Five Ambitions for the Future of Health and Care

What we need to transform Scottish society so everyone can thrive

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Introducing the Five Ambitions

Scotland's health and care system is increasingly under strain in the face of multiple crises like climate change, the cost of living, health inequalities, and the ongoing impact of COVID-19. Now is the time for radical, long term and sustainable change – not just in health and care, but across society.

> **The pivot is a special kind of change that involves a new vision, a different solution, and a new economic model. It offers the potential for transformation.[1]**

Transformational change takes time, patience and the courage to push beyond our current boundaries. Five Ambitions for the Future of Health and Care will help create a more equitable society that supports everyone to thrive, not just survive:

Be Human

Lead Courageously

Reimagine Investment

Share Power

Measure Outcomes

How the Ambitions were identified

In 2016, the ALLIANCE's Health and Social Care Academy (the Academy)[2] worked with a cross-section of Scottish society to ask,

> **What is needed to transform Scottish society so that all people are able to thrive?**

Five themes emerged, called the 'Five Provocations for the Future of Health and Social Care'. These stood alone and collectively, outlining the conditions for meaningful, long term and sustainable change.

Following extensive engagement with ALLIANCE members and partners in 2023, these themes have been refreshed to reflect developments over the last eight years and to address the challenges that lie ahead.

The new Five Ambitions for the Future of Health and Care help us to realise our vision for the future, underpinned by human rights, equality, and intersectionality.

Be Human

We are all human and should be treated with dignity. Everyone can thrive if our rights are protected, defended, and promoted.

Human rights enable us to live with dignity and fully participate in society. Ensuring everyone can realise their human rights is vital for individual and collective health and wellbeing. Dignity is often seen as the foundation of human rights, which recognises that all individuals must be treated with respect, irrespective of who we are or where we live. This was outlined by the Scottish Government National Taskforce for Human Rights Leadership, which recommended that a new Scottish human rights framework should "recognise that human dignity is the value which underpins all human rights."[3]

> **I think what dignity does is place it with the individual. Someone might not be able to spell the word dignity or explain it, but they know when they've been treated with dignity. [...] when you haven't been treated with dignity, the feelings are real.[4]**

Everyone has the right to the highest attainable standard of physical and mental health.[5] The right to health is indivisible from all other rights. This means that it is interconnected with – and dependent upon – the realisation of other rights, like the right to housing, education, Fair Work, independent living, and a healthy environment.[6] Embedding the right to health in all policies – and raising awareness of the relationship between rights, equality and health – will have a positive impact across society.

Taking a human rights based approach across health and care ensures that the rights of people who access and provide services are upheld. With a focus on dignity, the health and care sector can keep the person at the centre, whilst promoting humanity and human rights.

In a rights based approach, duty bearers are accountable and must know and understand their obligations to respect, protect and fulfil human rights. Public bodies should identify those whose rights are most at risk and create the necessary conditions for people to realise and claim their rights. In practice, this means embedding inclusive communication and meaningful participation processes in health and social care. It also means enabling access to justice and appropriate remedy when people's rights are infringed. It is essential that rights holders have the information needed to understand their rights, that they are embedded in law and policy, and firmly applied in practice.

A significant cultural shift in how we value health and social care services is required. Incorporating UN treaties into Scots law and Scotland's second national human rights action plan (SNAP 2)[7] provide opportunities to act and support wider cultural change where human rights are at the heart.

Reflective questions

1 **What should be in place to support a positive culture of dignity and human rights?**

2 **What helps health and social care organisations adopt a human rights based approach?**

Be Human Case Study – Reach Advocacy

Education and empowerment are at the centre of promoting human rights in society. Reach Advocacy makes these rights accessible for people with lived experience of substance use and mental health, their families, and workers, through an approved SQA training as well as cross-sector community awareness raising sessions. The social determinants of health are the conditions in which we are born and live within society, such as childhood experiences, housing, and social support. To be healthier, we need to be fairer, and one way to improve systemic social issues is to work from a human rights framework at the community level.[8] Increased knowledge and understanding around human rights, in theory and practice, are key to advancing human rights in society. "Protecting, respecting and fulfilling human rights is therefore necessary if we are to address health inequalities and realise the right to health for everyone in Scotland."[9]

The training provided by Reach Advocacy engages with people across the community, and in partnership with local authorities, to improve people's understanding of human rights, specifically those declared in the United Nations Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (1966), the International Covenant on Economic, Social and Cultural Rights (1976), the Human Rights Act (1998) and the Equality Act (2010). By using an intersectional approach when discussing the culmination of social determinants to health, Reach Advocacy can begin to shift attitudes surrounding drug deaths. For example, people living in poverty are 15 times more likely to die of drug related causes than those not in poverty, despite drug use being relatively consistent across socioeconomic groups.[10]

The training and support provided by Reach Advocacy are fundamental to improving people's access to their human rights, as advocacy is the first step towards justice. As demonstrated in this ambition, human rights enables people to live with dignity and to participate fully in society. Human rights, however, are essentially powerless if people do not have the knowledge and understanding about what their duties and responsibilities as rights holders and defenders are. This organisation therefore is bridging the gap between human rights and people on the ground, empowering them to name and claim their rights. Taking this grassroots approach to human rights based advocacy ensures that no one is left on the margins of society.

