Health and Wellbeing Forum
Wednesday 20 May 2026
9:30am – 12:30pm
Tamfourhill Community Hub

Present:

Eloise Wilson (Chairperson)	CVS Falkirk & District
Laura Jamieson (Minute Taker)	CVS Falkirk & District
Amber Munnoch	The Breastfeeding Network Scotland
Anne Black	The Braveheart Association
Asma Hussain	RISE Forth Valley
Chloe Mackie	Red Cross
Diana Morgan	NHS Forth Valley
Donald Johnston	Scottish Fire and Rescue Service
Donna Laidlaw	Strathcarron Hospice
Elaine Lambie	Barnardo's Forth Valley
Eman Hani	Central Scotland Regional Equality Council (CSREC)
Georgia Johnston	CSREC
Greg McKnight	Cyrenians
Helen Fleming	Cruse Scotland
Jackie Turnbull	NHS Forth Valley THRIVE to Keep Well
Jacob Brown	Falkirk Citizens Advice Bureau (CAB)
Jill McEwan	Barnardo's Forth Valley
John Giovannacci	University of the Third Age (U3A) Falkirk
Julie Hayward	Bailliefields Community Hub SCIO
Justine Nicolson	Strathcarron Hospice
Kimberley Wyllie	Falkirk Football Community Foundation
Laura McKenzie	Falkirk and Clackmannanshire Carers Centre
Lizzie Hannah	Aberlour
Lorna Farquhar	Food Train
Lorraine Mackenzie	Freedom of Mind Community Choir
Louise Brown	Tamfourhill Community Hub
Mairi Wright	NHS Forth Valley
Mary Page	Aberlour
Munira Farara	The Braveheart Association
Navneet Sandhu	Link Living
Rachael Scott	Scottish Families Affected by Alcohol & Drugs (SFAD)
Sharlene Ramage	Falkirk and Clackmannanshire Carers Centre
Sharon Frederiksen	Home-Start Falkirk
Stephen Oliver	Self Directed Support Forth Valley
Suzanne Riddoch	Hospice at Home (Strathcarron Hospice)
Sweety Sharma	Shakti Women's Aid
Tricia Pryke	Food Train
Vivienne Malcolm	Solicitors for Older People Scotland (SOPS)

Guest Speakers:

Andrew Strickland	Falkirk Health and Social Care Partnership (HSCP)
Des McCart	NHS Health Improvement Scotland
Helen Russell	Falkirk HSCP
James Paterson	Falkirk HSCP
Jennifer Faichney	Falkirk HSCP
Lesley MacArthur	Falkirk HSCP
Nicola McCourtney	Falkirk HSCP

Apologies:

Christina Adamou	Committed to Ending Abuse (CEA)
David Paterson	Falkirk Older People's Network
Debbie Jupp	CEA
Fiona Corbett	Dates-n-Mates Scotland
Gemma Ritchie	Falkirk HSCP
Girijamba Polubothu	Shakti Women's Aid
Hazel Cunningham	NHS Forth Valley
Ian Dickson	Falkirk's Mental Health Association (FDAMH)
Laura Anderson	Transform Forth Valley
Lou Carberry	LGBT Youth Scotland
Sarah Murray	Royal Voluntary Service (RVS) Forth Valley
Susie Hooper	Pause and Breathe CIC

1. **Welcome and Introductions**
   Eloise introduced herself, welcomed forum members present, and introduced the guest speakers and facilitators from NHS Health Improvement Scotland, and Falkirk HSCP. She then spoke about the meeting's focus on shaping the future of health and social care in Falkirk District (particularly the development of the new HSCP Strategic Plan and the longer-term vision over the next 10 years), and the valuable opportunity for the third sector to influence and shape how the sector and Falkirk HSCP work together.

2. **Review of Previous Minutes**
   Review and approval of the previous meeting's minutes was conducted via email; the minutes are now available to view or download from the **CVS Falkirk & District** website (linked for your convenience), via the **dedicated Health and Wellbeing Forum page**.

3. **"Scottish Approach to Change": Des McCart, Healthcare Improvement Scotland**
   Des provided an overview of the **Scottish Approach to Change**, its key components, and how it could be used in shaping the Falkirk HSCP Strategic Plan. Des' presentation is available to **view or download** as a pdf; key points included:

   - The Scottish Approach to Change aims to create a clear pathway to *"support the health and care system to do change well"*. It is very much a whole system approach, but also

an approach which embraces curiosity, recognising the "butterfly effect" of system change – that if one thing is changed, others must be changed too.

- *"Doing things better is great, but doing better things is moreso."*
- The approach's focus is on changes needed, how to do them well, and sustainability challenges, while looking at what lies beneath good change to make it sustainable.
- Accessibility is key to the approach's aims, as is communities feeling informed, not "done to".
- Des expanded on embracing curiosity:
    - HIS asked what happens, and what do they do, when something happens which is not included in plans (eg. the COVID-19 pandemic).
    - They found that this creates a better reflection of the real world, where the plan is important, but not the only way forward. This allows flexibility and adaptability, based on what works in communities and real life (as opposed to what is included during the planning process).
- Des then took attendees through the **Steps of Change**, and their **five enablers**.
    - Most important, in Des' opinion, is that change should be people-led.
    - Des emphasised that the third sector is often closer to communities than other sectors; as bringing the voices of people into decision-making is the aim of this process, the third sector will be key.
    - The Steps recognise different strengths and challenges experienced in different communities, and the importance of adaptability (ie. instead of outright adopting another area's method, look at what can be applied, what can be "abandoned", and how to inform change).

