members of our Mental Health Focus Group, staff from across Health and Social Care, Fife Council, NHS Fife, the Police, our external partners and those who kindly took part in our survey. We would also like to thank Graham Ogilvie (Ogilvie Design) who listened to feedback and sketched what was said. Some of these sketches have been used throughout this document to reinforce key messages gathered as part of our Strategy engagement.

This four year mental health strategy is the next exciting phase of change and improvement in Fife, building on the momentum of the whole system approach to redesign to date. An implementation plan will be drafted to support the proposed recommendations and, by definition, will be dynamic with checks and balances to ensure delivery.

We will continue to monitor our progress and measure our success to ensure we remain focused on delivering the best possible service across Fife.
What are we doing well?

Responses received from the public during our engagement (People’s Panel Survey Dec 18/Jan 19)

- Good information for self-treatment and advice for parents
- Everyone concerned was very helpful and understanding. They made me feel relaxed and I felt able to speak freely about my issues
- I had positive experiences in group sessions as being around people who suffer from less than healthy mental health it was easier to convey your thoughts and feelings. It made me feel more normal ...........
- ... is able to build their life again thanks to the support of CPN
- Timely appointment, effective treatment and nursing input - effective management from day hospital service
- Information available and accessible. Interaction by telephone enabled me to discuss matters … and obtain objective support
- Fife CAMHS provided efficient and respectful therapeutic intervention
- Some services are better than others. This year I managed to rebuild my life – couldn’t have done it without the help of professional support....
- Very supportive of my experience and feelings. I was not made to feel I was wasting their time or that I wasn’t important
- Able to talk easily and not judged. Raised my self-esteem and made me feel more positive.
Summary of Commitments

Prevention and Early Intervention

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact within 1-2 weeks, providing a holistic assessment of their needs and effective signposting and engagement with services offering support for emotional wellbeing and mental health.

- We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.

- We will improve transition pathways for children moving into adult mental health services.

- We will ensure that all Care Experienced children have an assessment completed within 4 weeks in line with the Guidance on Health Assessment for Looked After Children and Young People in Scotland.

- We will develop multi-disciplinary assessment and pathways for those individuals with more complex needs, e.g. children experiencing trauma, Attention Deficit Hyperactivity Disorder (ADHD) and Autism.

- We will review the Children & Young People Learning Disability Service (CYPLD) to establish a single CYPLD multidisciplinary team which has a single management structure and single set of case notes which is co-located and works closely with other agencies. (Ref NHS Fife Clinical Strategy Transforming Healthcare in Fife 2016 – 2021)

- We will support the national process in undertaking a needs assessment for an inpatient unit in Scotland for CYPLD who require admission. (Ref NHS Fife Clinical Strategy Transforming Healthcare in Fife 2016 – 2021)

- Can we end the stigma of mental health? There’s nothing shameful in asking for help – but we need to stand up and lead the voices in telling people this (feedback from the People’s Panel Survey Dec 18/Jan ‘19)

- We remain fully committed to challenging stigma and discrimination in mental health and to advance people’s rights to live in an inclusive society. Fife is actively working in partnership with national and local organisations to strengthen the anti-stigma message through the “It’s Okay” Campaign, “Pass the Badge” and “Walk a Mile” events.

- We will implement Fife’s suicide prevention action plan
### Shifting the balance of care

- We will ensure that where hospital admission is necessary, it will be high quality, person centred, outcome and recovery focussed.

- We will continue to improve our facilities from which services are delivered and ensure they are fit for purpose.

- We will have an improved pathway, where discharge planning begins at the point of admission.

- Our approach will be holistic, embedding 'good conversations training' for staff, keeping the person at the centre and recognising the invaluable role of families/carers as key partners.

- We will develop community based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery oriented services’ (Repper 2013) is the added value of mutual support.

- We will develop suitable community alternatives to support people to be discharged from hospital and enable them to live independently in the community.

- We will aim to reduce hospital admission/readmission rates with improved outcomes for people and their families.

- We will ensure that people have choice, control and flexibility in relation to their care and support.

- We will ensure that our resources are targeted effectively to deliver best value and best quality interventions across all mental health services.
## Access to treatment and joined up accessible services

- We will design, evaluate and implement services to provide high volume, low intensity responses to common mental health problems to reduce the pressure on GP resources across Fife.

- We will improve access to help for children, young people and adults with mental ill health presenting at GP surgeries across Fife.

- Self-help coaches will provide support to people who have a history of traumatic experiences who are experiencing mental health problems.

- We will ensure that Carers, as key partners, also have improved access to support and information.

- We will continue to provide a service that is proactive, pre-emptive and coordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible.

- We will provide our service at the most appropriate level to best suit individual needs.

- We will ensure that duplication within services is minimised.

- We will ensure that access within the service, between tiers of care and to the voluntary sector are as seamless as possible.

- To review our specialist older adult/dementia related intensive support services following community mental health teams becoming embedded across all localities.

- We will continue to provide support and treatment for people of all ages who present with an eating disorder.

- We will continue to prioritise intensive community intervention and review specialist services supporting adults with eating disorders to ensure the current model is robust and sustainable.

- We will continue to deliver evidenced based training based on cognitive behavioural and dialectical behavioural therapies and develop an integrated care pathway to improve the care experience for people with personality disorder.

- We will continue to re-design our Psychological Therapy service to ensure we provide effective responses to the needs of people with the most complex needs as well as developing a range of flexible options for people with less complex needs with an emphasis on partnership working and early intervention.

- We will continue to raise awareness of the availability of psychological therapies amongst older adults such as anxiety and depression.

- We will develop a Fife-wide care pathway for perinatal mental health assessment and referral.
| We will make information about pre-pregnancy mental ill health available to women at risk |
| We will develop clear links between primary care, crisis support and community support in perinatal mental health |
| We will scope training requirements for Health Visitors in perinatal mental health |
| We will arrange awareness sessions/training for all staff working with mothers and infants on infant mental health |
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| We will arrange awareness sessions/training for all staff working with mothers and infants on infant mental health |
| We will undertake a full review of the services currently provided by our partners in the voluntary sector, informed by this four year strategy, to further develop innovative service solutions where required with focus on recovery and support to carers in the community, including young carers. This review will be completed by January 2020. |
### Unscheduled Care

- We will reduce the pressure on emergency/crisis services.

- We are committed to ensuring parity in healthcare for individuals attending Emergency Departments with a mental health related issue.

- We will work with our Emergency Department colleagues to ensure processes are as seamless as possible to eliminate unnecessary waits whilst ensuring best quality care is delivered.

- We will work with partners in the third, independent sector and Police Scotland to make available more community-based places of safety for people experiencing mental health crisis or who are under the influence of alcohol or drugs to avoid the default use of Custody Suites or Emergency Departments where it is not appropriate for their care and support.

- We will establish a culture of anticipatory care planning within our community teams to promote self-management and enable best management of crisis.

- We will work with NHS 24 to explore how best to deliver locally based mental health services.

- We will continue to develop information sharing services with Police Scotland to assist with best delivery of coordinated response and access to services in addition to promoting the least restrictive options.

### Physical Wellbeing

- All mental health related support services will be holistic, keeping the person at the centre, ensuring they maintain optimum physical and mental health.

- We will continue to promote the National Physical Activity Pathway (NPAP) as a set of steps staff can take to encourage people they work with to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation. (NHS Health Scotland)

- We will continue to focus on outcomes that matter to individuals; reflecting the importance of aspiration, meaningful activity and employment as part of a person’s journey to health.

- We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments.

- We will ensure that people with mental ill health are offered the same access to housing as those not so affected.
Rights, Information Use and Planning

- We will ensure our staff continue to practice and adhere to all human rights legislation
- We will ensure the principles of the Rights for Life Declaration are embedded in mental health services and supports across Fife

Workforce

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing in each area of the service
- We will ensure the working environment of our staff is fit for purpose
- We will continue to support the health and wellbeing of our staff through training, information sharing, supervision, our Live Positive – A Stress Management Tool
- Through the National mental Health Strategy Action 15 funding, we will employ an additional 54 members of staff supporting mental health and wellbeing services in Fife
- Through our Mental Health Recruitment Group we will seek to promote nursing within colleges and universities to encourage people to work and remain working in Fife
- We will continue to have discussions within schools in order to attract pupils into working within mental health services, offering a variety of options and career pathways
- A significant requirement of this strategy’s implementation will be a workforce plan relating to all the main professional groups, supported by Union and Staff side representatives

Participation and Engagement

- We will develop and expand the membership of the Mental Health Focus Group
The whole nation needs to get behind it

Challenging stigma

With passion, motivation, progress and political backing - WE CAN DO IT!

This is as big as putting a man on the moon!
Our Vision

Fife’s commitment in our joint Mental Health Strategy – What matters to you? (2013 – 2020) was to have:

“Accessible, seamless, quality services, personalised and responsive to the changing needs of individuals, designed with and for the people of Fife”

Our vision for this refreshed Mental Health Strategy for Fife remains the same. We aim to focus on assets and strengths, helping people to help themselves; where people require services we will ensure that there is equity of access and that this is coordinated with the person at the centre at all times, feeling supported and listened to.

The Scottish Government is committed to improving the mental health and wellbeing for everyone. There have been significant amounts of additional funding invested in psychological services for people of all ages, including for children and adolescents mental health services, as well as to improve services offered to people experiencing low mood.

Most recently, funding has been released under Action 15 of the Scottish Government’s National Mental Health Strategy to increase the workforce in order to reduce the pressure on emergency/crisis services.

A significant challenge as this Strategy is implemented will be meeting an increasing demand for services and support whilst continuing to manage available resources. Fife is committed to ensure that all available resources, are used in the most effective and efficient way, ensuring our commitments are delivered within existing resources.

Our Commitments

To achieve the commitments laid out in this Strategy will require creative thinking and innovation to ensure our services are fit for the future, supporting positive mental health and wellbeing for all. To succeed will require co-production across all parts of the service, with communities, with our partners in the voluntary sector, with people who use our services, their families and carers.