Lead Courageously

We can all be leaders in our own lives, communities, and workplaces.

Leaders can influence and make positive change in health and care. Courageous, compassionate, and collective approaches to leadership support person centred cultures and wellbeing. Leadership in health and social care should emphasise collaboration, human rights, and shared power. A collective approach is required to empower everyone to be a leader, including those who access and deliver support and services. Everyone needs to be informed and empowered to make the choices and decisions that are right for them.

> **I find out what I can and can't have. I am my own courageous leader.[11]**

Leadership culture forms the beliefs and values of a system; a community working towards a shared purpose based on relationships and trust. A clear, shared vision for the future is essential for meaningful, sustainable and long term change. This shared vision must be ambitious and push boundaries, placing people above rules, regulations and processes.

> **Leadership involves being brave to challenge things and push for change even though you might face a lot of resistance.[12]**

Being courageous is closely linked with vulnerability – "vulnerability is the birthplace of creativity, innovation and change."[13] Systems and leaders must be resilient, open to criticism, new ideas and ways of working. This means facing challenges, making difficult decisions, embracing the unknown and being held to account. Central to this is being open and proactively listening to diverse views and experiences.

> **A kind of leadership that often opens up space for alternative possibilities and can give some freedom to move within difficult conversations in a way that allows for constructive change.[14]**

Supporting and role modelling this type of leadership allows people and systems to demonstrate new possibilities and encourage action. We know that Scotland has an abundance of people with great ideas, passion, and the ability to create change. Emerging leaders should be nurtured and supported in ways that support and enable them to realise their full potential. Recognising when courageous decisions have been made will influence and inspire. Highlighting examples of kind and compassionate leadership can encourage person centred decision making.

Reflective questions

1 How can systems create the conditions necessary for courageous leaders to effect long term, meaningful and sustainable change?

2 What actions can leaders take to share their power and promote collective ways of working?

Lead Courageously Case Study – Buurtzorg

The Buurtzorg model of care, which originated in the Netherlands, has received widespread international acclaim for the way it delivers a range of holistic nursing services within neighbourhoods, as well as for the culture of leading courageously it has fostered amongst its staff and patients. Developed as a social enterprise in 2006, 'Buurtzorg' is the Dutch word for 'neighbourhood care'. It involves small teams of nursing staff who provide personal, social and clinical care to people in their own homes, with the care being bespoke to each individual neighbourhood. The nursing teams have a flat non-hierarchical structure, allowing for more nurtured and trusting relationships and a flexible approach to leadership style. As a result, leadership is not based on a stringent set of rules and different styles can be used depending on the circumstances. Buurtzorg's core aim is for patients to regain the ability to self-manage as much as possible, which in turn encourages a leadership culture amongst patients as they aim to take charge of their own lives again.

There are now around 850 Buurtzorg teams across the Netherlands. Client satisfaction rates are consistently the highest of any healthcare organisation and it has been rated the best employer for four out of the last five years. Countries like China, Japan and Taiwan have also set up Buurtzorg teams.

Since 2016, Buurtzorg Britain and Ireland[15] has supported forty organisations to learn about the principles of Buurtzorg. Pilot schemes have taken place in Cambridge, West Suffolk, and the Guys and St. Thomas NHS Foundation Trust in London. Buurtzorg Britain and Ireland have run workshops in the Highlands and the Western Isles in partnership with Health Improvement Scotland.

> **Learning to lead in a way that is very consistently placing and developing trust in professionals.[16]**

Brendan Martin, founder of Buurtzorg Britain and Ireland, notes that, "In Britain and Ireland, health and care professionals are just as able, if given the chance, to work with the kind of high levels of freedom, responsibility, and self management that Dutch professionals are – it's nothing to do with Dutch culture."

Buurtzorg has influenced leadership culture in Scotland's health and care. Similar approaches, like the Home Team model in Dumfries and Galloway,[17] encourage courageous leadership. Nursing leaders within the community are brought together under one integrated team, allowing teams to provide a community based assessment and work with the individual, their family and their carers to determine any immediate and longer term needs.