Des finished his presentation by highlighting **the range of resources** available, which HIS is working to continue to expand, and a number of case studies, including Forth Valley.

Questions from attendees included:

- How can we change the culture of communities and healthcare workers to reflect and implement these plans, as it takes time.
    - Des agreed that culture change takes time, along with reiteration. He shared that the results are beginning to be seen in other areas, often those which decided to focus on culture and relationships first as opposed to change structure, and that journey-mapping can be helpful in this.
- Members shared their experiences and concerns around people leaving healthcare departments, along with information sharing between departments, especially as allowed by GDPR legislation.
    - Des pointed to the **red and blue tool** as useful in helping identify what is and is not a requirement of legislation such as GDPR.

4. **"Help Us Shape Our Strategic Plan": Helen Russell, Falkirk Health and Social Care Partnership**

Helen and the team from Falkirk HSCP facilitated an interactive session with attendees on the **new Strategic Plan**, which is due to be published by the end of 2026 (with the first draft due over the summer). This session involved group discussions focused on key themes relevant to the

third sector, with feedback to be used to directly inform the development of the Strategic Plan and help ensure strong and meaningful third sector involvement throughout.

The presentation is available to view or download from the **CVS Falkirk & District** website, with feedback noted in Appendix 2 (page 5). **Further information** on the forum's involvement with this work is also available.

Helen expressed that she hoped attendees would gain a good shared understanding of the Strategic Plan to feed back to their own organisations, including the challenges, and the outcomes. She noted that they recognised health and social care can be a complex system, but they aim to develop a "living, actionable roadmap", which they want to be clear, meaningful and impactful.

She noted the difference between the current three year plan, and the fact that the new plan will cover 10 years. This is because the partnership is keen to make the plan, and themselves, proactive and prevention-led, rather than crisis driven; this means they need to be able to evidence their plans and actions, which will be easier in a 10 year period.

Falkirk HSCP is keen to look at how to continue working together with the third sector (both through the Strategic Plan, and in general), and improve communications, but especially to improve outcomes for the people of Falkirk District, and ensure they see themselves reflected in the Plan.

Members agreed that a meeting like this is very helpful, and provided feedback on what they would find useful to have included in the Strategic Plan (including around primary care and ageing work- and voluntary forces). Members would also like to see set dates for public consultation and scrutiny on the Strategic Plan, which Helen agreed to put together and consider as part of the process of change and co-production.

Regarding "Values", one member suggested that if **trauma-informed** was included (and was integral), then other values could be removed, as they would be included under trauma-informed.

Date of Next Meeting:
Wednesday 5 August 2026
(venue to be confirmed)

Appendix 1: Meeting Actions

ACTION: Helen to put together and share list of dates for public consultation on the Strategic Plan.
ACTION: Falkirk HSCP team to send Eloise and Laura notes from the facilitated session to include in the minute.
ACTION: Laura to include above notes in the final minute.

Appendix 2: Forum Feedback on New Falkirk HSCP Strategic Plan

Summary

The third sector views the existing priorities as still relevant but there is a clear gap between strategy and implementation. Progress has been made, particularly in community-based services, prevention, and carer support, but it is inconsistent and constrained by funding, workforce pressures, and inadequate integration.

The third sector want a more focused, realistic, and action-oriented strategic plan, with fewer priorities, clearer outcomes, and stronger links to frontline delivery and lived experience. They emphasise the need for long-term funding, workforce investment, and genuine partnership working.

Their vision for the future is a more joined-up, community-led system that prioritises prevention, equity, accessibility, and relationships, supported by transparent decision-making, continuous engagement, and better evaluation of impact.

Existing Priorities

The existing priorities are still relevant, but there is a consistent implementation gap, particularly around equity, prevention, workforce capacity, and communication.

Discussion:

- Priorities are seen as relevant but high-level and not fully delivered. There is a lack of clear progress tracking, evidence of impact, and transparency on outcomes.
- There is a frustration around lack of direct engagement and communication. Strong desire for ongoing dialogue and inclusive planning processes.
- Carers remain a central priority, with strong support for expanded provision and partnership delivery. Clear need for a whole-family approach.
- Strong appetite for collaborative delivery models. Opportunities to better utilise specialist organisations through clearer contracts and improved communication.
- Persistent inequalities for minority communities. Need for targeted, culturally appropriate, and inclusive approaches.
- Key gaps around sustainable funding, evidence and evaluation frameworks, and engagement and referral pathways.
- Recognition that system and behavioural barriers delay access to support, and a need to reshape when and how people access services.
- Ongoing strain from workforce shortages, waiting lists, and unsafe discharge practices. People need improved continuity of care and aftercare to prevent readmission.
- Concern about short-term or unclear funding models, and limited resources for outreach and prevention. Desire for long-term, stable investment in the third sector.

