Health and Wellbeing Forum
Wednesday 5th August 2026
10am – 12pm
Via MS Teams

Present:

Eloise Wilson (Chairperson)	CVS Falkirk & District
Lisa Wardlaw	CVS Falkirk & District
Chloe Mackie	Red Cross
David Paterson	Falkirk District Older People's Network
Diana Morgan	NHS Forth Valley
Fiona Bartley	NHS Forth Valley
Greg McKnight	Cyrenians
Gill Wilson	Epilepsy Connections
Helen Fleming	Cruse Scotland
Jessie-Anne Malcolm	NHS Forth Valley
Jill McEwan	Barnardo's Forth Valley
Julie Hayward	Bailliefields Community Hub SCIO
Kathryn Hughes	Maggie's Forth Valley
Kerrie Hoggan	Link Academy
Kimberley Wyllie	Falkirk Football Community Foundation
Laura McKenzie	Falkirk and Clackmannanshire Carers Centre
Lillian Campbell	PLUS Forth Valley
Lisa Murphy	Committed to Ending Abuse (CEA)
Lizzie Hannah	Aberlour
Maria Arshad	Healthcare Improvement Scotland
Natalie Rooney	Maggie's Forth Valley
Nariese Whyte	RISE Forth Valley
Nicola Weedon	Falkirk and Clackmannanshire Carers Centre
Pauline Phee	Neighbourhood Networks
Sandra Lyon	The Conservation Volunteers (TCV) Scotland
Sharlene Ramage	Falkirk and Clackmannanshire Carers Centre
Suzanne Riddoch	Hospice at Home (Strathcarron Hospice)
Vivienne Malcolm	Solicitors for Older People Scotland (SOPS)
Yvonne McIntosh	Maggie's Forth Valley

Guest Speakers:

Fiona Wardell	Health Improvement Scotland
Jen Layden	NHS Healthcare Improvement Scotland

Apologies:

Laura Jamieson	CVS Falkirk & District

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 explained the format of today's meetings, including breakout rooms to better capture feedback and thoughts from members.

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. **"Review of Urgent and Unscheduled Care Standards": Jen Layden and Fiona Wardell, Healthcare Improvement Scotland**
   Eloise introduced the meeting's main discussion, Healthcare Improvement Scotland's proposed **Urgent & Unscheduled Care Standards**, which are being developed to help shape how urgent and unscheduled care is planned, commissioned and delivered across Scotland. While the **consultation** closed at the end of July 2026, Eloise highlighted that Jen and Fiona had joined the meeting after the response deadline, in order to ensure they are able to capture the perspective of Falkirk District's third sector on what it means to support people who are accessing urgent or unscheduled care.

   Jen began by stressing how important Healthcare Improvement Scotland believes it is to understand how the third sector are involved in supporting people accessing this care, and understand members' impressions of the **drafted scope** for these proposed standards. She also spoke how Healthcare Improvement Scotland recognises that developing the standards is a multi-agency and multidisciplinary approach to supporting people.

   Fiona gave an overview of what "urgent and unscheduled care" means in this context (which includes use of hospital emergency rooms, out of hours GP appointments, emergency pharmacies, and contact with any other emergency services), and highlighted the known challenges to people accessing these care services. As a result, it is hoped that the proposed standards will drive improvements, and ensure Scotland is able to deliver care in the right place at the right time. She then spoke about the successful engagements they have had with the third sector in the past, and how its "grassroots perspective" has made them aware of important points to be mindful of.

   Fiona also highlighted that everything discussed in these sessions is considered as evidence for change, and logged as feedback:

   "We're here to listen to the views of people who experience services, and those supporting people to access services. These are really important to us, and just as important as listening to clinicians. We're here to listen to your views because those views will shape what we do."

   One member asked how the standards relate to the improvement of operational working and patient and carer experience (e.g. A&E wait times); Fiona assured members that people's experiences will be embedded within the standards. In addition, every standard includes a section on what it means for people, and standards will require services to demonstrate how they actively encourage, enable and respond to people's experiences.

During this meeting, Healthcare Improvement Scotland specifically wanted to learn more about the Falkirk District third sector perspective on:

1. How does the third sector currently work or contribute to urgent and unscheduled care?
2. What does partnership working look like between the third sector and provision of urgent and unscheduled care?
3. What is important to consider in terms of patient experience within urgent and unscheduled care?