Our Strategy commitments have been drawn from contributions from people who use our services, members of the public, partners in the voluntary sector, staff from across Health and Social Care, Fife Council, NHS Fife and the Police.

Through engagement and consultation we have gathered extensive views, comments and suggestions and as a result, have identified several key themes:

- it is important to raise awareness of how to support good mental health and wellbeing
- children and young people should have early access to support and services with a focus on well-being, increased confidence and resilience
- there should be equity of access to coordinated care and support regardless of age or ability
• transitions between services must be as streamlined as possible

• people with mental ill health want to live their lives free from stigma and discrimination

• the resources we have need to be used efficiently

These key themes have informed our Strategy and link to the commitments we are making. Our overarching commitments are:

1. We will continue to **challenge discrimination and stigma** through involvement in local and national campaigns. People in Fife will recognise that we all have mental health.

2. We will continue to **raise awareness** and **focus on prevention and early intervention** with the aim of promoting mentally healthy communities.

3. We will work closely with all of our partners to take a **collaborative, whole system approach** to ensure care and support is matched to the unique needs and outcomes of the individuals who seek support.

4. We will continue to **raise awareness** of the importance of **keeping good mental and physical health and wellbeing**; to ensure that the physical health of those with mental health conditions is improved and also that the mental health needs of those with physical health problems are fully considered.

5. We shall ensure that all available **resources** are utilised in the most **efficient and effective** way, optimising opportunity for the right care in the right setting at the right time and ensuring best value for all.

The above commitments underpin and will inform the planning and delivery of mental health and wellbeing support in Fife for the following four years. Implementation plans will be developed for each area of work to ensure we deliver on our commitments and evidence what successful delivery will look like. An example implementation plan is shown at Appendix 1.
What do we mean when we talk about mental health?

In Fife, the multi-agency Mental Health Strategic Implementation Group (MHSIG) is committed to building positive mental health for Fife.

In many ways, mental health is just like physical health: everybody has it and we need to take care of it.

Mental Health is the emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others’ dignity and worth.’ (WHO – 2009)

According to the Mental Health Foundation. Being mentally healthy doesn’t just mean that you don’t have a mental health problem.

If you’re in good mental health, you can:

- make the most of your potential
- cope with life
- play a full part in your family, workplace, community and among friends.

Some people call mental health ‘emotional health’ or ‘well-being’ and it’s just as important as good physical health.

Mental health is everyone’s business (Mental Health Foundation)

“Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you’re frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.

Mental health problems affect around one in four people in any given year. They range from common problems, such as depression and anxiety, to rarer problems such as disorder” (Mind)
Understanding our population

In Fife we have an estimated population of 367,250 people.

People from different communities experience life in different ways, with a range of contrasting needs and desired outcomes.

In the Health & Social Care Partnership (HSCP) we have 7 locality areas, which match the existing boundaries of the Fife Local Community Planning Groups as follows:

1. North East Fife (takes in Auchtermuchty, Cupar, Taybridgehead, St Andrews, Crail and Anstruther)
2. Glenrothes (takes in Thornton, Kinglassie and Leslie)
3. Kirkcaldy (takes in Burntisland and Kinghorn)
4. Levenmouth (takes in West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)
5. City of Dunfermline
6. South West Fife (takes in Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)
7. Cowdenbeath (takes in Lochgelly, Kelty and Cardenden)
**Statistical Information**

Mental health is the fourth highest diagnosis of illness in Fife, as across Scotland, after cancer, cardiovascular disease and neurological conditions.

We can compare data for Fife with Scotland using Disability Adjusted Life Years (DALYs) – a measure which allows us to look at the total diagnosed occurrences of illness, taking into account the severity of its impact, the length of time that people have the condition, and differences in age and sex in different parts of the country.

On this basis, Fife is similar to Scotland in relation to instances of mental ill health, although we do have a higher rate of DALYs in relation to the mental health-related category of suicide, self-harm and interpersonal violence (554 v. 520 for Scotland)

Survey data on mental health problems show a flat or slightly declining trend but prescription rates for drugs to treat depression / anxiety / psychosis are steadily climbing in both Scotland and Fife. There are a number of specific areas of concern for Fife.

**Prevalence of common mental health problems**

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<thead>
<tr>
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<th>2013 – 16</th>
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<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Fife</td>
<td>13%</td>
</tr>
<tr>
<td>Scotland</td>
<td>14%</td>
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Source: % respondents with score of 4 or more on GHQ12 (General Health Questionnaire) Scottish Health Survey

Trend data are shown below
The trend is more or less flat, with Fife rates very similar to those for Scotland as a whole.

### Survey data on Mental Wellbeing

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<th>2013 – 16</th>
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<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Fife</td>
<td>50.2</td>
<td>49.6</td>
<td>49.9</td>
<td></td>
</tr>
<tr>
<td>Scotland</td>
<td>50.1</td>
<td>49.9</td>
<td>49.9</td>
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(Source: Mean scores from WEMWBS scale measuring positive mental wellbeing from 14 – 70 Scottish Health Survey)

### Population prescribed drugs for anxiety/depression/psychosis

<table>
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<tr>
<th></th>
<th>2014/15</th>
<th></th>
<th>2015/16</th>
<th></th>
<th>2016/17</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% total population</td>
<td>Number</td>
<td>% total population</td>
<td>Number</td>
<td>% total population</td>
</tr>
<tr>
<td>Fife</td>
<td>65,719</td>
<td>17.9%</td>
<td>68,529</td>
<td>18.6%</td>
<td>70,960</td>
<td>19.2%</td>
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(Source: ScotPHO)
There is an upward trend in prescription rates for anxiety/depression/psychosis in both Fife and Scotland, with Fife tracking Scotland, but at a marginally higher rate. Contributing factor to this is the strong association of mental illness with deprivation. (Source: ScotPHO)

Admissions

NHS Fife
Admission rates are declining slowly in both Scotland and Fife. This is affected by a number of factors, primarily the move towards community care, and does not necessarily indicate a reduction in the incidence of moderate to severe mental illness.

**Readmissions**

% readmitted to a psychiatric hospital within x days of discharge

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<th>28 days</th>
<th>133 days</th>
<th>365 days</th>
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<tr>
<td>Fife</td>
<td>14.3%</td>
<td>13.4%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Scotland</td>
<td>13.0%</td>
<td>12.8%</td>
<td>12.9%</td>
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There appears to have been an increase in readmissions in Fife residents at 28, 113 and 365 days in 2017. This compares with relatively stable rates of readmission in Scotland compared to 2016.
What is the Strategic Context?

For decades, service development in mental health services across Scotland has been characterised by a reduction in hospital beds, supported by improved mental health community services. In Fife, the pace of this shift has been relatively slow.

The 2011 Christie Commission report on the Future Delivery of Public Services emphasised the requirement to harness community assets and resilience, to prioritise preventative measures to reduce demand and inequalities and to collaborate with those who use services to bring about transformation. The subsequent creation of the Health and Social Care Partnerships (H&SCP) under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 enabled Fife to integrate and deliver care in a more coordinated way. Fife’s Clinical Strategy 2016-2021, driven by the values and principles presented in NHS Fife’s Strategic Framework 2015-2020, recommends good quality, evidence based practice and person centred, needs based care delivered as close to people’s homes as possible.

Mental health is a key priority in both NHS Fife’s Clinical Strategy and the H&SCP’s Strategic plan; the strategic direction of which is further supported by the National Mental Health Strategy (2017 – 2027) which emphasises the need to reduce the reliance on hospital beds and to build capacity within our local communities, working with a range of partners to achieve this. Improving mental health is therefore a priority for the Scottish Government and for Fife.

The national and local policy context within which our Strategy has been framed is shown in the following diagram and detailed in Appendix 1.
Prevention and Early Intervention

Prevention and early intervention remains a key priority in Fife. It is recognised that the provision of the right information and support at the right time will help minimise the number of people experiencing episodes of mental ill health and reduce the severity and impact for those that are unwell.

We will continue to raise awareness of the importance of keeping mentally healthy and provide opportunities to empower children, young people and adults to build confidence and resilience to maintain and manage their own mental health.

Children & Young Peoples Emotional Wellbeing

Most mental illness begins before adulthood: research suggests that half of adult mental health issues have begun by the age of 15 and three quarters by the age of 18. Supporting the well-being of our children and young people will ensure that they grow into adults who are more confident and resilient. The Getting it Right for Every Child (GIRFEC) approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential. At home, in school or the wider community, every child and young person should be: safe, healthy, achieving, nurtured, active, respected, responsible, and included. Each child is unique and there is no set level of wellbeing that children should achieve. Wellbeing is influenced by children’s individual experiences and changing needs as they grow.

A range of experiences can have a negative effect on young people. This might be one of the 10 recognised Adverse Childhood Experiences (ACEs) overt abuse; neglect (both physical and emotional) and household adversity (domestic violence, substance misuse, criminality) or other adversities such as bereavement or bullying, or where a family is affected by illness, disability or poverty.

Children and young people involved in and/or at risk of offending may have a mental health problem, but not necessarily a mental illness. The youth justice strategy “Preventing Offending: Getting it right for Children and Young People (2015)” identified a need to improve understanding and enhance capacity in relation to mental health and trauma, through practice development and supporting services for young people – all as part of a preventative approach to reducing offending.

The highest rate of mental ill health occurs in those with learning disabilities and those with autism. Therefore we will need to deliver services to reduce inequalities, to remove barriers to health and to ensure improved outcomes.

Looked after children have some of the poorest life outcomes of the child population. The factors associated with the child becoming looked after are often associated with a range of health needs and higher vulnerability. An additional factor in poor health outcomes is disjointed and disrupted health care as a result of multiple placement moves.

