Annual Performance Report

2025/2026

Falkirk
Health and Social Care
Partnership

Contents

FORWARD

This report sets out the progress made by Falkirk Health and Social Care Partnership during 2025/26. It highlights the difference being made for people, families and communities across Falkirk, through the hard work and commitment of our staff, carers and volunteers in local services and support networks.

This year also marks the final year of our current Strategic Plan. Over the past three years, this has guided our work to enable people in Falkirk to live full and positive lives within supportive and inclusive communities.

Over the past year, we have continued to turn this vision into action. We have strengthened community-based services, supported more people to return home from hospital, and improved access to care - ensuring people receive the right support, at the right time, in the right place.

These achievements provide a strong foundation for the future as we begin work to renew our Strategic Plan, this time looking further ahead for a 10-year period.

This year has also been one of significant change. In April, we formally welcomed Children and Families Social Work Services and Justice Social Work Services into the Partnership, strengthening our ability to deliver more joined-up, whole-system care.

Through this, we have improved partnership working and performance, including sustained reductions in delayed discharges, and most importantly, better outcomes for the people we serve. This is also reflected in strong recent inspection findings across our care homes, care at home services and prison healthcare.

We would like to thank our staff, partners, carers and communities for their continued commitment and contribution. As we look ahead, we remain focused on delivering sustainable, high-quality services that improve outcomes and reduce inequalities for the people of Falkirk.

Caroline Doherty
Interim Chief Officer

Gordon Johnston
Chair, Integration Joint Board

ABOUT FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP

OUR PARTNERSHIP

Falkirk Health and Social Care Partnership (HSCP) deliver adult social care services and community health services in the Falkirk area.

Key services that the Partnership provides includes:

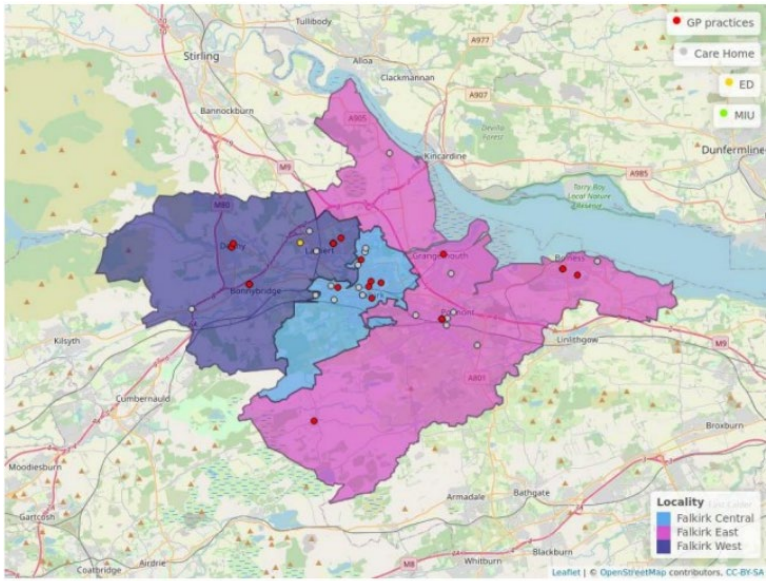
- Community health services – District Nursing, Mental Health, and Learning Disability services
- Primary Care services – GPs, Pharmacies, Out of Hours Services
- Community Hospitals – Bo'ness and Falkirk
- Allied Health Professions – Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry, ReACH
- Intermediate care
- Health Improvement services
- Adult social work and social care services, including care homes and complex care
- Elements of housing services for aids and adaptations and gardening aid
- Prison healthcare services
- Alcohol and Drugs Partnership

The integration of these services is about ensuring those who use health and social care services get the right care and support whatever their needs. This should be at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

OUR COMMUNITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation – the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 1).



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Figure 1: Falkirk Localities Map

Locality profiles present a picture of current needs and demands in these areas. These are used to inform strategic and service planning

OUR VISION AND LEADERSHIP

The Falkirk HSCP Strategic Plan (2023-2026) sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area and outlines how we will deliver adult health and social care services in Falkirk over three years.

Our vision:
"To enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities."

The following priority areas have been identified for 2023-2026:

1. Support and strengthen community-based services
2. Ensure people can access the right care at the right time, in the right place
3. Focus on prevention, early intervention, and minimising harm
4. Ensure carers are supported in their caring role

These priorities are driven by three workstreams – Workforce, Technology, and Communication and Engagement.

The current Falkirk IJB Strategic Plan is due for renewal in 2026. Following a formal review, the IJB agreed to develop a new Strategic Plan rather than refresh the existing one. The strategy will be developed using national strategy and policy, research, expert knowledge and feedback from our partners, colleagues, and people who live in Falkirk. The new Strategic Plan will be presented to the IJB for approval in December 2026.

The Partnership has developed Locality Plans for each of its three locality areas (Central, East, and West). The plans support local development of services and demonstrate how the outcomes and priorities of the HSCP Strategic Plan will be delivered on a local level by addressing the needs and challenges of its communities.

Plans were developed through public and partner consultation with Locality Delivery Groups monitoring progress, reviewing implementation activity, and addressing challenges of their respective plans. Membership of these groups include operational staff working within each locality area as well as third sector, public, and carer representation.

The Falkirk HSCP Workforce Plan 2022-2025 outlines how the Partnership will support and develop the local workforce to deliver the vision for Falkirk, and support and improve the wellbeing of our communities.

The Integration Joint Board (IJB) is the decision-making body of the Falkirk Health and Social Care

Partnership. There have been key changes to its membership in 2025/26:

- Councillor Collie and Councillor Hannah have been appointed, with Councillor Collie appointed as Vice-Chair for a two-year period.
- Following the recruitment of three new NHS Forth Valley Board members, Alison Japp has been confirmed as the replacement IJB voting member.
- A new IJB Service User Representative, David McNiven, has been appointed.
- Sharon Mwale has been appointed as the IJB Carer Representative with Amanda Winters as the IJB substitute Carer Representative, following nominations by the Carer Voice Group.
- The IJB approved the continued appointment of Ian Dickson, IJB Third Sector Representative following a process conducted by CVS Falkirk.

The Performance, Audit, and Assurance Committee continue to have an oversight of audit, risk management, performance as well as Clinical and Social Care Governance.

The function and membership of the Strategic Planning Group have been reviewed. While the Group will continue to fulfil its statutory role, its remit will be strengthened to support delivery and governance, acting as a clearer conduit between delivery planning and the IJB.

The refreshed management governance structure has been implemented, including a Financial Oversight Board, Strategic Planning and Transformation Board, which along with the existing Clinical and Care Governance Management Group report into the Senior Leadership Team to provide assurance and support progress of key priorities within the Partnership.

The revised Integration Scheme is intended to improve governance and its understanding in relation to the functions of each Integration Joint Board as well as Falkirk, Clackmannanshire and Stirling Councils and NHS Forth Valley. It also includes the integration of Falkirk Council's Children and Families Social Work Services and Justice Social Work Services. These services operationally transferred to Falkirk HSCP on 1 April 2025.

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has nine National Health and Wellbeing Outcomes to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. 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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care service contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Strategic Plan Priorities (2023-2026)	National Health and Wellbeing Outcomes
Priority 1: Support and strengthen community-based services	Outcomes 1, 2, 3, 4, 5, 6, 7, 8, 9
Priority 2: Ensure people can access the right care, at the right time, in the right place	Outcomes 1, 2, 3, 4, 5, 7, 9
Priority 3: Focus on prevention, early intervention, and minimising harm	Outcomes 1, 3, 4, 8, 9
Priority 4: Ensure carers are supported in their caring role	Outcomes 1, 2, 3, 4, 6, 7, 8, 9

Table 1: Association between the priorities of the Falkirk HSCP Strategic Plan and National Health and Wellbeing Outcomes

This report sets out progress made towards our Strategic Plan priorities, including the three supporting workstreams during 2025/26.

PRIORITY 1 – SUPPORT AND STRENGTHEN COMMUNITY BASED SERVICES

Across Falkirk, we are strengthening specialist and community-based services to support people with complex needs to live well, remain independent, and access the right support at the right time. This includes earlier intervention, improved access to information and community resources, and more coordinated multidisciplinary care. Through a strong focus on rehabilitation, prevention and person-centred support, alongside the use of digital tools and lived experience, we are improving outcomes for individuals while reducing reliance on hospital-based care. Together, these approaches are enabling more responsive, integrated and sustainable services across Falkirk.

FALKIRK SENSORY SERVICE

The Falkirk Sensory Service team provides visual and hearing rehabilitation support to help individuals maintain independence, build confidence, and stay connected to their communities. Sensory-friendly activities reduce isolation, while digital approaches support people to remain engaged from home.

Impact: this support is helping people adapt to sensory loss, maintain independence, and feel safer and more confident in daily life.

As one person said:

"The Sensory Service Team has played a huge role in helping me adjust to life with sever sight loss, offering practical support that has genuinely made a difference to my independence. One of the most meaningful parts of their support has been the way they engaged with my workplace to help create a safer environment."

DOLLAR PARK DEMENTIA SERVICE

Cognitive Stimulation Therapy (CST) sessions are delivered weekly in 12-session blocks for people in the early stages of dementia. The sessions follow an evidence-based approach and are designed to stimulate thinking, memory, language and social interaction within a supportive, strengths-based environment. Activities are tailored to meet individual needs, ensuring they remain accessible and engaging as needs change over time. The structured format of the sessions also supports routine and familiarity, which is particularly important for people living with dementia.