Forum members split into three breakout rooms to discuss these points, which have been collated and included in the minute appendices (page 7 onwards). Recurrent themes included:

- access to services (including appropriate translation services, and the impact this has on timings)
- impact of staff retention (especially on the third sector and relationship building)
- having the right team and skills in place
- anticipatory care
- understanding the person, and the impact of trauma
- lack of communications, collaboration and information sharing across services, and with the third sector
- equity, consistency, and escalation
- recognition and advocacy support for carers and young carers, along with support in general (which should include signposting to their local Carers Centre)
- young people's access to services
- reflection of good practice and partnership working, and relationships between the third sector, public sector, and clinical teams
- more focus on a whole system approach
- impact of shorter third sector funding on partnership working and building strong relationships
- importance of supporting people before they reach crisis, through prevention, early intervention, ongoing community support, etc
    - members in this room discussed examples of good practice from across Falkirk District and Forth Valley in particular

Following the discussion recap, Jen noted that she was struck by the willingness and motivation of the third sector, and the support they provide to people accessing care. Eloise highlighted that this evidences that the sector is, and should be, a key partner for the urgent and unscheduled care pathway.

Jen and Fiona expressed their thanks to the forum, and their interest in returning to speak more about the progress of the standards; Eloise agreed this would be useful for the forum, and she will keep in touch with Jen and Fiona to arrange for the future.

4. **"Updates on Falkirk Communities Mental Health and Wellbeing Fund – Timelines and Guidance": Eloise Wilson, CVS Falkirk & District**
Eloise informed the members present that the **Falkirk Communities Mental Health and Wellbeing Fund** will return for a sixth round, with applications opening on Tuesday 1 September 2026. Her presentation is available via the **CVS Falkirk & District** website.

This is CVS Falkirk & District's sixth year managing the fund for the Falkirk District on behalf of Scottish Government; the fund focuses on prevention and early intervention, and aims to support local activities, tackle mental health inequalities. Applications should align their projects to the following priority issues: social isolation, loneliness, suicide prevention, tackling poverty and inequality. Eloise highlighted that not much has changed from previous rounds, though the guidance is currently being finalised.

There is approximately £130,000 available for one year projects, with three grant levels:

- Small: up to £5,000 (£2,000 for unconstituted groups)
- Medium: up to £10,000
- Large: up to £25,000

Organisations are limited to one application each across all grant levels; those who received a grant offer letter for two year funding in last year's round **cannot apply** to this round.

The deadline for applications is 1pm on Tuesday 13 October 2026; applications cannot be accepted past this date and time. Applications should be made through CVS Falkirk & District's bespoke Grant Funding Portal, and the team aims to share decisions in December 2026, with grants issued in January 2027.

CVS Falkirk & District is keen to give forum members the opportunity to think about their potential projects and timelines, and the team is happy to discuss potential applications with groups to check their suitability. Eloise highlighted a number of upcoming information sessions:

- **Funding Officers Network** on Wednesday 12 August 2026, 10am – 11:30am
    - this is a hybrid meeting and will be held online via Microsoft Teams and in-person at the CVS Falkirk & District office
- Information Session: Tuesday 1 September 2026, 6pm – 7pm
- Information Session: Wednesday 2 September 2026, 1pm – 2pm

Exact times of further sessions will be confirmed shortly. Anyone interested in attending any of these sessions should contact Eloise by email: **eloise.wilson@cvsfalkirk.org.uk**

4.1 Funding Panel
Eloise spoke about an opportunity for members to join the Falkirk Communities Mental Health and Wellbeing Fund's funding panel, which decides which applications to award funding to. She gave an overview of the panel's role, highlighting that organisations can still apply to the fund if they are on the panel, and spoke briefly about the time commitment required. In response to a member's question, it was explained that the time commitment is likely to vary depending on the volume of applications received, as in previous years. Those interested in joining the panel should contact Eloise by email at the address above.

5. Forum Member Updates

- Falkirk District Older People's Network:

The next meeting of the **Falkirk District Older People's Network** (OPN) will take place on Thursday 3 September 2026, 10am – 12pm, at 1st Falkirk Scout Hall, Pleasance, Falkirk FK1 1BF. The Network is open to individuals aged 50 years old and over, community groups, and organisations with an interest in supporting older people across Falkirk District. Everyone is welcome.

The September meeting will begin with a short information session from Solicitors for Older People Scotland (SOPS) about the importance of Power of Attorney and Wills. The session will also cover when people should consider putting Power of Attorney and Wills in place, and where to go for further advice. This will be followed by a discussion Falkirk Older People's Day 2026, where members' feedback and ideas will be used to help shape the event. The second half of the meeting will focus on the priorities for older people in Falkirk District.