Achievements

Meaningful progress has been made, around community-based, preventative, and carer-focused work, but sustainability, consistency, and trust remain critical challenges. Continued progress will depend on stable funding, strong partnership working, and inclusive approaches that balance innovation with relationship-based support.

Discussion:

- Progress has been made in some areas, but it is not consistent across all services or themes. Some areas still require further development.
- Clear progress in delivering services within communities, improving accessibility and engagement.
- There has been a noticeable move towards more holistic ways of working, alongside a stronger emphasis on early intervention and prevention. This includes adopting a whole family approach, where support considers the needs of the wider household and addresses underlying factors affecting health and wellbeing.
- Longer funding periods has enabled progress, particularly in prevention work. Inconsistent funding undermines delivery and damages trust with communities. There is a continued need for stable, long-term investment.
- Supporting carers is an area of strong progress and impact but remains an ongoing priority to raise awareness and identify carers.
- Collaboration across organisations is key to delivering support effectively and influencing both local and national systems.
- There is a mixed legacy of COVID-19. It enabled more personalised, one-to-one engagement but also resulted in disruption and loss of trust in services.
- Staff and services have been creative and adaptable, making best use of limited resources. However, this has also highlighted ongoing capacity and resourcing pressures.
- Consistency of service provision and funding is critical to maintaining trust.
- Ongoing contact and connection with communities and building and sustaining relationships is key.
- Technology can support safety, access, and independence but digital engagement can be difficult for some groups.

Collective Vision for Falkirk HSCP in 2036

The third sector envision a more integrated, community-driven system, where collaboration, sustainability, and accessibility are central. This will require stronger partnerships, long-term funding, workforce investment, and a more dynamic, transparent strategic approach.

Discussion:

- Improved access to primary care and wider services.
- Strong support for whole-family models of care and community-led solutions.
- Services rooted in local communities (e.g., hubs).
- Joined-up working across health, social care, and third sector with better coordination and fewer handoffs.
- Third sector are involved earlier in people's journeys, listened to and respected, and integrated through a clearer partnership framework.
- There are opportunities to build community capacity and explore new and untapped partnerships.
- Long-term, sustainable funding models – major concerns around short-term and year-to-year funding. There is increased demand with static resources and competition between organisations for funding.

- Resilient and confident workforce with equitable access to training – increasing complexity of needs requires enhanced skills and capacity.
- Collaboration is the default approach rather than competition.
- Services respond to growing and changing demand and anticipate needs (e.g., mental health) – proactive, not reactive.
- Strategic Plan as a living, inclusive document that reflects lived experience.
- Better communication across the system and with communities with regular updates on progress and performance.

Values

- Trauma-informed, but we must be clear about the definition and what it looks like in practice.
- Inclusion
- Honest, Integrity, Trust
- Equality/Equity
- People-centered/people-led - "Everybody matters"
- Sustainability to enable planning and attract workforce to third sector – HSCP needs to support and enable development of capacity in third sector to enhance collaboration

Emerging Priorities

While there is broad agreement of the emerging priorities, feedback highlights a consistent implementation gap. Delivery is constrained by limited resources, workforce pressures, and weak integration. The third sector are asking for a more focused, realistic, and action-oriented strategy, grounded in partnership working, prevention, equity, and long-term investment, with clear accountability and meaningful involvement of frontline services and communities.

Discussion:

- Priorities seen as too high-level and lacking specific actions. Concern there are too many priorities, with a preference for fewer, more focused priorities. There is a need for clearer milestones and progress tracking. Also, better evaluation frameworks and greater flexibility in data sharing and service delivery.
- Consensus that services remain reactive rather than preventative. Early intervention is still not embedded in practice and undermined by system pressures and demand.
- Persistent inequalities in access to services, especially for vulnerable groups and those without diagnosis (e.g., mental health, neurodiversity).
- There is a rising complexity of mental health and long-term conditions. Mental health is seen as undervalued compared to physical health and it is harder to access support without diagnosis. The third sector are often absorbing unmet need.
- Concerns around workforce capacity, wellbeing, and retention. Recruitment challenges, especially for younger workforce, and cost of onboarding, training, and development. Need for greater investment in workforce, protection of wellbeing and workloads, and career development pathways.
- The third sector are a trusted, relationship-based provider and hold valuable skills and knowledge but are not fully integrated into systems and often excluded from decision-making and funding control. They need true partnership models with clearer

communication and rationale for decisions and more inclusive, people-led decision-making.

- Concerns about short-term and uncertain funding and increasing demand without increased resource. The impact of this makes planning and aligning services difficult and reduces collaboration as there is greater competition for funding. There needs to be long-term, sustainable investment decisions and greater transparency in funding rationale.
- There is a need for targeted, community-informed approaches, and a strong emphasis on trust, connection, and continuity, and for services where people feel safe, heard, and supported.
- Key ambitions are for people to "tell their story once" and better integration across primary care, third sector, and health and social care. This requires clear referral pathways plus earlier involvement and better use of third sector expertise.