Impact: People are maintaining cognitive skills, improving confidence and communication, and benefiting from increased social interaction and peer support.

CALEDONIA SERVICE

During 2025, many service users were required to migrate from Employment Support Allowance (ESA) to Universal Credit (UC), creating stress and uncertainty.

The Welfare Benefits Team supported staff to improve knowledge, enabling better guidance and referrals for people navigating the system.
Impact**:** People are better supported to manage complex benefits changes, reducing anxiety and helping maintain financial stability.

As one person said:
“I received my migration letter for my benefits and ignored this for weeks as I didn’t know what to do or how to deal with it. If my keyworker hadn’t seemed so calm and knowledgeable about it, I don’t think I would be sitting here now with money to pay my bills.”

LEARNING DISABILITY TEAM

The Falkirk Learning Disability Team, working in partnership with Lochview acute in-patient hospital, has supported the discharge of five long-stay patients into new homes in the community. Some individuals had been in hospital for over five years, and a small number for more than ten years. Progress has been enabled through creative commissioning and the development of local, community-based resources, alongside strong multi-disciplinary collaboration.

Impact: People who had been in long-term hospital care are now living successfully in the community, with the right support in place and no need for readmission.

COMPLEX CARE TEAM

The Adult Complex Care Team provides specialist support for individuals with complex health needs, including those living with tracheostomies. The team works closely with multidisciplinary partners to coordinate care and support safe discharge from hospital into the community.

Impact: People with highly complex needs are able to leave hospital safely and receive the right care in the community.

As one person said:
“A patient with a new tracheostomy was discharged directly from ICU into the community with support from the Complex Care Team. Through close collaborative working with Social Work and the wider MDT, a safe care facility was identified, and clear escalation plans were established, enabling discharge after a prolonged period while ensuring complex clinical needs were safely managed.”

MACMILLAN ONE TO ONE

The Macmillan One to One service is available to all adults affected by cancer across Forth Valley, including families and carers. In 2025/26, the service was redeveloped to incorporate the national Improving the Cancer Journey (ICJ) model, strengthening its ability to reach more people earlier with the right support. Listening to people with lived experience has been

central to this redesign. As a result, the service has retained its strong clinical, community-based expertise while expanding its capacity to provide holistic, needs-based support.

Impact: More people affected by cancer are receiving earlier, more personalised support, improving wellbeing, confidence and access to the right help at the right time.

MENTAL HEALTH AND WELLBEING DIRECTORY

The local Mental Health and Wellbeing Directory brings together third sector and community-based services available across Falkirk, helping people identify the most appropriate sources of support.

Originally developed for practitioners, the directory is being expanded for wider public use. An interactive online version is currently in development, with a prototype in place and feedback being gathered to ensure it is accessible and user-friendly.

Impact: People are better able to find and access the right support for their mental health and wellbeing at the right time.

COMMUNITY RESOURCE DIRECTORY

During 2025/26, significant progress has been made to prepare the Directory for wider use. This has included improving the underlying dataset and developing digital tools to ensure information remains accurate and up to date. The Directory will also act as a core data source within the Ask & Act App, part of a Scottish Government pilot supporting the identification of people at risk of homelessness. Integration with the app enables hospital staff and Community Link Workers to record concerns, review needs, and connect individuals to appropriate services using consistent, up-to-date information.

Impact: Staff are better able to quickly identify and connect people to the right local support, improving access to services and enabling more coordinated, timely interventions.

PRIORITY 2 - ENSURE PEOPLE CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

Primary Care in Falkirk continues to evolve as a key driver of accessible, community-based care, with a strong focus on multidisciplinary working, prevention and improving patient flow. Through service redesign, expanded roles such as Advanced Physiotherapy Practitioners, and more direct access pathways, we are enabling people to receive the right care first time while reducing pressure on GP services. Alongside this, improvements in Out of Hours care, waiting list management and digital access are strengthening resilience and responsiveness across the system. Together, these developments are improving access, reducing delays, and supporting a more sustainable, coordinated model of care closer to home.

PRIMARY CARE

The Primary Care Improvement Plan supports 127 WTE multidisciplinary professionals working across General Practice, including expanded teams with mental health provision and Community Link Workers. During 2025/26, high levels of activity have continued, with an estimated 5,070 appointments delivered each day across Forth Valley, including 2,354 in the Falkirk area. The majority of routine appointments are delivered face-to-face, with many practices offering a choice of in-person, telephone or virtual consultations. Practices also manage significant volumes of clinical results and communications daily.

Service developments have included national dental reforms increasing access to NHS dentistry, enhanced optometry services supporting treatment of eye conditions in the community, and Annual Health Checks for adults with learning disabilities. Reviews of Enhanced Services are supporting expansion in areas such as long-term conditions, prevention and frailty. Digital developments, including a new GP clinical system and the MyCare.scot platform, are improving how people interact with services. Workforce development has been supported through Protected Learning Time, alongside wider system developments such as the establishment of the Primary Care Governance Board and work to develop a local Primary Care Strategy.

Impact: People are able to access a wide range of primary care services more flexibly and closer to home, with improved coordination, earlier intervention and a stronger focus on prevention and long-term care.

OUT OF HOURS

The Out of Hours (OOH) service has continued to develop through ongoing learning, service improvement and strengthened partnership working. This has supported the delivery of a more resilient and sustainable service, ensuring people receive the right intervention at the right time, from the right professional, in the right place.

The Scottish Government Improvement Action Plan concluded that the service is now resilient and delivering high-quality care, resulting in the formal removal of the escalation status applied in 2022. Work is also underway to embed Realistic Medicine and value-based health and care approaches, alongside further integration with health and community social care teams to deliver a more coordinated out of hours response.

Impact: People are receiving timely, high-quality care out of hours, with improved coordination across services and a more sustainable and resilient service model.

ADVANCED PHYSIOTHERAPY PRACTITIONERS

Advanced Physiotherapy Practitioners (APPs) working in GP practices across Forth Valley provide first contact care, allowing patients to be seen directly without needing a GP appointment. Maintaining high First Contact Rates (FCR) reduces duplication and frees up GP capacity.

In 2025, the FCR in Forth Valley was 66%, within the national average range. Following targeted work with practices with lower rates, improvements were seen in 17 out of 19 practices. One practice increased from 33% to 68%, with the overall average rising from 47% to 62%, and the Forth Valley-wide FCR increasing to 72%, above the national average. This has resulted in an additional 141 GP appointments per month being made available.

Impact: More patients are accessing the right professional first time, reducing duplication and increasing GP capacity to focus on more complex care.

PODIATRY

The Podiatry Service has introduced a self-referral pathway to improve timely, person-centred access to care and reduce unnecessary barriers to treatment. Previously, access relied heavily on GP referrals, which could delay intervention and contribute to avoidable demand within primary care.
The new approach includes a structured self-referral route supported by a standardised vetting and triage process. This enables earlier intervention, helping to prevent deterioration and reduce risk. Engagement with GP and primary care colleagues has been central to the development, ensuring alignment across referral pathways and strengthening collaboration to support more sustainable, community-based services.

Impact: People are able to access podiatry care more quickly and directly, supporting earlier intervention, improved outcomes, and more efficient use of primary care capacity.

REACH FALKIRK

The ReACH Falkirk Team has reduced waiting times by introducing additional administrative support to streamline and manage waiting list processes. By shifting administrative tasks away from clinicians, more clinical time has been made available for patient appointments, improving overall service efficiency. Patients are now contacted early following referral, helping to keep them informed and reducing the need for follow-up enquiries. An early opt-in approach allows patients to join the waiting list only when they are ready to engage, ensuring appointments are used more effectively and reducing wasted capacity.

Impact: Waiting times are reducing, with improved patient flow and more efficient use of clinical capacity, ensuring appointments are available for those ready to engage with the service.

PRISON HEALTHCARE SERVICES

HMP Glenochil supports an increasingly older and frailer prison population with complex health needs. An 18-month partnership with Strathcarron Hospice has strengthened the approach to caring for older people in custody, improving the identification of frailty, communication, and involvement in care planning. This has supported a more proactive, person-centred approach, particularly in relation to end-of-life care. Impact: People in custody with complex and end-of-life needs are receiving more coordinated, person-centred care, with earlier identification of changing needs and improved support

PRIORITY 3 - FOCUS ON PREVENTION, EARLY INTERVENTION, AND MINIMISING HARM

Across Falkirk, we are strengthening a whole-system approach to prevention, early intervention and recovery, underpinned by data, lived experience and partnership working. From developing a robust evidence base through the Alcohol and Drug Partnership, to embedding lived experience in decision-making and tackling stigma across services, we are reshaping how support is designed and delivered. Alongside this, investment in community-based services, digital access, and equipment provision is enabling more people to remain independent, while improvements in discharge pathways and care models are supporting timely, safe transitions from hospital. Together, these developments are improving outcomes for individuals, strengthening system flow, and building more sustainable, person-centred services across Falkirk.