Emotional health does not sit separately to general health and wellbeing and must be seen in the context of wider needs. It is recognised widely that young people face many challenges growing up and so some restraint should be exercised in labelling young people with ‘mental illness’ diagnoses or medicalising the normal growing up process.
Prevention and Early Intervention - What are we currently doing in Fife?

Fife’s Community Planning Partners have produced the Our Minds Matter (2017) framework which was launched in June 2017. It was borne from recognition that children and young people need support from good, broad pastoral care around them. The framework aims to give focus to services for children and young people to clarify who is involved in this support, what it might look like at different levels and to encourage integration and sharing of approaches.

Fife Child and Adolescent Mental Health Service (CAMHS) Early Intervention Service has recently developed an enhanced early intervention service to promote good mental health across Fife schools, colleges and universities. This service provides liaison, consultation, training and supervision of frontline staff and joint interventions for children and their families. The main aim of this approach is to empower and support frontline workers and to ensure referrals to specialist services are appropriate, thereby creating a more integrated service that will be able to respond more effectively to the broad mental health needs of children and young people in Fife schools, as well as improving the overall wellbeing of the school population.

Keep Trauma in Mind (KTIM) trains staff working in services for adults about Adverse Childhood Experiences (ACES) and their impact on mental health. The KTIM cascade model of training allows for large numbers of staff (not just those working in mental health settings) to be trained. Mental illness in children, young people and adults is strongly correlated with exposure to childhood adversity and trauma. ACES are an established indicator of exposure to such trauma.

‘Resilience – The Biology of Stress and the Science of Hope’ film about Adverse Childhood Experiences (ACEs) and how to develop resilience has now been shown at numerous Fife schools and other venues in Fife. Multi-agency partners have also created their own Fife film called ‘Be that Person’ aimed at adults who support children which showcases good practice in Fife for building resilience in children and young people. A workshop pack has been developed around the two films to raise awareness of ACEs and help workers and parents know how to build resilience. A newly formed group is now in the process of creating a new short film aimed directly at young people.

Fife CAMHS is an integral part of the South East Consortium for Tier 4 CAMHS. As part of the consortium, a working group has been established to address the needs of those children and young people who engage in offending behaviour and experience mental health issues. This work will be reviewed as part of the regional approach to specialist Tier 4 CAMHS and will link in with the
pathways that are being established through the creation of a National Secure Adolescent Inpatient Facility, currently under development in Ayrshire.

Fife CAMHS has undertaken significant redesign of how services are delivered to ensure that those children and young people with the greatest need who experience complex mental health issues receive timely and effective interventions. They have developed online referral forms, a single point of access, a website for Fife, guidance on alternative service providers and clearly articulated threshold statement for referrers.

Fife CAMHS has recruited additional staff to specifically target those children and young people who have waited the longest as well as appointing waiting list co-ordinators to ensure that clinicians are meeting appropriate groups of children; thus ensuring the greatest impact on those with the greatest need.

Fife CAMHS, through Playfield Institute, has developed and delivers a training programme to support Fife Police Wellbeing Champions to encourage improved understanding of mental health and wellbeing amongst frontline police officers working with young offenders. This training programme also addresses the impact of adverse childhood experiences as well as looking at resilience and adolescent development.

Fife is currently represented on a national group which will be taking forward the Needs Assessment: 5 Year Survey of Need for Mental Health Inpatient Care for Children and Young People in Scotland with Learning Disability and/or Autism.

The Children affected by Disability (CABD) Group has been set up to take forward the service gaps outlined in a report published on the Scoping of Services working with children affected by a disability in Fife.

Fife CAMHS remains committed to providing and further developing supports and services modelled on the success of the joint NHS Fife/Fife Council Springfield Project. The launch in 2017 of The Beeches, CAMHS therapeutic service for Looked After and Accommodated Children and Young People in private purchased placements, sought to ensure an equitable and needs-led service was available to all Looked After and Accommodated Children and Young People resident in Fife.

Psychology of Parenting Programme (POPP) the Breadth of Parenting multi-agency group oversees and audits the variety of parenting programmes currently underway in Fife.

Fife CAMHS works with children and young people themselves; supports those who look after and care for children and young people every day; and works in partnership with the other services and agencies involved in children and young people’s lives to promote emotional wellbeing and development. Children and young people who are looked after at home or in Kinship Care can continue to access their local CAMHS services.

Fife’s School Nursing Service is supporting children and young people who are experiencing mental health issues and continues to work closely with CAMHS colleagues to increase the advice and support they are able to offer children and young people.

A health needs assessment encompassing all aspects of physical and mental health, has been developed for young people leaving care. The project aims to discover if young people experience improved health outcomes after receiving additional support at the point of transition.
Primary Mental Health Workers (PMHW) facilitate workshops for parents and pupils to explore and child and adolescent wellbeing. Adolescent brain development, managing difficult behaviours and the concept of containment are all considered, as well as the parent’s own mental wellbeing.

The CAMILLE training programme, Empowering Families where Parent is Mentally Ill, which was created by an EU group of experts with input from CAMHS Playfield Institute, is being rolled out across Fife with a small group of champions from CAMHS, Education and Social Work Service.

This training has led to the development of a pilot support group for parents who have expressed the need for support with their mental health in a Fife primary school.

Developing new mental health and wellbeing PSE curriculum pack for secondary school pupils, called ‘Branch Out’ is now underway, led by Clinical Psychology, building on positive interventions already happening with children and young people in Fife.

A variety of 7 habits programmes are underway in Fife. This approach is a useful framework for building emotional intelligence and therefore positive mental health and wellbeing. Fife is leading in the UK for his pioneering 7 habits development work. 15 schools have now started on the whole schools approach programme (called Leader ion Me). Fair Isle Primary, Kirkcaldy has been recognised at a national level for reaching Lighthouse status for this programme.

Integral to Fife’s mental health strategy is the significant public health issue of suicide prevention and the four identified suicide risk factors.

- pressures within communities including stigma, poor social cohesion, deprivation and lack of safety
- pressures within Scottish society including inappropriate reporting and representation of suicidal behaviour by the media
- the quality of response from services including insufficient focus on the prevention, identification and assessment of needs.
- Pressures individuals including family breakdown, low educational qualifications, insecurity of employment and alcohol and substance misuse.

A Fife Multi-agency Suicide Prevention Partnership Group has been set up to deliver the requirements set out in Scotland’s Suicide Prevention Strategy: Every Life Matters (10 key actions) and Fife’s local suicide prevention action plan. However, it is important to state the interconnectedness of this four year mental health strategy with the four risks noted above and Fife’s commitment to a 20% reduction of the number of suicides across Fife by 2022.
Prevention and Early Intervention – Our Commitments are

- We will provide all children and young people, who present to GPs with emotional or mental health issues, with a face to face contact within 1-2 weeks, providing a holistic assessment of their needs and effective signposting and engagement with services offering support for emotional wellbeing and mental health.

- We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.

- We will improve transition pathways for children moving into adult mental health services.

- We will ensure that all Care Experienced children have an assessment completed within 4 weeks in line with the Guidance on Health Assessment for Looked After Children and Young People in Scotland.

- We will develop multi-disciplinary assessment and pathways for those individuals with more complex needs, e.g. children experiencing trauma, Attention Deficit Hyperactivity Disorder (ADHD) and Autism.

- We will review the Children & Young People Learning Disability Service (CYPLD) to establish a single CYPLD multidisciplinary team which has a single management structure and single set of case notes which is co-located and works closely with other agencies. (Ref NHS Fife Clinical Strategy Transforming Healthcare in Fife 2016 – 2021)

- We will continue to support the roll out of training to all schools: Branch Out Programme, 7 Habits of Highly Effective People, Teens, Families and Schools and Mindfulness
• We will support the national process in undertaking a needs assessment for an inpatient unit in Scotland for CYPLD who require admission. (Ref NHS Fife Clinical Strategy Transforming Healthcare in Fife 2016 – 2021)

• Can we end the stigma of mental health? There’s nothing shameful in asking for help – but we need to stand up and lead the voices in telling people this (feedback from the People’s Panel Survey Dec 18/Jan ‘19)

• We remain fully committed to challenging stigma and discrimination in mental health and to advance people’s rights to live in an inclusive society. Fife is actively working in partnership with national and local organisations to strengthen the anti-stigma message through the “It’s Okay” Campaign, “Pass the Badge” and “Walk a Mile” events.

• We will implement Fife’s suicide prevention action plan

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**Prevention and Early Intervention - What will success look like?**

• CAMHS First Contact Appointments will be available in each locality providing all children and young people, who present to GPs, with an initial assessment of need and effective signposting to services offering support for emotional wellbeing and mental health.

• Fife CAMHS will have established strong partnership working with adult mental health services to ensure that effective transition arrangements are in place for all young people moving between services.

• Children and young people will access appropriate mental health treatment and support in accordance with national standards through a range of matched care appropriate interventions.

• At least 90% of children and young people will wait no longer than 18 weeks from referral to treatment for specialist child and adolescent mental health services. (LDP standard)

• 100% of looked after child assessments will be completed within 4 week

• Our high profile participatory events which challenge stigma and discrimination will promote understanding and acceptance in Fife that we all have mental health in the way that we all have physical health.

• There will be a 20% reduction of suicides in Fife by 2022
Shifting the Balance of Care

Fife remains committed to supporting people who are admitted to hospital with mental ill health to continue their rehabilitation and recovery in community settings. Modernisation of psychiatric rehabilitation services aims to maximise the opportunity for social inclusion. Adopting a multi-disciplinary approach the focus will be on the person’s unique ability to recover within a variety of settings.

An example of where this approach has been successful is the redesign of services at Stratheden Hospital, Cupar. The multi-disciplinary team worked with people who had been resident in hospital, some for many years, to help them access a range of support and alternative accommodation within their local communities. Using a personal outcomes approach to assessment and care planning, people were supported to leave hospital and to live in their local communities, fully experiencing life and enjoying their rights in the same way, as far as practicable, as people not so affected by mental ill health.