To book your place, please visit the dedicated **Eventbrite page**. Alternatively, for further information, visit our **web article**.

- Falkirk Foundation:

Falkirk Foundation is running free **Mental Health First Aid training**, in partnership with CVS Falkirk & District. Courses are available at Level 5 (a one-day course aimed at young people) and Level 6 (a two-day course for professionals). Courses are fully funded, with no cost to participants, taking place on:

- Level 6: Supervising First Aid for Mental Health:
  - Monday 8 September and Tuesday 9 September 2026
  - Monday 10 May 2027 and Tuesday 11 May 2027
- Level 5: First Aid for Youth Mental Health:
  - Tuesday 6 October 2026
  - Friday 5 February 2027
  - Tuesday 8 June 2027

Each course is accredited by Qualifications Scotland, and qualifications are valid for three years.

To register your interest, or for further information, please contact the Falkirk Foundation team by email: **wellbeing@falkirkfoundation.org**

- Falkirk and Clackmannanshire Carers Centre:

The Carers Centre holds regular information sessions for professionals to help them understand how their work can support carer rights, under Carers (Scotland) Act 2016. The sessions also provide an opportunity to meet the Carers Centre team and learn more about how they support unpaid carers, along with information on Adult Carer Support Plans and Young Carer Statements, and the hospital discharge process involving the carer.

For further information, including all upcoming session dates, please contact Dayna Faulds by email: **daynafaulds@centralcarers.co.uk**

- Scottish Fire and Rescue Service:

Scottish Fire and Rescue Service is changing how they accept referrals, with the current process finishing at the end of the year. Diana and Eloise will keep members informed of any updates and the impact this may have on local organisations.

Date of Next Meeting:
Wednesday 11 November 2026
(venue to be confirmed)

Appendix 1: Meeting Actions

ACTION: Eloise to connect David and Sandra with Jen and Fiona by email
ACTION: Eloise to contact Sandra, Greg and Lizzie regarding the funding panel.

Appendix 2: Forum Feedback on the Urgent & Unscheduled Care Standards

Questions:

1. How does the third sector currently work or contribute to urgent and unscheduled care?
2. What does partnership working looking like between the third sector and provision of urgent and unscheduled care?
3. What is important in to consider in terms of patient experience within urgent and unscheduled care?

Attendees were divided into three "breakout rooms" for discussion, with each room's responses summarised below.

Breakout Room One

1. Access to Care and Service Navigation
Participants described difficulties accessing timely care, with barriers often resulting in people seeking help through urgent or emergency services.

Issues raised

- Challenges obtaining GP appointments.
- Limited access to support outside standard working hours.
- Inconsistent eligibility criteria and communication between services.
- Digital exclusion affecting access to services.

Illustrative examples

- People attending Out of Hours services or Emergency Departments when unable to access GP appointments.
- Hospital at Home eligibility criteria being unclear or applied inconsistently.
- Pharmacy First viewed positively, but not accessible for everyone due to digital confidence or access barriers.

2. Support for Carers and Families
There was strong recognition of the important role played by carers and the need for greater support for them.

Issues raised

- Limited support and facilities for carers in healthcare settings.
- Need for greater recognition of caring responsibilities.
- Particular concerns about young carers.
- Impact of caring responsibilities during serious illness and treatment.

Illustrative examples

- Lack of suitable spaces for carers in hospitals.
- Childcare challenges for people receiving cancer treatment, end-of-life care or mental health support.
- Calls to ensure young carers are not overlooked.

3. Mental Health, Prevention and Early Intervention

Participants highlighted concerns that services often respond to crises rather than preventing them.

Issues raised

- Mental health needs not always addressed early enough.
- Barriers to accessing support may contribute to worsening mental health.
- Services perceived as reactive rather than preventative.

Illustrative examples

- People with poor mental health struggling to access GP appointments.
- Concerns that mental health issues may be deprioritised compared to physical health needs.
- Recognition that young people can experience significant mental health difficulties that may not always be identified or acknowledged.

4. Person-Centred and Holistic Care

Participants emphasised the importance of considering people's wider circumstances and needs.

Issues raised

- Difficulty providing holistic assessments in busy urgent and emergency care settings.
- Need for better integration of physical, mental and social care needs.
- Importance of recognising the complexity of people's situations.

Illustrative examples

- Challenges delivering person-centred assessments within Emergency Departments.
- Recognition that mental and physical health needs are interconnected and should not be considered separately.