ALCOHOL & DRUG PARTNERSHIP

The Alcohol and Drug Partnership (ADP) has worked with partners to undertake a comprehensive needs assessment of substance use support across Falkirk. This has included analysis of epidemiological data alongside extensive engagement with people affected by their own or others' substance use, ensuring lived experience has informed the findings.
The assessment has identified key areas for development, including widening access to services, expanding treatment and support options, and strengthening integrated care pathways. This work is informing the development of a new multi-year strategic framework, which will guide future commissioning and service delivery.
Impact: A stronger evidence base and clearer understanding of need is shaping future services, enabling more accessible, coordinated and effective support for people affected by substance use.

TACKLING STIGMA TRAINING

Falkirk Alcohol and Drug Partnership (ADP) has developed and delivered a Tackling Stigma training programme for staff across local services. The training focuses on challenging unconscious bias, improving language and communication, and building empathy when working with people affected by substance use. Since its launch in spring 2025, the programme has been delivered to a wide range of staff across housing, community development, third sector organisations, social work and police. Feedback has been positive, with the training supporting staff to better understand and address stigma within their roles and across wider systems.

Impact: Staff are more confident and better equipped to challenge stigma, improving how people affected by substance use are treated and supported across services.

AUTHENTIC VOICES GROUP

The Falkirk ADP Lived Experience Panel, the Authentic Voices Group (AVG), continues to play a key strategic role in shaping local and national policy and practice. Members have contributed to a range of developments, including the Mental Health and Substance Use Protocol, Locality Planning, Trauma-Informed Practice and Policy, and the Falkirk ADP Strategic Needs Assessment.

The group has also contributed at a national level, including to the Scottish Government's *Planning with People* guidance, developed in partnership with Healthcare Improvement Scotland. This reflects growing recognition of the value of lived experience in shaping effective services and policy.

Impact: People with lived experience are directly influencing the design of services and policy at both local and national level, ensuring support is more relevant, responsive and person-centred.

JOINT LOAN EQUIPMENT SERVICE

The Joint Loan Equipment Service (JLES) supports people across Forth Valley to live safely and independently at home by providing equipment delivery, collection, cleaning and maintenance. The service ensures people receive the right equipment at the right time to meet their needs.

During 2024/25, over 21,700 items were supplied directly to individuals, alongside 6,600 items distributed to local satellite stores to improve access for health and care professionals. A further 13,750 items were collected for re-use and recycling, supporting sustainability. Equipment provision included community beds, hoists, moving and handling equipment and wheelchairs, helping people return home sooner, avoid unnecessary hospital admissions and remain active during recovery. The service also completed over 3,100 planned maintenance checks and responded to 600 equipment support requests.

Impact: People are supported to live safely and independently at home, with timely access to equipment that enables earlier discharge from hospital, prevents admission and improves quality of life.

LIVING WELL FALKIRK

Living Well Falkirk focuses on early intervention and prevention, supporting residents to maintain independence, wellbeing and confidence for as long as possible. The service provides access to information, advice and community-based support through a digital platform designed to help people find the right help at the right time.

During 2025/26, 4,084 unique users engaged in 6,926 sessions on the website. The platform is supporting people to access community-based solutions more quickly, while also enabling staff to work more efficiently by streamlining processes and focusing support where it is most needed.

Impact: People are better able to manage their own health and wellbeing, with faster access to support, improved independence, and more efficient use of staff time.

HEALTH IMPROVEMENT RESOURCE SERVICE

The Health Improvement Service manages the Forth Valley-wide Health Information Resource Service (HIRS), a free service supporting staff to deliver consistent, evidence-informed health improvement messages through the provision of prevention-focused materials.

HIRS also manages the Condom Distribution Scheme, which supports delivery of the Sexual Health and Blood Borne Virus Action Plan. The scheme improves access to free condoms for groups at higher risk of poor sexual health outcomes. During 2025/26, 44 registered professionals ordered 29,584 condoms for distribution, including 14,822 within Falkirk. The Condoms by Post initiative issued over 22,000 external condoms, alongside lubricant, dams and internal condoms, with 1,390 orders from the Falkirk area.

Impact: Improved access to prevention resources is supporting safer sexual health practices, reducing risk of infection and unintended pregnancy, and enabling staff to deliver consistent health improvement messages.

HEALTHY MOVEMENT PROGRAMME

The Healthy Movement Programme provides free, gentle movement classes delivered by local leisure providers for people who are inactive or deconditioned. Classes are delivered across Forth Valley, including in Grangemouth, Clackmannanshire and Stirling.

Since 2022, the programme has delivered around 730 classes and supported approximately 445 people to attend at least one session. Around 35% of participants are from the most deprived areas, with 75% aged between 60 and 80. Evaluation and participant feedback highlight strong self-reported outcomes, including improved mobility, increased confidence and a greater intention to remain active. Work is ongoing to explore opportunities to scale the programme further.

Impact: People are improving their mobility, confidence and overall wellbeing, supporting greater independence and helping them remain active for longer.

As one person said:
“I couldn’t even push the duvet off me in the morning. The past week I have started walking up the stairs normally as I used to crawl up them. I have come to this class for eight weeks and I can see a difference.”

COMMUNITY BEDDED SERVICES

During 2025/26, targeted improvement work has strengthened falls prevention across in-house care homes, including at Burnbrae and Grahamston House. At Burnbrae, the introduction of the RESTOR2/SBARD tool has improved early recognition of deterioration and communication between staff. At Grahamston, a personalised, exercise-based falls reduction programme has been implemented in partnership with NHS Forth Valley, alongside enhanced monitoring for those at higher risk.

These approaches have been supported by improved staff training, greater family involvement and more effective use of data to inform care. Significant reductions in falls have been achieved across both settings, alongside improvements in staff confidence and care coordination.

Impact: Falls have reduced significantly, with earlier intervention, improved safety for residents, and fewer hospital admissions.

“At Burnbrae, improved communication and early intervention led to a 34% reduction in falls, exceeding the target. At Grahamston, targeted exercise and monitoring reduced falls from up to 19 per month to as low as 3, demonstrating the impact of a proactive, person-centred approach to falls prevention.”

INTERIM PLACEMENT UNIT

We continue to operate an Interim Placement Unit to support adults who are clinically ready to leave hospital but are unable to be discharged due to the unavailability of an appropriate care home placement. This provision aims to significantly reduce delayed discharges by enabling individuals to move from hospital into a more suitable environment while long-term care arrangements are finalised. As a result, the unit has been well utilised, with positive outcomes for adults moving out of hospital.

The Interim Placement Unit has played a key role in improving patient flow and reducing hospital-based delays. We are currently exploring options to continue the service at a reduced bed base. This approach aims to maintain the benefits of the interim model while ensuring capacity is aligned with demand patterns and used efficiently.

SHIFTING THE BALANCE OF CARE

Shifting the Balance of Care is a discharge to assess approach that supports people to leave hospital sooner and receive assessment and care in their own home or a homely setting. The approach aims to reduce delays, improve patient experience and make better use of health and social care resources.

Evaluation shows the model has improved discharge efficiency and reduced hospital length of stay for older people, with delayed discharges falling below the long-term average during implementation. As the approach has become embedded, more people have been supported to return home sooner, with 63% returning home with a package of care rather than entering long-term care. Patient feedback has been positive, with people feeling safe, supported and more involved in decisions about their care. There has been no increase in readmissions, and staff report improved collaboration and confidence in community-based assessment.

Impact: More people are able to return home sooner, receive care in a more appropriate setting, and avoid unnecessary long-term care, while supporting improved system flow and hospital capacity.

“Following a prolonged hospital stay, an older person was discharged home through the Shifting the Balance of Care approach. Assessment and rehabilitation were completed at home, allowing support to be adjusted as confidence and mobility improved. Hospital stays for this group reduced significantly as the model became embedded, supporting recovery at home and avoiding long-term care.”

FORTH VALLEY MENTAL HEALTHY & WELLBEING STRATEGIC PLAN

Across Forth Valley, Mental Health and Learning Disabilities services have undergone significant organisational change, with hosting responsibilities transitioning to Clackmannanshire & Stirling Integration Joint Board. Operational management remains shared across HSCPs and NHS Forth Valley, creating a complex delivery landscape.

In response, a Forth Valley-wide Mental Health and Wellbeing Strategic Plan has been developed to ensure continuity and alignment across services. The plan takes a life course approach, covering child and adolescent, adult and older adult mental health and wellbeing. It reflects both national and local priorities, with a strong focus on improving population mental health, early intervention and prevention, alongside support for people with complex and enduring mental illness. The plan was approved by the Falkirk Integration Joint Board in September 2025.

Impact: A clear, shared strategic direction is improving coordination across services, supporting more consistent, joined-up care and a stronger focus on prevention and early intervention.

“The development of a Forth Valley-wide Strategic Plan is helping to align services across a complex system. By bringing partners together around shared priorities, it is supporting more coordinated planning and delivery of mental health and wellbeing services for local people.”

INDEPENDENT ADVOCACY PLAN

Independent advocacy ensures that individuals and groups are supported to have their voices heard, without influence from others. In Falkirk and across Forth Valley, independent advocacy services are commissioned through a third sector provider to support people to express their views and be involved in decisions affecting their lives.

The development of the Independent Advocacy Plan has involved wide-ranging consultation and engagement with partners, the workforce and local communities. The plan sets out a clear commitment to promoting, providing and evaluating advocacy services, aligned to shared priorities around inclusion, participation and rights. The plan was approved by the Integration Joint Board in October 2025.