The ongoing rebalancing of care agenda will ensure that, where possible, anyone with severe and enduring mental ill health will be supported to have meaningful opportunities living in their own community as is their right. The rebalancing care agenda aims to reduce reliance on inpatient hospital care and is underpinned by well-developed access to treatment and to joined up accessible community care services.

The key policy drivers around enabling care and treatment at home, shifting the balance of care from hospital to the community, supporting recovery in mental health, preventing admission and readmission to hospital and facilitating timeous discharge from hospital requires the support of Carers as key partners. It is therefore imperative that Carers are better supported to be both effective in their caring role and enabled to look after their own health and well-being. The Carer’s journey (adult carer or young carer) runs parallel to their relative’s journey and neither can be considered in isolation.
Estates

Our commitment to shift the balance of care will mean less reliance on estate. For the estate that is retained we will ensure the provision of therapeutic facilities and environments which offer privacy and maintain dignity as an essential aspect of quality in patient care provision.

A proposal on Mental Health Estate Reconfiguration is currently being developed to start the process of delivering its vision for inpatient services as part of the mental health redesign. This will focus on:

- Optimum use of inpatient care.
- Optimum Community Care provision.
- Increased choice and empowerment for those who use services.
- Increased knowledge and skills of staff to develop the personal outcomes approach across all services.

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- We will ensure that where hospital admission is necessary, it will be high quality, person centred, outcome and recovery focussed

- We will continue to improve our facilities from which services are delivered and ensure they are fit for purpose.

- We will have an improved pathway, where discharge planning begins at the point of admission

- Our approach will be holistic, embedding ‘good conversations training’ for staff, keeping the person at the centre and recognising the invaluable role of families/carers as key partners.

- We will develop community based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery oriented services’ (Repper 2013) is the added value of mutual support.

- We will develop suitable community alternatives to support people to be discharged from hospital and enable them to live independently in the community.

- We will aim to reduce hospital admission/readmission rates with improved outcomes for people and their families.

- We will ensure that people have choice, control and flexibility in relation to their care and support.

- We will ensure that our resources are targeted effectively to deliver best value and best quality interventions across all mental health services.
Shifting the balance of care - What will success look like?

- There will be a reduction in hospital admission/readmission rates with shorter stays and improved outcomes for people and their families/carers.

- People will experience choice, control and flexibility in relation to their care and support, within facilities that are fit for purpose.

- A suitable range of community alternatives will be coordinated and available to support people to be discharged from hospital and to live independently in the community.

- There will be a reduction in the number of inpatient beds required.

- Resources will be used efficiently to deliver best value, best quality interventions across mental health services.
Access to Treatment and Joined-up Accessible Services

Appropriate, responsive and flexible access to services and support for people with mental ill health, within an appropriate timescale, is something that should be available to everyone.

Services should be suitably flexible and digitally informed to offer the least intrusive, high quality, specialist care and support for those who have higher levels of need, as well as more general support and advice.

Primary Care and Mental Health

Primary care has been defined by The Health Foundation (2011) as “the first point of contact for people using services. It involves generalist care rather than care from a specialist and may be a one off visit or part of a series of ongoing care. About 90% of all contact with health services in the UK involves primary care”. Driving and Supporting Improvement in Primary Care 2016–2020 (Health Improvement Scotland).

The strategic planning and commissioning for primary care services is the responsibility of Integration Authorities. The National Mental Health Strategy highlights the fact that mental health and well-being is a common reason why people consult their GP. Transformation of primary care is seen by the Scottish Government as key to delivering the National Clinical Strategy, with testing and evaluating new models of service provision, including those for supporting mental ill health in primary care, being a vital part of this.

Primary Care and Mental Health – What are we currently doing in Fife?

Scottish Government funding to support the transformation of Primary Care is being used to introduce specialist mental health nurses and Local Area Co-ordinators/Community Connectors into GP Practices. The nurses will provide first contact appointments in Primary Care for people seeking help with mental health-related issues. The Local Area Co-ordinators/Community Connectors/Primary Mental Health Workers will provide information to children, young people and adults to promote a range of community-based resources, including computerised self-help that may support mental health and wellbeing.

The Better than Well service is a new model of care to provide help for people with a history of traumatic experiences who are experiencing mental health problems. People can either refer themselves or be referred by their GP. The service, which is run by the third sector in collaboration with staff from Fife’s Psychology service, offers a joined up and accessible way to meet a wide range of needs. The service has been evaluated and based on its success in Kirkcaldy and Levenmouth is being rolled out to other areas of Fife.
Primary Care and Mental Health – our commitments are

- We will design, evaluate and implement services to provide high volume, low intensity responses to common mental health problems to reduce the pressure on GP resources across Fife.

- We will improve access to help for children, young people and adults with mental ill health presenting at GP surgeries across Fife.

- Self-help coaches will provide support to people who have a history of traumatic experiences who are experiencing mental health problems.

- We will ensure that Carers, as key partners, also have improved access to support and information.

Community Mental Health Teams (CMHTs)

In a CMHT people are supported by a single multi-disciplinary team who are familiar to them and with whom they have a continuous relationship. CMHTs sit within secondary care services, operating a tiered approach, with procedures in place to facilitate communication between tiers.

The inception of CMHTs brought a new way to deliver care and treatment to people in or close to their own homes. The relatively recent establishment of CMHTs throughout Fife is a means of meeting the objectives laid down in both national and local strategies by providing co-ordinated, integrated care in a proactive, anticipatory approach with the person at the centre using resources, including telecare and telehealth care, as efficiently and effectively as possible.

CMHT – What are we currently doing in Fife?

CMHTs provide support for people:

- with complex mental health needs where there are concerns regarding impairment as a consequence of mental illness and/or disorder.

- where input from several mental health professionals is required (e.g. Psychiatrist, Occupational Therapist, Psychologist, Community Psychiatric Nurse).

- where there is diagnostic uncertainty and where a diagnosis is likely to influence treatment.

- where there are concerns about risk.

- where other treatments have been ineffective such as primary care based psychological approaches or medication.
CMHTs – Our commitments are:

- We will continue to provide a service that is proactive, pre-emptive and coordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible.
- We will provide our service at the most appropriate level to best suit individual needs.
- We will ensure that duplication within services is minimised.
- We will ensure that access within the service, between tiers of care and to the voluntary sector are as seamless as possible.

Specialist Mental Health Teams

Mental health specialist services in Fife are varied. Staff teams work with people requiring support for a variety of mental health and/or psychological issues. These include psychiatrists, psychologists, and therapists.

What are we currently doing in Fife?

Dementia and Older Adult Intensive Support

In the North East of Fife, EAST provides a multidisciplinary approach in assessing and providing short term support to people over the age of 65 years with a diagnosis of dementia or other mental health illness. The team, which involves Health and Social Work employees (nursing staff, Occupational Therapy, Social Work and NHS support workers), provides an intensive, specialist needs assessment service for people with dementia in their own homes to avoid admission to a
hospital environment. EAST maintains close links with a range of services to enable more holistic needs led solutions to individual cases.

Central Fife has a similarly functioning specialised assessment team known as CAST which is not multidisciplinary. CAST is a specialist mental health nursing assessment team and is part of the Mental Health Service for Older People. The team currently takes referrals from the Levenmouth area and a limited number of Kirkcaldy practices. It provides short-term, home-based assessment, treatment and support for people over the age of 65 with mental health difficulties including dementia who have related problems of a complex nature and for younger adults with an established diagnosis of dementia.

**Eating Disorders**

Eating disorders are serious psychological disorders that require specialist care due to the complex combination of both psychiatric and physical health problems. Fife CAMHs established Scotland’s first Intensive Therapy Service (ITS) in 2002. The ITS provides high levels of support and therapeutic intervention to young people who are experiencing severe and complex mental health issues, and their family and carers. The support is provided within community settings and is tailored with regards to intensity, frequency and therapeutic approach to meet the needs and clinical presentation of each individual young person.

Approximately 50% of the children and young people seen by the ITS have a diagnosable eating disorder. The service has developed a range of evidence based interventions to be responsive to both physical and emotional needs and provide therapeutic support to these children, young people and their families. Intervention includes:

- Home meal support
- Individual psychological interventions
- Family based intervention including Family based Therapy (FBT) and systemic psychotherapy

Fife CAMHS is members of the Scottish CAMHS Eating Disorder Steering Group and has representation on the South East Regional Governance Group for Eating Disorders.

Fife Anorexia Nervosa Intensive Treatment Team (ANITT) provides intensive community-based support and treatment for adults with severe and/or enduring anorexia nervosa, who might otherwise require admission to hospital. The multi-disciplinary team, based at Stratheden Hospital, Cupar can provide medical monitoring, psychological therapy, nutritional input as well as mealtime and social support. This is a small team and further consideration is required to ensure the model is robust and sustainable.

**Personality Disorders**

Providing support for people with personality disorder is recognised as core business of the mental health and psychology service in Fife. There is ongoing work within the services across all departments to develop an integrated care pathway to improve the care experience for people with personality disorder informed by the Royal College of Psychiatrists in Scotland report (CR214 2018).

Recognising that personality disorder is common, our service will provide parity of esteem for people with this disorder. We acknowledge that stigma is a reality in the lives of people with personality disorder (MWC 2018). Providing a service Fife wide, diagnoses will be made collaboratively with
shared formulation. Using effective evidence based therapy models, we are committed to developing a service that provides support in a recovery focused way, promoting empowerment and self-management.

**Psychological Therapies**

Psychological interventions are effective for common mental health problems. The Psychological Therapy Service specialises in the delivery of evidence-based psychological assessment and interventions which meet the needs of varied populations. This includes working with people, families, groups, staff teams and organisations. We work alongside our colleagues in multi-disciplinary teams to share psychological formulations and together make sense of complex problems.

The Scottish Government continues to support NHS Boards to reduce waiting times for access to psychological therapies for all ages. Services are being developed to make it easier for people to access support including the appointment of additional psychology staff in Older People’s services, Adult Mental Health services, Children’s services and CAMHS.