5. Role and Sustainability of the Third Sector

The contribution of third sector organisations was consistently recognised, alongside concerns about their sustainability.

Issues raised

- Third sector organisations provide practical support, advocacy and service navigation.
- Increasing demand is placing pressure on services.
- Short-term funding arrangements undermine sustainability and long-term planning.

Illustrative examples

- Third sector organisations providing childcare support, information and signposting.
- Organisations feeling that they are "picking up the pieces" when statutory services are stretched.
- Concerns about organisations operating in a continual firefighting mode due to funding uncertainty.

6. Communication, Information and Advocacy

Participants highlighted the value of clear information and advocacy in helping people access the right support.

Issues raised

- Need for clearer signposting and information about available services.
- Benefits of advocacy services to support people through complex systems.
- Importance of helping people understand who to contact and when.

Illustrative examples

- Reflections on the potential value of additional advocacy services.
- Examples of innovative approaches to signposting, including resources developed by Maggie's Centres.

7. Partnership Working and Integrated Support

Examples were shared of effective collaboration between health services and third sector organisations.

Issues raised

- Strong partnerships can improve patient support and experience.
- Collaborative working helps address needs that no single organisation can meet alone.
- Value of senior leadership engagement with community organisations.

Illustrative examples

- Close liaison between hospital clinical teams and third sector organisations supporting cancer patients.
- Positive examples of NHS leaders engaging directly with voluntary sector providers.
- Recognition that integrated working can improve continuity and coordination of care.

8. Environment and Infrastructure

Participants identified aspects of the care environment that can influence experience and outcomes.

Issues raised

- Need for appropriate facilities for patients and carers.
- Importance of environments that support privacy, comfort and infection prevention.

Illustrative examples

- Calls for more suitable waiting and support areas for carers.
- Recognition of the benefits of larger waiting areas for cancer patients from an infection prevention perspective.

Summary

Participants highlighted challenges in accessing timely and preventative care, particularly for people with mental health needs, carers and those with complex circumstances. There was strong recognition of the vital role played by third sector organisations in providing support, advocacy and service navigation, alongside concerns about the sustainability of these services. Priorities identified included improving access, strengthening support for carers, enhancing communication and signposting, adopting more holistic and preventative approaches, and building stronger partnerships across health, social care and the third sector.

Breakout Room Two

Key themes identified

1. Communication, Information Sharing and Coordination

Participants consistently highlighted challenges relating to communication across services and organisations.

Issues raised

- Lack of information sharing between services.
- Poor communication during discharge and transitions of care.
- Absence of named contacts for follow-up.
- Referral pathways not always completed or communicated.
- Difficulty navigating services and knowing who is responsible.

Illustrative examples

- Lack of discharge information contributing to risks and poorer outcomes.
- Suicide prevention referrals not always progressing as expected.
- Need for information sharing to support harm reduction and continuity of care.

2. Partnership Working and Whole-System Collaboration

There was strong support for a more joined-up, whole-system approach.

Issues raised

- Need for stronger partnerships between NHS services, primary care, pharmacy, social care and third sector organisations.
- Better understanding of respective roles and responsibilities.
- Improved collaboration to support early intervention and recovery.

Illustrative examples

- Third sector organisations often acting as a bridge between services.
- Third sector seen as a trusted partner with the ability to navigate and access wider systems.
- Recognition that partnership working relies on good communication and shared knowledge.

3. Access, Equity and Inclusion

Participants identified a range of barriers affecting equitable access to services.

Issues raised

- Transport difficulties, particularly for young carers.
- Challenges accessing translation and interpreting services in urgent situations.
- Unequal access for people who speak less commonly used languages.
- Difficulties accessing support when services are under pressure.

Illustrative examples

- Lack of evening public transport affecting access to care.
- Reliance on family members or young people to translate during crises.
- Time-sensitive urgent care situations not aligning with interpretation service availability.

4. Early Intervention and Crisis Prevention

Participants described concerns about people reaching crisis before receiving support.

Issues raised

- Insufficient support before crisis point.
- Rising demand associated with mental health crises and suicide risk.
- Opportunities for earlier intervention being missed.

Illustrative examples

- Increasing presentations involving suicide attempts or suicidal crisis.
- Need for earlier support to reduce escalation and improve outcomes.
- Recognition that appropriate support at the right time may prevent emergency department attendance.

5. Person-Centred and Holistic Care

A recurring concern was that care is often fragmented rather than holistic.