Impact: More people are supported to have their voices heard and to be actively involved in decisions about their care and support.

“The development of a shared Advocacy Plan is strengthening how services support people to express their views and influence decisions. By embedding advocacy more consistently across the system, it is helping ensure that people’s voices are central to care and support.”

PRIORITY 4 - ENSURE CARERS ARE SUPPORTED IN THEIR CARING ROLE

Across Falkirk, we are strengthening support for carers through a more responsive, person-centred and rights-based approach. By improving access to support, reducing waiting times, and expanding

opportunities such as short breaks and self-directed support, we are enabling carers to sustain their caring role while maintaining their own wellbeing. Alongside this, greater involvement of carers in shaping services and policy is ensuring that support is more flexible, informed and aligned to what matters most. Together, these developments are improving outcomes for carers and those they support, while contributing to a more sustainable system of care.

SUPPORTING CARERS

During 2025/26, work has progressed to develop the next Carers Strategy, informed by engagement with carers to understand priorities and improve outcomes.

Falkirk HSCP works in partnership with Falkirk & Clackmannanshire Carers Centre to provide a wide range of support to carers of all ages. This includes advice, emotional support, hospital-based support, and help to ensure carers' voices are heard through Adult Carer Support Plans (ACSPs). Improvements to systems have reduced waiting times for ACSPs to 6–8 weeks, with reviews completed within timescales.

Additional support is provided through access to information sessions, grants, short breaks and Respitality services, with 399 Respitality breaks accessed in 2025/26. The Young Carers Project continues to support young people, including co-producing a Young Carers Policy through the Young Carers in Schools Challenge. Activity levels remain high across services, with increasing engagement and support provided to carers.

Impact: Carers are better supported to sustain their caring role, with improved access to support, reduced waiting times, and more opportunities to maintain their own wellbeing.

As one person said:
"Telephone support is the best option for me due to the demands of my caring role. I'm able to talk at a time that suits me without the stress of having to arrange cover to leave the house… It really helps to know that someone is quietly advocating for me and cheering me on. Gently prodding for me to take care of myself too."

	2024/25	2025/26
Carers accessed Carers Centre	2,747	2,823
ACSPs completed	554	488
ACSP Reviews completed	223	422
YCS completed	135	121
Short break activities/ attendances	15/162	39/420
Short breaks grants	365	449
Care with Confidence sessions/attendances	101/679	75/429

Table 2: Carers Centre Key Figures for 2024-2026

SELF-DIRECTED SUPPORT

In January 2025, a Short Life Working Group was established to develop a Self-Directed Support (SDS) Policy. The group included officers and representatives from the Carers Centre, advocacy services and SDS Forth Valley, ensuring a collaborative and inclusive approach.

The policy, approved by the Integration Joint Board in June 2025, applies to all client groups and sets out the four SDS options for service delivery. It outlines the Partnership's approach to strengthening practice and improving how support is planned and delivered for individuals and their carers.

Impact: People are better informed about their support options and have greater choice and control over how their care is delivered

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SUPPORTING WORKSTREAM: WORKFORCE

Across Falkirk and Forth Valley, recognition of staff and services reflects a strong culture of quality, innovation and compassion, alongside a clear commitment to developing the future workforce. National and regional awards highlight the impact of services on people and communities, while investment in placements, training and career pathways is building a sustainable pipeline of skilled professionals. Together, these achievements demonstrate both the strength of the current workforce and the Partnership's ongoing focus on supporting, developing and retaining the people who deliver care.

AWARDS AND ACHIEVEMENTS

Teams and individuals across Falkirk and Forth Valley have been recognised at local and national level for their outstanding contribution to health and social care. Falkirk's Mobile Emergency Care Service (MECS) won the Scottish Home Care Team category at the 2025 Great British Care Awards and will go on to represent Scotland at the UK final in 2026.

NHS Forth Valley teams received multiple awards at the 2025 Scotland Health Awards. The Children's Speech and Language Therapy Team won both the Innovation Award and the Tackling Health Inequalities Award for their work in schools and nurseries. A Community Learning Disability Nurse received the Nurse Award, recognising compassionate, high-quality care, and the Prison Healthcare Team at HMP Stirling received the Unsung Heroes Award, highlighting their meaningful impact on people's lives.

Falkirk Council, in partnership with Falkirk HSCP's Japp Gardens, also won the Excellence in Accessibility and Inclusion category at the Scottish Housing Awards 2025, recognising a commitment to inclusive and future-proof housing.

Impact: Recognition at regional and national level highlights the quality, innovation and compassion of services, reinforcing workforce pride and confidence in the care provided to local communities.

"These awards reflect the dedication and innovation of staff across Falkirk and Forth Valley. National recognition not only celebrates individual and team achievements but also demonstrates the positive impact of services on people and communities."

LOCAL GOVERNMENT STAFF RECOGNISED AT ROYAL RECEPTION

A Falkirk support worker was recognised at a Royal reception hosted by King Charles and Queen Camilla at St James's Palace. The event brought together 350 local government workers from across the UK to acknowledge the vital contribution of public service staff.

Ann Corbett, a Support Worker with the Dollar Park Dementia Service and over 25 years' experience in dementia care, attended the event representing Falkirk and the wider workforce.

Impact: Recognition at a national level highlights the value of the workforce and reinforces the importance of their contribution to supporting people and communities.

"Being part of a celebration that recognised the value of public service was incredibly meaningful, and I was pleased to represent the hard work and commitment of my colleagues in Falkirk."

SCHOOL STUDENT WORK EXPERIENCE PLACEMENTS

Work experience opportunities across care home and community services are supporting young people to develop skills, confidence and insight into careers in health and social care. In summer 2025, two Career Ready 4-week placements were delivered, alongside 13 additional placements for Falkirk secondary school students.

Partnership working has also enabled placements in areas such as catering, providing experience in specialist dietary needs and food preparation. A bespoke placement was developed for a student interested in social work, offering opportunities to engage directly with professionals and students to better understand different career pathways.

Impact: Young people are gaining confidence, skills and a clearer understanding of career opportunities, supporting future workforce development in health and social care.

"I feel like I can handle a bit more now and this has helped me be a bit more confident and sociable."

INNOVATION IN SCHOOL SETTINGS

Education colleagues in Larbert and Braes High Schools have been working collaboratively with Partnership services, including staff from the Forth Valley Royal Simulation Centre, to design designated simulation learning environments. These spaces provide hands-on experience in settings that mirror real-life health and social care environments, helping bridge the gap between theory and practice.

The approach supports students to become familiar with equipment, processes and expectations they will encounter on placements and in future roles. Simulation training for teaching staff is due to begin in April 2026, supported by Simulation Centre staff, with equipment donated or loaned by Partnership services to enhance learning opportunities.

Impact: Students are developing confidence, practical skills and a stronger understanding of care environments, supporting future workforce readiness in health and social care.

By creating realistic learning environments within schools, students are gaining valuable hands-on experience and insight into health and social care roles. This is helping build confidence and capability, supporting the development of a skilled and prepared future workforce.

HNC IN SOCIAL SERVICES AND HEALTHCARE STUDENT PLACEMENTS

Nine Higher National Certificate (HNC) Social Services and Healthcare students and five Pathway to Health and Social Care Level 6 students from Forth Valley College began placements in October 2025. The placement programme provides structured, supported opportunities for students to gain practical experience within health and social care settings.

Students are supported by experienced staff and mentors, enabling them to integrate into teams, build confidence and develop essential skills required for future roles in the sector. The programme continues to provide a valuable and enriching learning experience.

Impact: Students are developing practical skills, confidence and experience, supporting their progression into careers in health and social care and contributing to future workforce development.

The placement programme is providing students with valuable real-world experience, helping them build confidence and develop the skills needed for a career in health and social care, while also supporting services to grow the future workforce.

PRACTICE LEARNING – STUDENT PLACEMENTS AND CAREER PATHWAYS

Social Work and Occupational Therapy placements continue to play a key role in developing the future workforce across Falkirk. In the past year, ten Social Work students successfully completed placements, with a further six currently in placement. Two Occupational Therapy students also completed placements, with three more planned.

Workforce development has been strengthened through sponsored learning, with nine employees undertaking Social Work qualifications via the Open University. Two are due to qualify this year and transition into Social Worker roles, supported through their Newly Qualified Social Worker (NQSW) year. All Social Work students passed their placements, with 66% securing employment within Falkirk Council.

Practice Educator and Link Worker forums, alongside new Practice Educator qualifications, have increased capacity and confidence in supporting students. Learning from the NQSW programme is also informing development of preceptorship approaches for Occupational Therapy staff.

Impact: Increased placement capacity and workforce development are supporting a sustainable pipeline of skilled professionals, with more students progressing into employment within local services.
The continued investment in student placements and workforce development is strengthening the future workforce. High completion rates and strong transition into employment demonstrate the value of supported learning and partnership working in building capacity across services.

Supporting Workstream: Communication and Engagement

OVERVIEW OF ENGAGEMENT ACTIVITY

During 2025/26, we invited people to share their views across nine projects. A total of 583 people responded to online surveys available on Participate+; an increase of over 140 survey responses than the previous year. We actively promoted these surveys and gathered views from over 280 people across 40 engagement activities, ranging from drop-in sessions, planned events and attending local community group meetings. Comparatively, in the previous year, we engaged with over 1,000 people across 58 engagement activities.