New group programmes and classes have been developed to help people, deal with stress, anxiety, low mood and depression, improving assertiveness and improving well-being. All of these have been tested and evaluated and found to be successful.

The Access Therapies Fife website ([www.accesstherapiesfife.scot.nhs.uk](http://www.accesstherapiesfife.scot.nhs.uk)) was launched in November 2018. Adults of all ages in Fife can refer themselves to the newly developed group programmes and classes or they can book an assessment appointment for a 10 week trans-diagnostic therapy group. All of the groups and classes are held Fife-wide. The website makes it easier for adults of all ages to find high-quality self-help information and resources.

Fife’s Psychology service has been actively involved with the Scottish Government’s Mental Health Access Improvement Support Team (MHAIST) programme to support quality improvement work. Fife’s online therapy programme, Beating the Blues, provides sessions of cognitive behavioural therapy (CBT) that people can access in their own home or local libraries. This service is now mainstreamed within Fife Psychology service and has received over 3700 referrals since 2014.

The primary care psychology service for children and young people who are experiencing mild to moderate psychological difficulties provides early intervention for children and young people up to 17 years of age and their families. The service offers a range of brief interventions/therapies including 1:1 and family-based CBT and parenting work. The service is continuing to expand its range of group programmes to meet demand.

To support the delivery of evidence based therapies for people as part of a holistic approach to their needs, we are key partners in the multidisciplinary approach to developing services for adults with
complex needs, including the establishment of community mental health teams across Fife and a pathway for people with personality disorder/complex trauma.

Mental health occupational therapists are involved in the provision of psychological therapies to people of all ages which is evidence based including behavioural activation, cognitive behavioural therapy and cognitive remediation therapy.

Perinatal Mental Health

In Fife, women requiring support either in the latter stages of pregnancy or after giving birth with their mental health and wellbeing can access support either through the liaison psychiatrist, via the maternity unit, or once back home, from their GP. Either the GP or Health Visitor can make a referral to the appropriate specialist mental health support.

For children under 5 years of age, Fife CAMHS has developed and delivers a pathway for children presenting with signs of emotional distress related to early trauma, conflict or significant life events such as parental mental health.

Specialist Mental Health Teams – Our commitments are:

- To review our specialist older adult/dementia related intensive support services following community mental health teams becoming embedded across all localities.
- We will continue to provide support and treatment for people of all ages who present with an eating disorder.
- We will continue to prioritise intensive community intervention and review specialist services supporting adults with eating disorders to ensure the current model is robust and sustainable.
- We will continue to deliver evidenced based training based on cognitive behavioural and dialectical behavioural therapies and develop an integrated care pathway to improve the care experience for people with personality disorder.
- We will continue to re-design our Psychological Therapy service to ensure we provide effective responses to the needs of people with the most complex needs as well as developing a range of flexible options for people with less complex needs with an emphasis on partnership working and early intervention.
- We will continue to raise awareness of the availability of psychological therapies amongst older adults such as anxiety and depression.
- We will develop a Fife-wide care pathway for perinatal mental health assessment and referral.
- We will make information about pre-pregnancy mental ill health available to women at risk
- We will develop clear links between primary care, crisis support and community support in perinatal mental health.
• We will scope training requirements for Health Visitors in perinatal mental health.

• We will arrange awareness sessions/training for all staff working with mothers and infants on infant mental health.

**Voluntary Sector**

It is widely recognised that third sector organisations are a key component in the Health and Social Care Partnership being able to deliver on its outcomes and it is of critical importance that we continue to work in partnership to drive progress. These services are key to the implementation of this 4 year strategy as they can prevent an individual’s condition or illness from escalating and requiring statutory services (health and social care). They can also enable timely discharge from hospital where additional support is required to facilitate this.

It is essential we ensure that the functions of the voluntary organisations supporting people with mental ill health and their carers align with the development of a ‘joined up’ pathway for mental health services through our shifting the balance of care agenda. Resources must be targeted effectively to support people to access the right support at the right time.

There is currently a broad spectrum of support services being provided by the voluntary sector for people in Fife affected by mental ill health, many of which have been in place for several years.

**Voluntary Sector - Our commitments are:**

• We will undertake a full review of the services currently provided by our partners in the voluntary sector, informed by this four year strategy, to further develop innovative service solutions where required with focus on recovery and support to carers in the community, including young carers. This review will be completed by January 2020.

**Access to treatment and joined up services – What will success look like?**

• There will be a reduction in pressure on GP resources.

• There will be less reliance on inpatient psychiatric hospital beds.

• Pathways for individuals and carers will be clear and outcomes measureable and directly linked to this Strategy document.

• Services provided in the community will be coordinated, people will experience this as seamless and resources will be targeted efficiently and effectively.

• People presenting to specialist mental health services will have a clear pathway resulting in positive experiences of using the service.
• At least 90% of children, young people and adults will wait no longer than 18 weeks from referral to treatment for Psychological therapies or CAMHS. (LDP)

• Telehealth and telecare technologies will be deployed to support people to engage in and control their own health care, empowering them to manage their care in a way that is right for them.

• Increasing numbers of people will access psychological therapies via the Access Therapies Fife website.

• Increasing numbers of people across all ages will access evidence-based psychological therapies that meet their needs and are delivered in a timely manner

• Services and Service Level Agreements with our partners in the voluntary sector will be current and reflect the joint commitment to an asset based, person centred and recovery based approach informed by national and local drivers for change.
Unscheduled Care

Too often, people with mental health needs experience longer waits in out of hours services than people with physical health needs. This is unacceptable and is a basic issue of parity in healthcare.

People in psychiatric crisis often lack connections to community resources and present to emergency departments for care. Models providing a rapid response post initial crisis have proven to reduce attrition from services and reduce frequency of Emergency Department attendances longitudinally.

Effective transitions in care can help reduce suicide risk among individuals receiving mental health care. Planning for care transitions and making them as easy as possible for people has been highlighted as an important part of a comprehensive approach to suicide prevention. Failure to attend appointments following on from a suicidal crisis assessment frequently occurs.

Fife is committed to working with partners to develop effective, efficient and sustainable approaches to dealing with ‘people in distress’ who impact heavily on critical services.

Unscheduled Care - What are we currently doing in Fife?

Scottish Government has allocated additional funding to support the realisation of Action 15 of the National Mental Health Strategy: Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP Practices, every police custody suite and to our prisons. Over the next five years increasing additional investment to £35m for 800 additional mental health workers in those key settings which sits within the access to treatment and joined up accessible services workstream of the National Mental Health Strategy 2017 to 2027.

Fife’s Health & Social Care Partnership (HSCP) portion of this commitment is to employ an additional 54 (paid) mental health workers. The funding is available from 1st April 2018 to 31st March 2022.

Detailed below are some of the proposals being taken forward:

- Primary Care Nurse Triage
- Better Than Well Project
- Women’s Justice Team Health Support
- Unscheduled Care Assessment Team Psychological Intervention (UCAT-PI)
- Peer Support Out of Hours/Community Café

The proposals are only being funded for a period of 12 months and during this time each of the proposals will be closely monitored and evaluated to ensure they meet their objectives. The Scottish Government has been clear that they expect that proposals will evolve and develop over the years and may look quite different to those identified at this stage.

The Primary Care Nurse Triage project is a new development for Fife, is designed to have a positive impact in GP Practices. As such it is relevant to one of the key areas of MH Strategy Action 15.
The planned evaluation is focusing on the impact on GP capacity as well as on patient experience and on use of other mental health services. There is a potential benefit to the wider system, including A&E and the police, in that better meeting need in Primary Care should reduce demand (or change the nature of the demand) on other parts of the service. However, detailed assessment of this is beyond scope of the current planned evaluation.

The Better than well (BTW) service is designed to meet the needs of people who are experiencing the negative impact of significant or complex trauma associated with adverse childhood events or abuse in adulthood. This is a group of people who due to the nature of their circumstances and difficulties are known to present to services in crisis. Such people can be significant users of services such as A&E.

A Mental Health Addictions Nurse and Psychology Assistant are part of the Women’s Justice Team, which supports women who offend and provides a multi-disciplinary approach. This ensures appropriate interventions are implemented to enable women to adopt pro-social lifestyles and reduce or eliminate their pro-criminal activity; improve self-esteem, health and wellbeing, and through this reduce re-offending.

The Unscheduled Care Assessment Team (UCAT) is currently piloting access to time limited sessions with a mental health practitioner post UCAT assessment. These sessions are available to people assessed in crisis and referred onwards to the Community Mental Health Teams (CMHT) whilst waiting for their first appointment. The service is also available to people post UCAT assessment requiring a brief period of motivational interviewing to facilitate engagement with the third sector or who would benefit from a short problem solving and distress tolerance intervention.

People who attend the Emergency Departments and are already known to mental health services are triaged directly to the Unscheduled Care Assessment Team (UCAT), if appropriate.

There are regular meetings between Emergency Departments and UCAT to share information and coordinate responses.

Calls to NHS 24 that are deemed to be suitable for telephone support/management are now being dealt with by UCAT.

We are currently developing a community development peer support service in an informal setting, out with normal working hours, based on the model of a community café. These cafes will offer mental health support to people who are struggling with their mental wellbeing in their own community. The service will offer a safe space for people to discuss and explore mental wellbeing and also increase their resilience.

The Decider Model staff training tool has been funded to meet the particular needs of people with personality disorder. The training provides a range of proactive life skills that are helpful for all and particularly at times of crisis. These skills provide a common language for communicating about difficulties in emotional regulation and self-management. Skills are based on evidenced based interventions (Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and mindfulness) and are grounded in theory and can be adapted to a range of service settings.
We currently work within a multi-agency protocol for people who may have a mental illness, learning disability or personality disorder that are currently detained or alleged offenders from initial police involvement through to admission to hospital, community support or prison.