Issues raised

- People presenting with multiple needs not receiving coordinated support.
- Professionals focusing on single issues rather than addressing wider circumstances.
- Need for more comprehensive assessment and care planning.

Illustrative examples

- Patients presenting with multiple concerns but only one issue being addressed at a consultation.
- Calls for holistic assessment and support that considers the whole person.

6. Capacity, Workforce and Sustainability

Participants recognised the impact of workforce and service pressures.

Issues raised

- Increased workload affecting responsiveness.
- Staff absence impacting service accessibility.
- Growing demand and complexity of need.

Illustrative examples

- Long-term staff absence limiting access to third sector services.
- Increasing numbers of vulnerable people and young people presenting in crisis.

7. Role of the Third Sector

The contribution of third sector organisations emerged as a distinct theme.

Issues raised

- Third sector often provides support when statutory services are difficult to access.
- Trusted relationships facilitate engagement.
- Important contribution to prevention, recovery and navigation of services.

Illustrative examples

- Supporting people before crisis and through recovery.
- Following up referrals and helping people engage with services.
- Providing advocacy and support that complements NHS provision.

8. Support for Carers and Advocacy

Participants highlighted the need for greater recognition and support for carers.

Issues raised

- Lack of clarity about carers' roles.
- Need for advocacy and information.
- Particular concerns regarding young carers.

Illustrative examples

- Supporting carers to understand their role.
- Helping services understand and value carers' contributions.
- Addressing transport and access barriers experienced by young carers.

Summary

Participants described a system that is often difficult to navigate, fragmented and under pressure. Key priorities included improving communication and information sharing, strengthening partnership working across the whole system, reducing barriers to access, supporting earlier intervention, and delivering more holistic and person-centred care. The important role of third sector organisations, carers and community-based support was repeatedly highlighted as critical to improving outcomes and preventing crisis.

Breakout Room Three

1. How does the third sector currently contribute to urgent and unscheduled care?

- Members highlighted that the third sector supports people at every stage of the patient journey, from prevention and early intervention through to discharge and recovery.
- Good examples were shared of third sector organisations working alongside hospital services to support people during and after hospital stays.
- Carer discharge workers support unpaid carers to understand their rights, raise concerns and prepare for safe discharge.
- One service helps people recover at home where appropriate, supporting patients and families while helping to prevent avoidable hospital admissions and readmissions.
- Another service provides practical, emotional and information support for anyone affected by cancer, helping people understand treatment, manage side effects, access support services and feel more confident managing their health at home.
- Prevention and early intervention work, including mental health, wellbeing and suicide prevention, was recognised as an important contribution that can reduce future demand on urgent and unscheduled care services.

2. What does good partnership working look like between the third sector and urgent and unscheduled care?

- Stronger links between health, social care and the third sector are needed so people are referred to the right support at the right time.
- Participants felt NHS staff do not always know what community services are available locally, and that increasing awareness of third sector support would improve referrals.
- Referrals into third sector services should happen consistently from the point of diagnosis or first contact with healthcare, rather than relying on people finding services themselves.
- Carers should be recognised as equal partners in care, with their own wellbeing and support needs considered alongside those of the person they care for.
- Concerns were raised that short-term funding makes it difficult to build sustainable partnerships and gives professionals less confidence in referring people into third sector services.

3. What is important to consider in terms of patient experience within urgent and unscheduled care?

- Better communication between healthcare teams is needed to ensure people receive joined-up care. One example shared was oncology teams not always being informed when patients attend urgent care.
- The experiences of unpaid carers should be considered throughout the patient journey. Long waiting times and discharge arrangements can have a significant impact on people with caring responsibilities.
- Participants felt urgent and unscheduled care should be viewed as part of the wider health and care system. Improving access to primary care, community pharmacies and third sector support could help prevent unnecessary attendance at emergency departments.
- People need clearer information about the support available, both within the NHS and in the community, so they can access the right help at the right time and feel more confident navigating the system.

- Overall, participants felt services should remain person-centred, recognising the needs of patients, families and carers throughout their care journey.

Summary

Participants identified a number of ways the sector already contributes to urgent and unscheduled care, but highlighted that there needs to be more of a joined-up approach between the sector and health and social care services. This includes awareness of third sector and community services for staff and patients, and communication between healthcare teams. Concerns were also raised around the needs of, and support provided to, carers. A person-centred approach was considered key to ensuring all of this can be achieved, though short-term funding was also mentioned as a concern.