Timescale	Project	Total Survey Responses	Total Activities	Total Engaged via Activities
20 March – 30 April 2025	Forth Valley Macmillan 1-1 Service	89	-	-
06 March – 23 April 2025	Falkirk HSCP East Locality Consultation	31	16	59
08 April – 21 May 2025	Self-Directed Support Policy Consultation	21	-	-
26 May 2025	Carers Voice Group – Dementia PDS Pathway Map	-	1	25
22 September 2025	Carers Voice Group – Falkirk Carers Strategy	-	1	30
04 September – 15 October 2025	Falkirk HSCP West Locality Consultation	26	9	52
03 December 2025	Carer Rep Focus Group – Budget 2026/27	-	1	<10
04 December 2025	Carers Conversation Café	-	1	<10
26 January – 16 February 2026	Falkirk HSCP Budget 2026/27 Consultation	234	9	86
19 January – 15 March 2026	Falkirk Carers Strategy Phase 1 Consultation	122	2	19
02 – 22 March 2026	Falkirk HSCP Strategic Plan Phase 1 Consultation	60	-	-
	Total	**583**	**40**	**280+**

Table 3: Overview of HSCP Engagement Activity 2025/26

CARER REPRESENTATIVE PROGRAMME

In partnership with Falkirk & Clackmannanshire Carers Centre, we have developed a programme to embed carer participation into the strategic decision-making processes of the Falkirk HSCP.

We have seven active Carer Representatives currently participating in the following groups:

- Falkirk Integration Joint Board (lead and substitute)
- Falkirk Carers Strategy Group
- Falkirk Dementia Strategy Group
- Alcohol and Drugs Partnership Authentic Voices Group
- Digital Health and Care Programme Board
- Falkirk Central Locality Delivery Group

In addition, we have also partnered with the University of Stirling to ensure carer perspectives are integrated into the student learning of future health practitioners.

Carer Representatives actively contribute to Falkirk HSCP and external consultations, events and engagement activity, often taking a proactive role in raising awareness and representing carers' views. Alongside this, tailored training and development opportunities are offered to build their confidence, skills, and effectiveness.

Despite the significant pressures of their caring roles, Carer Representatives show strong commitment to ensuring carers' voices are heard and valued. Their involvement has improved the quality of discussion, deepened understanding of lived experience within professional settings, and supporting more responsive and sustainable decision-making.

Carer Representatives report feeling informed, listened to, and recognised, with clear evidence that their contributions are shaping the work of the Partnership.

The Carer Representative Programme has been recognised by the Coalition of Carers in Scotland as an example of best practice for embedding carer involvement in IJBs, and was featured in their Equal, Valued, and Sustained publication.

Impact: Carers' voices are influencing strategic decision-making, leading to more inclusive, informed and responsive services.

A Carer Representative proactively shared information about the Get Online Week campaign which led to the HSCP participating in two collaborative events at local libraries, where digital inclusion materials were shared with the public, in partnership with Fairer Falkirk and library staff.

"The involvement of a Carer Representative has contributed to improved visibility of carers' needs and more inclusive service planning."

CARE OPINION

Care Opinion is an online feedback platform where people can share their experiences of health and social care services. It provides an opportunity for services to listen, respond and learn from feedback to support improvement.

Service Area	Total no. of stories	% of stories responded to by staff	% of positive stories
Falkirk HSCP	**32**	**81%**	**94%**
Adult Health Services	26	77%	96%
Adult Social Care Services	6	100%	83%
Commissioned Services	-	-	-

Table 4: Overview of Care Opinion stories in 2025/26

Service Area	2023/24	2024/25	2025/26 (Q1-Q3)
Falkirk HSCP	**54**	**16**	**32**
Adult Health Services	35	11	26
Adult Social Care Services	18	5	6

Service Area	2023/24	2024/25	2025/26 (Q1-Q3)
Commissioned Services	1	-	-

Table 5: Comparison of Care Opinion stories since its launch in April 2023

During the first three quarters of 2025/26, 32 stories were shared about Falkirk HSCP services. Of these, 81% received a response from staff, with 94% of stories being positive. Activity levels have increased compared to the previous year, although overall engagement remains lower than at the launch of the platform. Adult Health Services received the majority of feedback, while Adult Social Care responses achieved full response rates.

Due to limited uptake, Falkirk HSCP discontinued its paid subscription to Care Opinion in January 2026, with continued access available through the platform's free model. Members of the public can still share feedback, and the Partnership will continue to use insights from stories to inform learning and improvement.

Impact: Feedback from people and families is used to inform service improvement, helping ensure care reflects what matters most to those receiving it.

“My mum is currently being cared for at Summerford House Falkirk… We know my mum is as safe as possible here and is receiving rehabilitation from great AHP staff too.”– Summerford House, 11 December 2025

IMPROVING OUR ENGAGEMENT APPROACH

As part of the Housing with Care Review, which proposed changing the way care is delivered at Tygetshaugh Court, a ‘lessons learned’ exercise was conducted to review the Partnership’s approach to engagement and communication during service change processes.

The outcome of a related complaint to Scottish Public Services Ombudsman (SPSO) also found that elements of the Partnership’s consultation, appraisal and decision-making processes fell short of the standards expected. The Partnership has accepted these findings and has issued a sincere and unreserved apology to those affected.

The Ombudsman concluded the Partnership has already “taken reasonable action” in relation to improving its consultation, options appraisals, and EPIA-informed decision making.

This includes committing to:

- Ensuring all audiences impacted by proposals are directly communicated with.
- Providing a wider range of materials to assist in engagement, including a mix of easy read, posters, videos, and accompanying information.
- Applying plain English principles to consultation materials and co-designing consultation materials with services users and people with lived experience.
- Offering more in-person opportunities to engage and share views.
- Engaging stakeholders as early as possible within the service change process.

The Ombudsman noted the final decision regarding the service change was a decision for the Integration Joint Board to make in line with budgetary constraints.

The Partnership remains committed to ensuring future decisions are well informed, transparent, and more meaningfully shaped by the views of those affected.

We are thankful for all stakeholders and local communities for their continued engagement and feedback to help shape these processes.

SUPPORTING WORKSTREAM: TECHNOLOGY ENABLED CARE

Over the last year we have focused on strengthening our digital foundation, widening digital inclusion and using technology to help shift the balance of care towards prevention and support at home and in communities.

MECS AND TECHNOLOGY ENABLED CARE

Technology Enabled Care plays a key role in supporting people to remain safe and independent at home, with the Mobile Emergency Care Service (MECS) at the centre of this approach. MECS provides hands-on overnight care and installs and maintains telecare equipment such as community alarms, sensors and movement monitoring systems.

All alerts are managed through a digital alarm receiving centre, improving reliability, resilience and response times. By combining skilled staff with real-time data, the service supports early intervention, prevents avoidable hospital admissions and enables people to return home sooner. Data gathered also supports better understanding of need and more effective service planning.
Impact: More people are able to remain safely at home, with timely support that prevents crises, reduces hospital admissions and supports earlier discharge.

The combination of digital monitoring and responsive care through MECS enables early intervention when someone's needs change. This helps prevent escalation, supports people to remain at home safely, and ensures care is delivered at the right time.

SHIFTING THE BALANCE OF CARE

Shifting the Balance of Care uses technology to support people to return home from hospital as soon as they are medically ready. During a 21-day assessment period, equipment such as community alarms, sensors and movement monitoring devices is used to build a clear picture of how someone manages throughout the day and night.

This information helps the multidisciplinary team better understand individual needs and identify any risks or challenges. Care can then be tailored and adjusted over time, supporting people to remain independent and reducing the likelihood of requiring long-term care.
Impact: People are supported to return home sooner with care that is tailored to their needs, helping maintain independence and avoid unnecessary long-term care.

By using technology to understand how individuals manage at home, care can be adapted in real time to meet changing needs. This supports safer discharges, promotes independence, and helps prevent escalation to more intensive care.

LIVING WELL FALKIRK

The Living Well Falkirk platform has been refreshed to make it easier for people to find relevant, personalised advice. It provides a digital self-assessment route to support adults to manage their health and wellbeing more independently, offering tailored recommendations on local groups and activities, support organisations, and equipment or small adaptations to help people achieve their goals.

Support is also available from Living Well Falkirk staff, with in-person appointments offered at the Forth Valley Sensory Centre and Near Me video consultations enabling timely, personalised support remotely using the platform's assessment tools.

Impact: People are better able to access personalised advice and support, improving independence, confidence and ability to manage their own health and wellbeing.

The refreshed platform and flexible support options are helping people find the right support more easily. Access to both digital tools and staff support ensures individuals can receive personalised guidance in a way that suits their needs.

DIGITAL INCLUSION AND ACCESS

By working in partnership with Fairer Falkirk, Falkirk Council libraries, and third sector organisations, we have supported people to build confidence using digital tools and improved access to connectivity. This has included Get Online Week events, targeted digital skills support, and the provision of SIM cards for people experiencing financial pressures. This has helped people access information, services, and social connections online.

STRONGER SYSTEMS AND DIGITAL INNOVATION

We are making better use of data from digital systems to understand demand, performance and outcomes, supporting service planning and improvement across health and social care in collaboration with NHS Forth Valley. Alongside this, we are exploring wider digital developments, including shared device solutions and Microsoft 365, to enable secure and flexible access to systems and information across organisational boundaries.