**Unscheduled Care - Our Commitments are:**

- We will reduce the pressure on emergency/crisis services.
- We are committed to ensuring parity in healthcare for individuals attending Emergency Departments with a mental health related issue.
- We will work with our Emergency Department colleagues to ensure processes are as seamless as possible to eliminate unnecessary waits whilst ensuring best quality care is delivered.
- We will work with partners in the third, independent sector and Police Scotland to make available more community-based places of safety for people experiencing mental health crisis or who are under the influence of alcohol or drugs to avoid the default use of Custody Suites or Emergency Departments where it is not appropriate for their care and support.
- We will establish a culture of anticipatory care planning within our community teams to promote self-management and enable best management of crisis.
- We will work with NHS 24 to explore how best to deliver locally based mental health services.
- We will continue to develop information sharing services with Police Scotland to assist with best delivery of coordinated response and access to services in addition to promoting the least restrictive options.

**Unscheduled Care - What will success look like?**

- Police Scotland, GPs, Emergency Departments and Custody Suites will see a reduction in demand for their services with improved outcomes for people accessing mental health services. (Action 15 National Mental Health Strategy)
- A range of out of hours support with additional mental health workers located within key settings across Fife’s communities will be established.
- Potential reduction in voluntary admission of patients in crisis.
- Increased attendance at new patient appointments.
- Outcome measure – gathering information on CORE 10 (assessment of distress), PHQ9 (assessment of depressive symptoms) and feedback from people on what matters to them.
‘Follow up’ is vital

Drop in any time for a chat!

Well THIS will help!

Take 2 per day . . .

. . . but THEN what?
Physical Wellbeing

The Scottish Government’s Mental Health Strategy (2017-2027) confirms that people with mental health problems are more likely to die 15-20 years earlier than their general population peers from common physical health problems such as diabetes, heart disease and stroke. We know that people with depression are twice as likely to smoke as other people. People with schizophrenia are three times as likely to smoke as other people. Holistic, joined up care at every level needs to be driven at pace to counteract the major inequalities related to life expectancy for people who have long term mental health problems.

Physical Wellbeing – What are we currently doing in Fife?

The Physical Health and Mental Health Steering Group supports the development and delivery of standardised, safe, effective and person centred physical health care for people being supported by mental health services.

The steering group has progressed several key areas of physical health improvement activity within mental health services in line with the aspirations of the local and national mental health strategies. This has had a positive impact on the care people receive. The group will continue to focus efforts to support better physical health outcomes for people in receipt of care and support from the service. This will be evidenced through the group’s work plan.

- We will fully implement the “Passport to Health” tool in all wards and appropriate community teams to provide screening, clinical support and signposting for patients. (Audit Report 2019)
- We will review our admission documentation to include physical health screening.
- Dementia Strategy: elements related to physical health are being progressed.
- We will implement staff awareness and training programmes in supporting people experiencing delirium
- We will continue to ensure the safe transfer of people between Acute and Mental Health Wards.
- We will implement a Smoking Cessation plan with support from Health Promotion colleagues.

Staff from the Health Promotion Team also provide “Delivery of Impact” training to increase knowledge and awareness of the links between poor physical health and poor mental health. Practitioners are encouraged to have informed discussions about this link with the people they support.

We are working in partnership with organisations to raise awareness of the importance of good nutrition for people with mental ill health, promoting key messages and campaigns including building capacity through the Fife Food Champions network and the use of community kitchens.

Fife’s Alcohol and Drug partnership is developing an integrated care pathway on comorbidity.

Mental Health Occupational Therapy (OT) services assess people’s physical health as part of a holistic assessment and work with partners in Fife Sports and Leisure Trust to develop physical activity programmes for people who are able to attend and access local sports centres. OTs also discuss potential alcohol and drug use with people they support - carrying out alcohol brief interventions, signposting people onto other services including smoking cessation group
Employment

The feedback obtained as part of our engagement and consultation indicated that people are keen to promote mentally healthy workplace environments across Fife, which take into account the fluctuating nature of mental health.

Returning to work can be daunting for people who have been away from the workplace for a period of time. There is a recognition, therefore, that creative solutions should be identified to allow people to ‘dip their toe’ into (or back into) employment, providing safe spaces to help them learn new skills and increase their confidence. Options may include peer support, volunteering and community cafés.

The Single Health and Work Gateway, currently being piloted in Fife and Dundee, has been established to increase employability support for people living with disabilities and long-term health conditions. The project, which will run until 2020, provides a single point of contact for those at risk of falling out of work or who have recently left work due to ill health.

Mental Health Occupational Therapy service works in partnership with Fife Employment Access Trust (FEAT) to deliver the Employ your Minds project as well as with Fife’s Individual Placement Support service (IPS). The IPS service supports people with severe and enduring mental ill health to return to work, both paid and voluntary. In addition, the Service works in partnership with the Delivering Differently project, which aims to improve employment outcomes for people in Fife who are experiencing mental ill health.

Let’s challenge any barriers to work

Sometimes I just need a wee bit of confidence...

MY journey

‘Safe space’

...to dip my toe in the water!

Housing and Homelessness

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community (National Health and Wellbeing Outcomes – Outcome 2).

Inappropriate housing can significantly reduce the ability of people with mental ill health from leading independent lives. In recognising this, the Health and Social Care Partnership, the Council’s Housing Service and Housing Providers in Fife, through the Housing Priorities Working group and in line with the Local Housing Strategy (2015-2020), we have:
• Mapped current housing provision for vulnerable adults to identify what is being provided within health and social care localities

• Developed and implemented a training plan for front line housing staff around housing and health and social care integration

• Reported regularly on housing support and adaptations and the people being supported to ensure equity across the general population

• Identified a process which provides detailed information to Housing Services on all young people and adults known to have a need for housing and for Housing Services to use that information to offer appropriate housing.

### Physical Wellbeing – Our commitments are:

• All mental health related support services will be holistic, keeping the person at the centre, ensuring they maintain optimum physical and mental health.

• We will continue to promote the National Physical Activity Pathway (NPAP) as a set of steps staff can take to encourage people they work with to be more active. It targets adults who are inactive or not active enough to benefit their health and can be used in any face to face conversation. (NHS Health Scotland)

• We will continue to focus on outcomes that matter to individuals; reflecting the importance of aspiration, meaningful activity and employment as part of a person’s journey to health.

• We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments.

• We will ensure that people with mental ill health are offered the same access to housing as those not so affected.

### Physical Wellbeing – What will success look like?

• We will have equity across mental and physical health; that is emotional and mental health care will have equal status with physical health care.

• There will be an increase in the number of people with mental ill health accessing health screening

• There will be an increase in the number of people with mental ill health accessing, or returning to, work

• There will be an increase in mentally healthy workplaces.

• Alcohol & Drug Services: At least 90% of people will wait no longer than 3 weeks from referral to treatment. (LDP)
Rights, Information Use and Planning

A human rights-based approach is intrinsic to the commitments of our Strategy. This is being addressed through the PANEL principles: Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality.

What are we currently doing in Fife?

The Scottish Government’s mental health and incapacity laws will continue to provide the necessary protection to people who are affected by mental ill health.

In Fife we will continue to work within the legislation to ensure a human rights based approach is taken throughout the implementation of all commitments under this Strategy. The legislation will be reinforced within all induction, training and workforce development for staff, as appropriate.

The Rights for Life Declaration (add link) aims to help achieve transformational change to the way people affected by mental ill health enjoy their rights. It is based on the views of people with experience of mental ill health and those family and friends who care for them.

Our Commitments are:

- We will ensure our staff continue to practice and adhere to all human rights legislation.
- We will ensure the principles of the Rights for Life Declaration are embedded in mental health services and supports across Fife.
Workforce

As part of our agenda to shift the balance of care, we must have the correct balance of suitably trained, confident and competent staff to support people within their local community and to promote early intervention and treatment, as well as within ward settings. All of the work being progressed in reshaping our mental health services is aligned to the national Health and Wellbeing Outcomes and also the Fife Clinical Strategy, NHS Quality Strategy, 20:20 vision and Everybody Matters workforce plan.

There are several workforce issues which are relevant to the implementation of this four year strategy. Workforce challenges include an ageing workforce, retirements, including MHO status allowing people to retire at age 55 if they choose to do so, recruitment and retention, use of locums to fill gaps and workforce standards.

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**Workforce - What are we currently doing in Fife?**

Following a comprehensive review in 2018 across all mental health inpatient wards in Fife, A Mental Health Nursing Recruitment Group was formed to consider various aspects of nursing across mental health services including support for workforce planning, to promote professionalism, to lead recruitment and provide support for student nurses and newly qualified practitioners.

The remit of the group is to evaluate roles and responsibilities across the service, to ensure all tasks are being undertaken by the most appropriate staff members whilst at the same time, identifying any gaps which may enhance people’s experience of the service being provided.

To support employers, the Health Promotion Workplace Team provides advice and information with all aspects of workplace health, safety and wellbeing, including developing and supporting Mentally Healthy Workplaces.

The team organise and deliver a number of training courses for employers:

- Mentally Healthy Workplace for line managers and supervisors
- Mental Health First Aid courses provided to workplaces in Fife
- Steps for Stress training

The team has developed Mental Health information and campaign packs in partnership with Health Promotion Service Information and Resource Centre to raise awareness of these topics.
Workforce - Our Commitments are:

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing in each area of the service.
- We will ensure the working environment of our staff is fit for purpose.
- We will continue to support the health and wellbeing of our staff through training, information sharing, supervision, our Live Positive – A Stress Management Tool.
- Through the National mental Health Strategy Action 15 funding, we will employ an additional 54 members of staff supporting mental health and wellbeing services in Fife.
- Through our Mental Health Recruitment Group we will seek to promote nursing within colleges and universities to encourage people to work and remain working in Fife.
- We will continue to have discussions within schools in order to attract pupils into working within mental health services, offering a variety of options and career pathways.
- A significant requirement of this strategy’s implementation will be a workforce plan relating to all the main professional groups, supported by Union and Staff side representatives.