Small-scale, carefully governed trials of innovative digital tools are also underway, including artificial intelligence-enabled functionality such as Microsoft Copilot. These trials are exploring how technology can safely support staff with everyday tasks, reduce administrative burden and release more time for direct care, all within established information governance and cyber security frameworks.

Impact: Improved use of data and digital tools is supporting more efficient services, better decision-making and freeing up staff time to focus on direct care.

Early trials of digital tools, including AI-enabled functionality, are helping staff manage routine tasks more efficiently. This is beginning to reduce administrative workload and create more capacity for staff to focus on patient care and service improvement.

STRATEGIC IMPROVEMENT

The Digital Health and Care Programme Board provides oversight of digital activity across the Partnership, bringing together colleagues from Falkirk Council, NHS Forth Valley and the third sector. The Board oversees projects that use technology to support independent living and ensures digital developments remain aligned with strategic priorities. Building on engagement work from 2024/25, findings are being used to shape a refreshed digital delivery plan and inform future strategy. This includes self-evaluation and external scrutiny, with a focus on delivering sustainable, outcome-focused change. Investment in workforce digital skills continues, with targeted training, support from local digital leads, and shared learning through governance and workforce development activity.

Impact: Stronger digital leadership and workforce capability are supporting more effective, sustainable use of technology to improve services and outcomes.

The Programme Board is strengthening coordination and oversight of digital activity, ensuring initiatives are aligned and deliver meaningful impact. Ongoing investment in workforce skills is helping staff feel confident using digital tools, supporting better service delivery and improved outcomes.

FINANCIAL PERFORMANCE

BEST VALUE

As defined by Audit Scotland, Best Value is concerned with *"good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public."*

The IJB's governance framework supports continuous improvement and better outcomes, whilst striking an appropriate balance between quality and care. The key features of the IJB's governance framework which were in place during 2025/26 to support best value are outlined below.

GOVERNANCE AND ACCOUNTABILITY

Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £321m.

The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area. The following governance frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity:

- The Integration Scheme
- IJB Standing Orders
- Risk Management
- Clinical and Care Governance

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board.

During 2024/25 a review of the Falkirk Integration Scheme was undertaken and a revised scheme was approved by Falkirk Council and NHS Forth Valley and endorsed by the IJB. The revised scheme was approved by Scottish Ministers on 9 April 2026 and came into effect from this date. The key changes to the Integration Scheme include the delegation of Children's and Families and Justice Services from Falkirk Council, prison healthcare from NHS Forth Valley, provisions for hosted services and an increase in voting membership from three to four members for both Falkirk Council and NHS Forth Valley. These will be included in our accounts from next financial year.

EFFECTIVE USE OF RESOURCES

National Health and Wellbeing Outcome 9 requires the IJB to demonstrate that "resources are used effectively and efficiently in the provision of health and social care services." As part of this requirement, an overview of 2024/25 financial performance is provided below, including consideration of the financial outlook for 2025/26 and for the medium term.

FINANCIAL PERFORMANCE 2025/26 (FROM UNAUDITED ACCOUNTS)

The IJB reported total income of £337.615m for financial year 2025/26 and total expenditure of £342.066m incurred during the year. As a result, an overall surplus including transfer of some additional reserves of £5.650m was reported in the unaudited Comprehensive Income and Expenditure Statement at 31 March 2026.

Social care budgets overspent by £6.610m by the year end. This was offset by a general underspend in Health Services of £3.659m, resulting in an overall revenue overspend of £5.927m against revenue budget prior to earmarking of £1.5m which will be used towards balancing the 2026/27 revenue budget, resulting in a final year end overspend of £4.451m. Following the application of agreed risk share arrangements of £4.573m, the small balance remaining was added to service pressure reserves. The surplus position was as a result of a number of earmarked reserves held which relate to future years committed spend.

The key pressure areas affecting 2025/26 financial performance are detailed below:

Large Hospital Services/Set Aside
Overspend pressures continued to be reported within A&E, General, Rehab, Specialist Mental Health Services and Associate Medical Director Mental Health. This was mainly relating to continued demand and case mix complexity/length of stay, together with additional costs in order to maintain safe staffing levels. Similar short staffing challenges also continued to impact, although work has continued to reduce use of agency staff.

Social Care
Social Care cost pressures continued throughout 2025/26. There continued to be increased pressures in demand for Care at Home services and for long term residential care during 2025/26. An ongoing requirement for agency staff within in house residential services also caused cost pressures, although there has been a reduction in spend in this area for 2025/26. These overspends were partly offset by underspends in Day Care Services mainly due to staff vacancies and a reduction in Equipment and Adaptations spend due to the introduction of a resource allocation panel process.

The on-going spending controls through resource allocation panels and management of long-term care placements implemented in 2024/25 are continuing and can be flexed accordingly dependant on whole system pressures.

Primary Healthcare
An overspend was incurred, mainly due to prescribing pressures as a result of increased volumes, inflationary pressures and drug costs. NHS Forth Valley provided additional funding to offset this position which improved the overall outturn position for the year.

Community Healthcare
The favourable financial position was largely due to development funding not yet being fully utilised, and vacancies and staff turnover savings across a variety of services including Community Hospitals, GP OOH Services, Psychological Therapies, Specialist Mental Health Services, and IJB Managed Services. The favourable position helped to address ongoing pressures within the Joint Loan Equipment Store and Complex Care services.

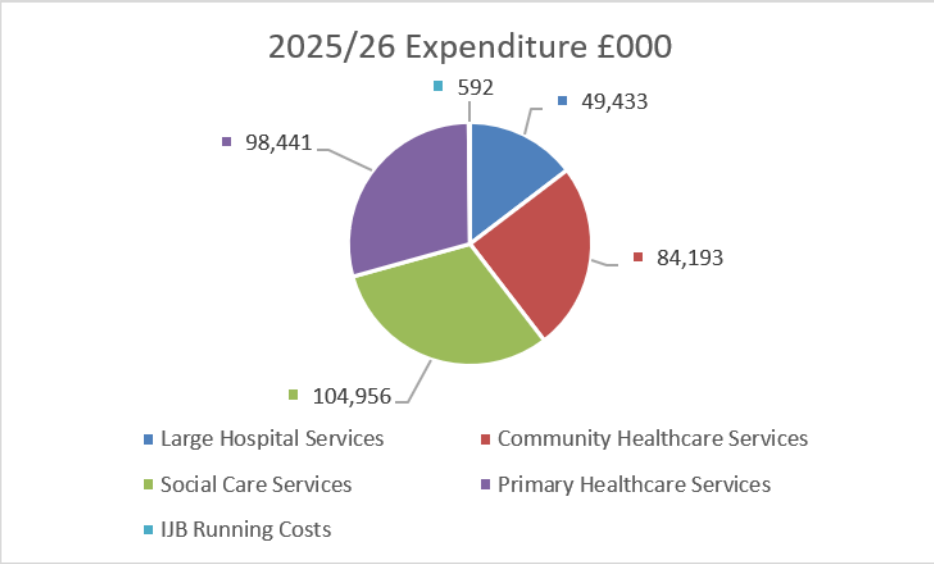


Figure 2: 2025/2026 Expenditure by Category

An analysis of IJB expenditure incurred during 2024/25 is outlined in the table below:

Total Expenditure	2025/ 2026 £'000	2024 / 2025 £'000	2023 / 2024 £'000	2022 / 2023 £'000	2021 / 2022 £'000
Large Hospital Services	49,433	46,194	42,952	39,844	31,079
Primary Care Services	98,441	94,676	92,745	86,130	81,474
Social Care Services	104,956	132,728	123,369	110,820	99,102
Community Healthcare Services	84,193	51,202	47,159	44,331	21,956
IJB Running Costs	592	568	543	470	454
Total	**337,615**	**325,368**	**306,768**	**281,595**	**234,066**
Set Aside	49,433	46,194	42,952	39,844	31,079
Integrated Budget	288,182	279,174	263,817	241,751	202,987
Total	**337,615**	**325,368**	**306,768**	**281,595**	**234,066**

Table 6: Total Expenditure 2025/26

FORWARD LOOK 2026/27 AND BEYOND

The IJB is committed to delivering transformational change over the coming years to ensure financial sustainability. Transformation of services continues to be a key feature in financial year 2026/27 and in the medium term. A five-year medium term financial plan has been agreed which shows a shortfall in 2026/27 of £3.196m. Additional recurring funding of £1.3m was agreed by Falkirk Council, along with the agreement that the Falkirk share of an additional £20m of funding in relation to Scottish Living Wage shortfall will also be passed over when confirmed. The remaining shortfall of £1.476 has been earmarked from year end balances on a non-recurring basis to be confirmed by IJB at its June meeting.

The updated Medium Term Financial Plan (MTFP) was approved on 20 March 2026 covering financial years 2026/27 to 2030/31. It will be subject to regular refresh and work is ongoing to link the MTFP with the planned expected funding gap throughout this period, the expected ongoing financial pressures, and the proposed savings delivery and approach to achieve a balanced budget.

The expected funding gap is set out in the table below:

Projections (£M)	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000
Expenditure	342,578	355,965	367,296	378,929	390,434
Funding	335,127	354,730	362,187	373,566	385,247
Shortfall before additional savings	**7,451**	**1,235**	**5,109**	**5,363**	**5,187**
Additional savings proposed in MTFP	4,255	1,135	1,945	1,485	1,240
Shortfall after prior years savings achieved	**3,196**	**100**	**3,164**	**3,878**	**3,947**
Cumulative shortfall	**-**	**3,296**	**6,460**	**10,338**	**14,285**

A number of assumptions have been used in the projections, including pay and social care provider uplifts, inflationary uplifts and provision for demographic changes.

A comprehensive efficiency and transformation programme has been identified for the medium term, including previously agreed efficiencies which aims to provide more sustainability over the five years of the plan, without the reliance on non-recurring reserves, with a further £14m of efficiencies required to close the overall budget gap in the latter years of the plan. Although contingency reserves have been maintained, and some service pressures reserves are in place, it is unsustainable to use these reserves as a mechanism to balance budgets and fund recurring expenditure moving forward.

A programme management approach is being taken to drive forward the transformation proposals and reviews, with greater accountability via the new Strategic Planning and Transformation and Finance Oversight Boards.

GOVERNANCE AND PERFORMANCE

GOVERNANCE

Seven inspection reports have been published which relate to Falkirk HSCP services during 2025/26.

Inspection Reports	Inspection Date
Care Inspectorate - Summerford House	15 and 16 April 2025
Care Inspectorate – Dollar Park Dementia Service	05 August 2025
Care Inspectorate – Thornton Gardens	11 August 2025
Care Inspectorate – Grahamston House	23 and 24 September 2025
Care Inspectorate – Burnbrae	25-26 November 2025
MWC – Bo'ness Community Hospital Ward 2	22 October 2024
MWC – HMP & YOI Polmont	27 August 2024

Table 8: Falkirk HSCP Inspection Reports 2025/26

RESIDENTIAL CARE HOMES (OLDER PEOPLE)

All 20 local care homes were inspected this year. The findings were as follows:

Key Questions	Good/ Very Good/ Excellent	Unsatisfactory /Weak/ Adequate	Not Inspected
KQ 1	80%	0%	20%
KQ 2	30%	0%	70%
KQ 3	25%	0%	75%
KQ 4	70%	15%	15%
KQ 5	15%	15%	70%
KQ 6	0%	0%	100%

Table 9: Residential Care Homes (Older People)

The Care Inspectorate upheld complaints reduced significantly over this year. The Regulator upheld 3 complaints from January to December 2025, compared to 15 during the same period in 2024.

RESIDENTIAL CARE HOMES (ADULTS)
8 of the 11 local care homes were inspected this year. The findings were as follows:

Key Questions	Good/ Very Good/ Excellent	Unsatisfactory / Weak/ Adequate	Not Inspected
KQ 1	91%	0%	9%
KQ 2	28%	0%	72%
KQ 3	9%	0%	91%
KQ 4	64%	0%	36%
KQ 5	0%	0%	100%

Table 10: Residential Care Homes (Adults)

The Care Inspectorate upheld one complaint from April to March 2025/26, compared to two during the same period in 2024/25.

CARE INSPECTORATE TEST OF CHANGE
The Care Inspectorate undertook a test of change inspection in Falkirk between April and September 2025, combining regulatory and strategic inspection methods to assess how well the Partnership's commissioning arrangements supported positive outcomes for people and carers.

Inspectors found several key strengths, including positive outcomes for most people receiving care at home, effective strategic commissioning, strong multiagency leadership, and staff demonstrating person-led practice.

The inspection also highlighted priority areas for improvement, including strengthening self-directed support procedures, improving the links between carer assessments and available supports, enhancing commissioning practices to better support continuity after hospital discharge, and developing more outcomes-focused performance frameworks.

The final report can be found here.

CARE HOME AND ASSURANCE TEAM

The Care Home and Assurance Team (CHART) focuses on progressing statutory reviews of permanent care home placements for adults over 18 years old who live in care homes within and out with the Falkirk area. The team supports quality assurance by working with colleagues to ensure that the implementation of the Health and Social Care Standards results in person centred support and improved outcomes for adults and their families.

In 2025/26, the team has created an additional method of reporting for care homes to improve communication and provide greater clarity regarding incidents involving adults living in care homes. We anticipate this will improve outcomes for people living in care homes and allow resources to be targeted more effectively for all partners.

LOCAL PERFORMANCE

Direction of travel relates to previously reported position	
▲	Improvement in period
◄►	Position maintained
▼	Deterioration in period
▬	No comparative data

PRIORITY 1 – SUPPORT AND STRENGTHEN COMMUNITY-BASED SERVICES

Ref	Measure	2015/16	2018/19	2020/21	2021/22	2022/23	2023/24	2024/25	Direction of travel
86	Proportion of last six months of life spent at home or in a community setting	86%	86%	89.1%	88.4%	88.1%	87.7%		▼

PRIORITY 2 – ENSURE PEOPLE CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

Ref	Measure	Dec-18	Dec-19	Dec-20	Dec-21	Dec-22	Dec-23	Dec-24	Dec-25	Direction of travel
25	Emergency department 4 hour wait Falkirk (ED+MIU)	72.3%	85.7%	89.2%	61.9%	47.7%	46.1%	55.8%	54.3%	▲
27	Emergency department attendances per 100,000 Falkirk	1,968	2,201	1,278	1,593	1,770	1,818	1,913	1,886	▲
29	Emergency admission rate per 100,000 Falkirk population	970	1,302	1,072	1,165	1,160	1,179	1,208	1,315	▼
31	Acute emergency bed days per 1,000 Falkirk population	865.8* *Nov 18	763	339	647* *Aug 21	820	873	944	788	▲
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,952* *Nov 18	8,329* *Sep 19	32,051* *Sep 20	29,050	28,734	26,710	16,876	15,131	▼

Ref	Measure	Dec-18	Dec-19	Apr-20	Dec-21	Dec-22	Dec-23	Dec-24	Dec-25	Direction of travel
54	Standard delayed discharges	32	38	7	38	44	48	61	27	▲
55	Standard delayed discharges over 2 weeks	26	21	1	14	23	36	32	10	▲
56	Bed days occupied by delayed discharges	1,050	1,112	128	761	1,406	2,037	1,568	955	▲
57	Number of code 9 delays, including guardianship	10	15	11	22	26	25	20	27	▼
58	Number of code 100 delays	3	5	0	6	3	2	1	1	-
59	Delays - including Code 9 and Guardianship	42	53	18	60	70	73	81	54	▲

PRIORITY 3 – FOCUS ON PREVENTION, EARLY INTERVENTION, AND MINIMISING HARM

Ref	Measure	2019/20 to Q3	2020/21 to Q3	2021/22 to Q3	2022/23 to Q3	2023/24 to Q3	2024/25 Q3	2025/26 Q3	Direction of travel

47	Number of Adult Protection Support Plans at end of period (data only)	14 (30/09/19)	19 (31/12/20)	20 (30/12/21)	10 (31/12/22)	16 (31/12/23)	23	21	-

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Direction of travel
48	The total number of people with community alarms at the end of period (data only)	4,173 (30/9/18)	4,087 (31/03/20)	3,989 (31/03/21)	3,811 (31/03/22)	3,705 (31/03/23)	3,865 (31/03/24)	3,724 (31/03/25)	-

Ref	Measure	Dec-18	Dec-19	Mar-20	Mar-21	Sep-21	Sep-22	Sep-23	Jul-Sep-24	Jul-Sep-25	Direction of travel
68a	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley ADP (90% target)	98.3%	97.9%	95.9%	97.2%	92.9%	89%	82.6%	99.5%	100%	▲
68b	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	99.6%	86.4%	87.8%	100%	100%	100%	100%	95.7%	100%	▲

Ref	Measure	Dec-18	Dec-19	Dec-20	Dec-21	Dec-22	Dec-23	Dec-24	Dec-25	Direction of travel
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	58.7%	63.9%	57.4%	67.8%	77.2%	74.6%	76%	77.5%	▲

PRIORITY 4 – ENSURE CARERS ARE SUPPORTED IN THEIR CARING ROLE

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Direction of travel
37	SDS Option 1: Direct payments (data only)	35 (0.7%)	27 (0.6%)	29 (0.7%)	25 (0.5%)	55 (1.4%)	52 (1.3%)	55 (1.3%)	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	17 (0.4%)	96 (2.0%)	63 (1.6%)	68 (1.7%)	76 (1.7%)	-
39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009 (88.8%)	4,128 (92.7%	4,525 (94.6%)	3,674 (95.7%)	3,898 (95.0%)	4,044 (92.5%)	-
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)	279 (6.3%)	135 (2.8%)	49 (1.3%)	84 (2.0%)	199 (4.5%)	-

NATIONAL INTEGRATION INDICATORS

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

Indicators 1-9 are populated by the bi-annual Health and Care Experience (HACE) Survey. The most recently available data for these indicators is for 2025/6 released in July 2026.

Indicators 11-19 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS). For indicators 12-16 the latest available data is 2025 calendar year. Indicator 11 has been updated to 2024 calendar year and Indicator 18 has not been updated so remains 2024 calendar year. Indicator 17 has been updated to 2025/26 financial year.

Our latest performance is set out in the following 'Performance at a Glance', with more detailed tables on the following pages.

PERFORMANCE AT A GLANCE

From the **16** indicators updated this year:

- **4** indicators where Falkirk compares well to Scotland
- **4** indicators where Falkirk is similar to Scotland
- **8** indicators where Falkirk does not compare well to Scotland

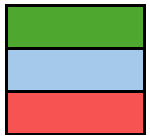
Overall, 2025/26 performance has increased.