Workforce - What will success look like?

- There will be an appropriate mix of staff across acute and community settings to meet the requirements of our redesigned mental health service.
- The workforce within mental health services will expand beyond traditional roles and be confident, competent and suitably trained.
- There will be an increase in “mentally healthy” workplaces across Fife.
Participation & Engagement

Fife’s HSCP Participation & Engagement Strategy co-written with public representatives sets out the underpinning principles and engagement approaches which will enable the Integration Joint Board (IJB) to communicate in a person centred way whilst meeting the legislative requirements.

The Strategy:

- Ensures the Partnership has mechanisms to engage with a wide range of people at locality level.
- Provides a feedback mechanism to ensure the Partnership is sighted on public/community views.
- Provides a forum for members of the public who are committed to supporting the work of the Partnership.
- Raises the profile of an IJB who values experience of people accessing services or supporting those who do.
- Provides opportunities for collaborative working across sectors with an ability to build capacity for participation and engagement.

Gathering community view and knowledge
The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them.

Individual experience
This approach takes into account the value of the individual experience and how this can influence service changes and achieve positive outcomes.

Special interest groups
The users of specialist services have the knowledge and experience which will increasingly be used to enhance or redesign services and make changes when need. We will use networks that are knowledgeable and have access to the right people for the topic

Participation and Engagement – What are we currently doing in Fife?

Individual experience is taken into account from feedback provided through complaints, compliments, questionnaires, etc.

There is a well-established Mental Health Focus Group; the group is for people with lived experience of mental health problems (including their carers). This group acts as a reference group for the Mental Health Strategy Implementation Group (MHSIG) in Fife through participation and engagement activity. Group members are in a position to feed issues that matter to them into the MHSIG group as well as taking direction from the MHSIG to develop and contribute to the mental health agenda in Fife.
The Group to date has helped to organise, participate in and feedback on consultations, been involved with discussions around the options for crisis care, supported the National See Me Campaign to challenge stigma and discrimination, have successfully influenced befriending support, with selected voluntary organisations identified to develop befriending approaches across Fife and raised key issues through the MHSIG.

**Participation and Engagement – Our commitments are:**

- We will develop and expand the membership of the Mental Health Focus Group.

**Participation and Engagement – What will success look like?**

- The Mental Health Focus will meet across all localities.
## Managing Risk

Any transformational change to services will carry a degree of risk. Whilst not all risks can be anticipated, we have identified areas which may contain a degree a risk as this strategy is implemented.

<table>
<thead>
<tr>
<th>Risk Title</th>
<th>Risk Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial</strong></td>
<td>The level of resources is insufficient to meet the outcomes and commitments of the Strategy.</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td>That the service is unable to recruit to vacant registered nurse posts within Mental Health services to current establishment levels and the requirement of the Nursing and Midwifery Workforce Review which will impact on service delivery, patient experience, continuity, staff morale and finance.</td>
</tr>
<tr>
<td><strong>Culture Change</strong></td>
<td>There is a risk that staff do not adapt to the scale of change or that managers do not successfully lead and manage the required changes which could lead to gaps in service and negative impacts on the workforce.</td>
</tr>
<tr>
<td><strong>Hospital beds</strong></td>
<td>Following redesign there are insufficient acute beds for people presenting with mental ill health that require admission to hospital.</td>
</tr>
<tr>
<td><strong>Availability of information</strong></td>
<td>Any follow up engagement reports a lack of knowledge and information about available services and support.</td>
</tr>
<tr>
<td><strong>Lack of External Provision</strong></td>
<td>Following redesign, a suitable mix of supports are unavailable outwith the statutory sector.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>The Partnership fails to properly engage with all stakeholders.</td>
</tr>
<tr>
<td><strong>Children’s Services</strong></td>
<td>There is a risk that pressure to prevent children and young people with non-acute mental health problems waiting more than 18 weeks for treatment will impact on the safety of young people with more severe mental health problems.</td>
</tr>
</tbody>
</table>

A Risk Log will be maintained to monitor risks as they arise as well as action taken as part of each implementation plan.
Management and Governance

The Mental Health Service is managed and governed within the Fife-wide Division of the Fife Health & Social Care Partnership. It is a Fife-wide service delivering the full range of inpatient, community care, social care and treatment for patients of all ages experiencing mental illness and a range of mental health problems, including alcohol and drug dependency.

It is a large and complex service organised into operational and functional service units in order to provide secondary, tertiary and specialist services, and to work in partnership with Fife Council, Primary Care, Acute Division and the voluntary sector. The service is geographically organised to provide inpatient and community general adult and elderly psychiatric care, and functionally organised to provide general and specialist community services for children and young people, and those with addiction problems.

Governance arrangements

System wide governance is co-ordinated by the Mental Health Strategy Implementation Group (MHSIG). The MHSIG reports on its work and the work of those sub groups it oversees to the HSCP Clinical & Care Governance Committee and ultimately to the Integration Joint Board of Fife’s Health and Social Care Partnership.

The development and implementation of this Strategy will be overseen by the MHSIG with representatives from all professional leadership roles, people with lived experience of mental illness and from third sector organisations with a specific interest in Mental Health Services.

The remit of the MHSIG is:

- To set direction for Mental Health Services in the partnership, bringing in aspirations from Mental Health Strategies and other relevant local and national strategies
- To maintain a strategic overview of all Mental Health activity and planning across Health and Social Care and make decisions in relation to priorities
- To commission the establishment of Sub Groups to drive forward priority pieces of work for Mental Health Services in the partnership
Mental Health Strategy Implementation Group (MHSIG)
Governance Arrangements

- NHS Fife Board
- Integration Joint Board
- Fife Council Scrutiny Committee
- HSCP Clinical & Care Governance Committee

Mental Health Strategy Implementation Group

- Mental Health Rebalancing Care Group
  - Workforce Planning
  - Community
  - Psychological Therapies Steering Group
- Stratheden Redesign Operational Group
- Voluntary Organisations
- Participation & Engagement
- Early Intervention & Anti Stigma
- Mental Health Strategy: Action 15
Appendix 1

Strategic Context

The national policy context applies to and has informed this Strategy as detailed below. Where there is a local equivalent policy, strategy or action plan, this is summarised after the national overview.

**National Mental Health Strategy 2017 to 2027** provides new opportunities for local areas to develop their own approaches, to innovate and to work across service boundaries to meet the needs of local population. This Strategy aims to make clear the scale of the ambition over 10 years, to focus national actions to support local delivery, to remove barriers to change, and to make sure that change happens.

**Scottish Government’s 2020 Vision for Health and Social Care Delivery** emphasises integrated care and prevention, anticipation and supported self management

**Health and Social Care Integration: The Public Bodies (Joint Working) (Scotland) Act 2014** sets out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and service by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes. By focusing on outcomes, integration aims to maximise the impacts of the opportunity to shift the focus of performance improvement onto the achievement of individual personal outcomes for those receiving support, and their carers.

**National Health & Wellbeing Outcomes 2014** provides a strategic framework for improving the planning and delivery of integrated health and social care services. This suite of nine national health and wellbeing outcomes focus on improving the experiences and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make, for individuals.

**Scottish Governments Health and Social Care Delivery Plan 2016** sets out a programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.

**National Dementia Strategy 2016 to 2019** sets out proposals for the key priorities relating to post diagnostic support, palliative and end of life care and supporting and challenging integrated joint boards in redesigning local dementia care systems now and for the future.

**Fife Health & Social Care Strategic Plan 2016 to 2019** describes how the Fife Health and Social Care Partnership, an integrated partnership between Fife Council and NHS Fife, will develop health and social care services for adults to improve personal outcomes; provide care at home or in a homely setting; and, ultimately, enhance the experience of the people who use services and their carers.
Fife Clinical Strategy 2016 to 2021 outlines how healthcare in Fife will be developed and delivered in response to changing needs of a rising and ageing population.

Getting it right for every child (GIRFEC) is the national approach to reforming children’s services to improve outcomes for all children and young people. It overarches all other policies for children, young people and families. GIRFEC is important for everyone who works with children, young people and families, as well as those who work with adults who look after children. It provides the strategic policy framework supporting other key policies and guidance, including Curriculum for Excellence.

Mental Health Act (Care and Treatment) (Scotland) Act 2003 increased the rights and protection of people with mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decision concerning treatment, and respect for the human rights of people with mental disorders.

Social Care (Self Directed Support) (Scotland) Act 2013 gives people greater control over the provision of their care and support needs and enables them to take as much control as they want of the individual budget. The Act requires local authorities to offer people four choices on how they can manage their care and support arrangements.

Equality Act 2010 requires local authorities and service providers in the statutory, third and independent sectors not to discriminate on the basis of protected characteristics and to make reasonable adjustments in certain situations.

Fife Health & Social Care Equality Plan / NHS Fife Equality Plan 2016-2021 outlines how they are committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Adult Support and Protection (Scotland) Act 2007 requires public bodies to work together to support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of ‘adults at risk’.

Children & Young Peoples Act (2014) to make provision about the rights of children and young people; to make provision about investigations by the Commissioner for Children and Young People in Scotland; to make provision for and about the provision of services and support for or in relation to children and young people; to make provision for an adoption register; to make provision about children’s hearings, detention in secure accommodation and consultation on certain proposals in relation to schools; and for connected purposes.

Patient Rights (Scotland) Act 2011 outlines the aims to improve patients’ experiences of using health services and to support people to become more involved in their health and health care. It also outlines how we meet our aspiration for an NHS which respects the rights of both patients and staff.

Mental Welfare Commission protects and promotes the human rights of people with mental health problems, learning disabilities, dementia and related conditions. They do this by empowering individuals and their carers, by influencing and challenging service providers and policy makers.

Care Inspectorate regulates care services in Scotland. Care services cannot operate unless they
are registered with them. They inspect and evaluate the quality of care delivery. They support improvement in individual services and across the care sector.