- **8/16** (50%) of indicators have improved
- **7/16** (44%) of indicators have remained the same

*We use a 2% threshold to determine change, e.g. we consider an indicator to have improved if in the latest year if it has improved by >2% on the previous year.

Key

Compares Well to Scotland
Similar to Scotland
Does not compare well to Scotland



NI	Indicators 1-9	Falkirk	Scotland	Falkirk Change on Last Year
NI - 1	Percentage of adults able to look after their health very well or quite well	90.2%	90.6%	–
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	71.0%	73.6%	↑
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	68.0%	63.9%	↑

NI	Indicators 1-9	Falkirk	Scotland	Falkirk Change on Last Year
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	60.7%	65.0%	↑
NI - 5	Percentage of adults receiving any care or support who rated it as excellent or good	73.7%	72.1%	–
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	71.9%	70.7%	↑
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	76.5%	71.7%	↑
NI - 8	Percentage of carers who feel supported to continue in their caring role	35.1%	31.9%	↑
NI - 9	Percentage of adults supported at home who agreed they felt safe	70.2%	74.7%	–

Notes on Indicators 1-9
Indicators 1-9 have been updated to the latest available data from the Health and Care Experience Survey (HACE) for 2025/6. Due to changes in the HACE survey wording, the 2023/24 and 2025/26 results for indicators 2, 3, 4, 5, 7 and 9 are not comparable to the same indicators for previous years. This is due to: People receiving support in their caring role no longer being included in this section, while people who receive peer/emotional support are now included (Q27). In addition, the options available under question 28 "Who funds your help or support with everyday living?" changed from "The State/Local Government" (2023/24 survey) to "The National or Local Government" (2025/26 survey).

For 2025/6 a total of 2160 responses from a total of 11,385 surveys sent out (19% response rate). Respondents will only answer questions relevant to their own situation so the sample size for each question varies. The sample size for NI 8 for example was 331 respondents.

NI	Indicators 11-19	Falkirk	Scotland	Falkirk Change on Last Year
NI - 11	Premature mortality rate per 100,000 persons	454	426	NA
NI - 12	Emergency admission rate (per 100,000 population)	15,821	11,470	–
NI - 13	Emergency bed day rate (per 100,000 population)	116,426	108,988	↓
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	143	104	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88.5%	89.3%	–
NI - 16	Falls rate per 1,000 population aged 65+	23.2	22.2	–
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88.1%	83.1%	–
NI - 18	Percentage of adults with intensive care needs receiving care at home	69.6%	64.7%	NA
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,093	873	↓

Notes
Indicator 11
The latest available data for indicator 11 is 2024 calendar year.

Indicators 12-16
As April 2025 to March 2026 data are not complete for all NHS Boards, calendar year figures are shown for 2025.

Indicator 17
Indicator 17 has been updated to financial year 2025/6.

Indicator 18
Indicator 18 (percentage of adults with intensive care needs receiving care at home) has been has not been updated and remains calendar year 2024.

Indicator 19
Indicator 19 has been updated to financial year 2025/26

INDICATORS 1-9 – INCLUDING PAST YEARS AND COMPARATOR AVERAGE

NI	Title	Falkirk 2017/18	Falkirk 2019/20	Falkirk 2021/22	Falkirk 2023/24	Falkirk 2025/26	Comparator Average 2025/26	Scotland 2025/26
NI – 1	Percentage of adults able to look after their health very well or quite well	92.4%	92.4%	89.5%	91.0%	90.2%	91.0%	90.6%
NI – 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82.5%	79.2%	70.6%	67.6%	71.0%	71.0%	73.6%
NI – 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	78.6%	63.9%	59.7%	68.0%	60.3%	63.9%
NI – 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71.8%	74.6%	47.2%	53.9%	60.7%	60.4%	65.0%
NI – 5	Percentage of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	73.1%	73.7%	68.5%	72.1%
NI – 6	Percentage of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	69.4%	71.9%	70.5%	70.7%

NI	Title	Falkirk 2017/18	Falkirk 2019/20	Falkirk 2021/22	Falkirk 2023/24	Falkirk 2025/26	Comparator Average 2025/26	Scotland 2025/26
NI – 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	61.4%	76.5%	67.5%	71.7%
NI – 8	Percentage of carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	30.7%	35.1%	31.9%	31.9%
NI – 9	Percentage of adults supported at home who agreed they felt safe	84.1%	85.8%	73.5%	69.5%	70.2%	74.9%	74.7%
NI – 10	Percentage of staff who say they would recommend their workplace as a good place to work	N/A	N/A	N/A	N/A	N/A	N/A	N/A

INDICATORS 11-20 – INCLUDING PAST YEARS AND COMPARATOR AVERAGE

Please note – for indicators 11-20 the "Latest" column has the latest available data for each indicator. The footnotes below provide details on the latest year of data for each indicator.

NI	Title	Falkirk 2019/20	Falkirk 2020/21	Falkirk 2021/22	Falkirk 2022/23	Falkirk 2023/24	Falkirk 2024/25	Falkirk Latest	Comparator Average Latest	Scotland Latest*
NI – 11	Premature mortality rate per 100,000	438	463	491	479	447	454	454	437	426
NI – 12	Emergency admission rate (per 100,000 population)	15,358	13,205	14,190	14,867	14,994	15,541	15,821	12,491	11,470
NI – 13	Emergency bed day rate (per 100,000 population)	139,421	116,056	125,918	138,796	133,362	130,668	116,426	114,330	108,988
NI – 14	Readmission to hospital within 28 days (per 1,000 population	152	164	144	141	136	140	143	102	104
NI – 15	Proportion of last 6 months of life spent at home or in a community setting	87.0%	89.0%	88.4%	88.1%	87.8%	87.5%	88.5%	83.7%	83.1%
NI – 16	Falls rate per 1,000 population aged 65+	24.6	22.5	25.2	25.3	24.6	23.1	23.2	23.5	22.2

NI	Title	Falkirk 2019/20	Falkirk 2020/21	Falkirk 2021/22	Falkirk 2022/23	Falkirk 2023/24	Falkirk 2024/25	Falkirk Latest	Comparator Average Latest	Scotland Latest*
NI – 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	87.4%	87.0%	81.2%	79.5%	86.9%	89.9%	88.1%	83.7%	83.1%
NI – 18	Percentage of adults with intensive care needs receiving care at home	63.7%	64.2%	65.2%	63.8%	67.8%	69.6%	69.6%	64.1%	64.7%
NI – 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,020	684	1,091	1,351	1,250	1,480	1,093	804	873

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.
2. NI 1 – 9: Data are presented on financial year file and 2025/26 is the most recent data available. Please note results for indicators 2, 3, 4, 5, 7 and 9 for 2025/26 (and 2023/24) are not comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology.
3. NI 11 and 18 are presented as calendar year. 2024 is the most recent data available for NI 11 and 2024 is the most recent data for NI 18.
4. NI 12 – 16: Calendar year 2025
5. NI 17 is presented on financial year with the latest available data being from 2025/6.
6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.
7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.
8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

COMPLAINTS

The handling and reporting of Complaints comprise three elements (for the three complaints procedures we work with):

- The Council complaints procedure covers services delegated from the Council
- The NHS complaints procedure covers services delegated from the NHS and
- The IJB complaints procedure which is specific to the IJB itself.

Both the Council and NHS statutory reporting arrangements will be covered by the annual reports submitted by the Council and NHS FV, respectively.
Work is under way to compile reporting to in relation to specific IJB complaints and will be progressed during 2026/27.

Overall Strategic Assessment
Across 2025/26, the Partnership has seen positive outcomes in several priority areas, including improved patient flow, stronger community-based alternatives to admission, and enhanced support for carers. Inspection findings and performance data indicate that service quality remains generally strong despite system pressures.

Key learning emerging during the year includes:

- The importance of aligning financial planning, service reform and workforce planning more tightly.
- The need for clearer prioritisation where multiple transformation programmes are underway simultaneously.
- The value of early and meaningful engagement in shaping sustainable change.

This learning is directly informing the development of the next Strategic Plan and Future Operating Model.

LOOKING AHEAD 2026/27

As we move into 2026/27, our focus is on building on what we know works, while responding realistically to the challenges ahead.

The coming year will see us progress our next Strategic Plan, with a clearer focus on outcomes, stronger locality working, and closer alignment between service planning, workforce and financial sustainability.

Our priorities will include strengthening community-based support to help people remain at home for longer, improving access to the right care at the right time, and continuing to shift the balance of care away from hospital settings where appropriate. We will also place renewed emphasis on prevention and early intervention, recognising their critical role in reducing demand and improving long-term outcomes.

We will continue to listen to people with lived experience and involve them in shaping services from the outset. Supporting unpaid carers will remain central to our approach, alongside a commitment to reducing inequalities and ensuring fair access to services across all communities.

Alongside this, we will develop our workforce, expand the use of digital and technology-enabled care, and strengthen collaboration with partners across health, social care and the third sector.

The year ahead will require focus, prioritisation and partnership. By working together and staying grounded in what matters most to the people of Falkirk, we will continue to make meaningful progress

GLOSSARY

A glossary of common terms and acronyms used within health and social care can be found at FalkirkHSCP.org/glossary