**Getting it right for every child** is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.

**Our Minds Matter: A framework to support children and young people’s emotional wellbeing in Fife 2017** aims to give focus to services for children and young people to clarify who is involved in this support, what it looks like at different levels and to encourage integration and sharing of approaches.

**Scotland’s Suicide Prevention Action Plan: Every Life Matters 2018** sets out how it will continue the work of Suicide Prevention Strategy 2013 to 2016 which was to improve engagement with people in distress, to change the way we talk about suicide in Scotland, and to support improvements in how the NHS responds to people who are suicidal.

**The Road to Recovery: A new Approach to tackling Scotland’s Drug Problem: Refreshed 2018** focuses on recovery but also looks at prevention, treatment and rehabilitation, education, enforcement and protection of children.

**Changing Scotland’s Relationship with Alcohol: A Framework for Action: Refreshed 2018** sets out the next phase of the Scottish Governments Alcohol Strategy in tackling alcohol misuse in Scotland, to reduce consumption; to support families and communities; to encourage positive attitudes and positive choices; and to improve treatment and support services.

**Scottish Government: Health & Social Care Standards, My support, my life** set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

**The Community Empowerment (Scotland) Act 2015** details the provisions of the act which are spread over eleven parts, covering different areas relating to community empowerment and public participation in policy and planning.

**Scottish Government Chief Executive Letter CEL 4 (2010)** provides guidance on Informing, Engaging and Consulting People developing Health & Community Care Services and to assist NHS Boards with their engagement with patients, the public and stakeholders on the delivery of local healthcare services.

**Fife HSCP Participation & Engagement Strategy** outlines the principles which will underpin the participation and engagement approach and working practices for the Health and Social Care Partnership in Fife.

**National Carers (Scotland) Act 2016** gives carers rights to a new adult carer support plan or young carer statement without first requiring them to be providing care on a substantial and regular basis. This reflects a preventative approach to identify each carer’s personal outcomes and needs for support through meaningful conversations with individual carers. This preventative approach is also reflected in the requirement to provide information and advice services to carers.
Fife Carers Strategy 2018-2021 outlines the commitments Fife will make to improve support for carers as well as helping carers to become more self-sufficient in helping themselves. It summarises the key factors which will help carers to make positive choices about their caring role to live fulfilling lives alongside their caring role for as long as they want to.

Fife Advocacy Strategy 2018 to 2021 how we will provide independent advocacy services in Fife and continue to improve awareness of and access to services to ensure the best outcomes for people who are unable to speak for themselves.


A National Telehealth and Telecare Delivery Plan for Scotland 2015: sets out the vital contribution that telehealth and telecare will make to implement key health, care and housing strategies in Scotland.

eHealth Strategy for Scotland 2011 to 2017: reinforces our move towards a focus on benefits and outcomes experienced by professionals in helping them to re-design and improve services, and the citizens of Scotland who benefit from those improvements.


Scottish Government AHP Strategy 2017-2020: Connecting People, Connecting Support Transforming the allied health professionals’ contribution to supporting people living with dementia in Scotland.
Appendix 2

Implementation Plan (Example)

<table>
<thead>
<tr>
<th>Progress Indicator</th>
<th>Committee Owner: Clinical Service Manager for CAMHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not started</td>
<td></td>
</tr>
<tr>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>On Target – the work is progressing as agreed and will be completed within the anticipated timescale.</td>
<td></td>
</tr>
<tr>
<td>Some Slippage – some difficulties are beginning to emerge impacting on the pace of delivery resulting in some slippage in the timescale set.</td>
<td></td>
</tr>
<tr>
<td>At Risk – the work is not progressing and the set timescale will not be met.</td>
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</tbody>
</table>

**Prevention & Early Intervention**

**Commitment:** We will reduce the waiting times for children and young people to access specialist services where this is required thus providing the right mental health support at the right time.

<table>
<thead>
<tr>
<th>Action No.</th>
<th>Action</th>
<th>Action Owner</th>
<th>Update Due</th>
<th>Completion Date</th>
<th>Current Position</th>
<th>Progress Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>To improve the quality of referrals ensuring better signposting and appropriate referrals a SCI Gateway referral pathway for GPs to be developed.</td>
<td>E Adams</td>
<td>April 2019</td>
<td>August 2019</td>
<td>Further discussion to be held with e-Health and Local Medical Committee (LMC)</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>To develop a range of group interventions for people accessing into Tier 3 services for those with intensive needs however don’t meet priority or urgent criteria.</td>
<td>H Maddox</td>
<td>May 2019</td>
<td>September 219</td>
<td>Proposal has been submitted.</td>
<td></td>
</tr>
</tbody>
</table>
Performance Framework

Our Performance Framework identifies the key indicators which will evidence, in conjunction with the actions identified in the individual implementation plans, performance against our Strategic Commitments.

<table>
<thead>
<tr>
<th>Prevention and Early Intervention</th>
<th>Position 2019</th>
<th>Position 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS First Contact Appointments will be available in each locality providing all children and young people, who present to GPs, with an initial assessment of need and effective signposting to services offering support for emotional wellbeing and mental health. (HSCP Strategy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fife CAMHS will have established strong partnership working with adult mental health services to ensure that effective transition arrangements are in place for all young people moving between services. (HSCP Strategy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and young people will access appropriate mental health treatment and support in accordance with national standards through a range of matched care appropriate interventions. (HSCP Strategy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least 90% of children and young people will wait no longer than 18 weeks from referral to treatment for specialist child and adolescent mental health services. (LDP standard)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of looked after child assessments will be completed within 4 week</td>
<td></td>
<td></td>
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<tr>
<td>Our high profile participatory events which challenge stigma and discrimination will promote understanding and acceptance in Fife that we all have mental health in the way that we all have physical health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There will be a 20% reduction of suicides in Fife by 2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Shifting the balance of care

<table>
<thead>
<tr>
<th>Position 2019</th>
<th>Position 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There will be a reduction in hospital admission/readmission rates with shorter stays and improved outcomes for people and their families/carers</strong></td>
<td></td>
</tr>
<tr>
<td><strong>People will experience choice, control and flexibility in relation to their care and support, within facilities that are fit for purpose.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A suitable range of community alternatives will be coordinated and available to support people to be discharged from hospital and to live independently in the community.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>There will be a reduction in the number of inpatient beds required.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Resources will be used efficiently to deliver best value, best quality interventions across mental health services.</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Access to treatment and joined up accessible services

<table>
<thead>
<tr>
<th>Position 2019</th>
<th>Position 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There will be a reduction in pressure on GP resources.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>There will be less reliance on inpatient psychiatric hospital beds.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pathways for individuals and carers will be clear and outcomes measureable and directly liked to this Strategy document</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Services provided in the community will be coordinated, people will experience this as seamless and resources will be targeted efficiently and effectively</strong></td>
<td></td>
</tr>
<tr>
<td><strong>People presenting to specialist mental health services will have a clear pathway resulting in positive experiences of using the service</strong></td>
<td></td>
</tr>
<tr>
<td><strong>At least 90% of children, young people and adults will wait no longer than 18 weeks from referral to treatment for Psychological therapies or CAMHS. (LDP)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telehealth and telecare technologies will be deployed to support people to engage in and control their own health care, empowering them to manage their care in a way that is right for them.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Increasing numbers of people will access psychological therapies via the Access Therapies Fife website.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Increasing numbers of people across all ages will access evidence-based psychological therapies that meet their needs and are delivered in a timely manner</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Services and Service Level Agreements with our partners in the voluntary sector will be current and reflect the joint commitment to an asset based, person centred and recovery based approach informed by national and local drivers for change</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Unscheduled Care

<table>
<thead>
<tr>
<th>Position 2019</th>
<th>Position 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Scotland, GPs, Emergency Departments and Custody Suites will see a reduction in demand for their services with improved outcomes for people accessing mental health services. (HSCP Strategy and Action 15 National Mental Health Strategy)</td>
<td></td>
</tr>
<tr>
<td>A range of out of hours support with additional mental health workers located within key settings across Fife's communities will be established. (HSCP Strategy)</td>
<td></td>
</tr>
<tr>
<td>Potential reduction in voluntary admission of patients in crisis.</td>
<td></td>
</tr>
<tr>
<td>Increased attendance at new patient appointments.</td>
<td></td>
</tr>
<tr>
<td>Outcome measure – gathering information on CORE 10 (assessment of distress), PHQ9 (assessment of depressive symptoms) and feedback from people on what matters to them.</td>
<td></td>
</tr>
</tbody>
</table>

### Physical Wellbeing

<table>
<thead>
<tr>
<th>Position 2019</th>
<th>Position 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will have equity across mental and physical health; that is emotional and mental health care will have equal status with physical health care.</td>
<td></td>
</tr>
<tr>
<td>There will be an increase in the number of people with mental ill health accessing health screening</td>
<td></td>
</tr>
<tr>
<td>There will be an increase in the number of people with mental ill health accessing, or returning to, work</td>
<td></td>
</tr>
<tr>
<td>There will be an increase in mentally healthy workplaces.</td>
<td></td>
</tr>
<tr>
<td>Alcohol &amp; Drug Services: At least 90% of people will wait no longer than 3 weeks from referral to treatment. (LDP)</td>
<td></td>
</tr>
</tbody>
</table>

### Workforce

<table>
<thead>
<tr>
<th>Position 2019</th>
<th>Position 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>There will be an appropriate mix of staff across acute and community settings to meet the requirements of our redesigned mental health service.</td>
<td></td>
</tr>
<tr>
<td>The workforce within mental health services will expand beyond traditional roles and be confident, competent and suitably trained.</td>
<td></td>
</tr>
<tr>
<td>There will be an increase in “mentally healthy” workplaces across Fife.</td>
<td></td>
</tr>
<tr>
<td>Participation and Engagement</td>
<td>Position 2019</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>The Mental Health Focus meets in all localities.</td>
<td></td>
</tr>
</tbody>
</table>