> **When they are given that opportunity, they are able to support and engage with people and their communities in ways which enable co-creative and co-productive solutions at a much more systematic and creative scale than those professionals who have 'tasks to do' rather than 'relationships to make'.[18]**

Buurtzorg was also the inspiration behind the creation of Neighbourhood Care in Scotland.[19] From 2016 to 2019, the Scottish Government commissioned the Living Well in Communities (LWiC) Team to support seven health and social care organisations across Scotland to develop and test models of Neighbourhood Care. The principles were to put people at the centre of holistic care, enable people to make informed decisions about their own care, and establish small, self-organising, geographically based teams.

Andrea Williams QN, Team Lead for the Machars Home Team in Dumfries and Galloway, said the Buurtzorg model inspired her views on how nursing homes could operate in Scotland.

"The main benefit in working in a local team, which in our case in multidisciplinary, is the local knowledge and the one team approach", Andrea continued. "Courageous leadership is something I practice and wish to encourage within the team. I believe everyone can be a courageous leader, whatever their role, and slowly but surely I hope I'm encouraging this. For me, in my lead role, I have had to be courageous when challenging the barriers to this model and its development."

The pilot Neighbourhood Care programme improved communication between the self-managing nursing teams and footfall into a patient's house was reduced. Sites supported professional autonomy and developed models around principles like person centred and holistic care. In December 2019, Health Improvement Scotland published an evaluation of the first stage.[20] This notes that 68% of the staff surveyed agreed that the model facilitated knowledge about how to best provide person centred care, whilst staff reported better care co-ordination and use of resource, as well as a more responsive and collective approach. The second stage of Neighbourhood Care began in March 2019.

Reimagine Investment

We can transform society for everyone's benefit with sustainable investment, patience, partnership and valuing one another.

The need for transformational change in health and care is widely recognised. Steps toward that change have been taken with health and social care integration.[21] Achieving this type of change can't happen overnight and must be a priority regardless of changes in political priorities, legislation, and leadership.

Transformational change requires investment that truly reflects the value of our health and social care systems. This goes far beyond simple investment in structures to an investment in the people who make up and use our systems. We need to value care. We can do this through better pay and conditions for workers; comprehensive social security support for disabled people, people living with long term conditions, and unpaid carers; and resourcing genuine co-design and co-production.

Reforming Scotland's economy – and reimagining what we value – will promote a more equitable society. As a result, government and society should work towards an economic approach that puts people, rights, wellbeing, and the environment at the centre. Successful transformation requires an emphasis on prevention and early intervention. This takes time, patience, the courage to try new approaches, reflecting and acting upon learning. A culture shift is needed to move away from a system that emphases targets to one focused on the holistic wellbeing of people that access and deliver support and care.

Investment and patience in developing interpersonal and interorganisational relationships matter too. Relationships should be built on trust, respect, and non-judgement. There is value in the diverse range of experiences and views different people bring to the process. Paying attention to the so-called 'little things' can prevent the need for high-cost and acute health interventions.

> **We need to look at people holistically. Sometimes people don't have to be on prescription, what is available to them in the wider community?[22]**

We must ensure that our long term vision for Scotland, based on what we value most, is at the heart of all future decision making.

Reflective questions

1. **What are the first steps that you and your organisation will take to invest in transformation?**

2. **What would help you to take those first steps, even if you don't know the end point?**

Reimagine Investment Case Study – Social Security Scotland

Starting in 2016, the Scottish Parliament and Government were given responsibility for delivering some aspects of the social security system in Scotland. Before this change in the law, social security was entirely the responsibility of the UK Parliament and Government through the Department for Work and Pensions (DWP). As part of the UK Government's austerity measures, significant changes were made to the system, which included capping levels of payment and tightening eligibility criteria.

For disability payments in particular, many applicants considered the system unfair and undignified, subjecting them to demeaning capability assessments which did not capture the realities of their lives. The new rules on periodic re-assessments also failed to account for the fact that many conditions are life-long or progressive, meaning individuals will always experience additional costs and require support.

The Scottish Government therefore purposely set out to transform how devolved social security payments were delivered and ensure that the system would be more dignified than what it replaced. The Act establishing Social Security Scotland also included the requirement for a Charter to be created outlining the system's guiding ethos and principles. This Charter[23] was developed in partnership between the organisation, people with lived experience, and stakeholder organisations.

Amongst its provisions, the Social Security Scotland Charter explicitly recognises the human right to social security and commits to "publicly challenge the myths and stereotypes about social security to help reduce stigma and negativity". This alone is a clear contrast to the approach taken by the DWP, which was not rooted in human rights and instead aimed to minimise expenditure on and uptake of social security.

The process of applying for disability payments has been transformed from one which was defined by distrust – requiring people to exhaustively prove and evidence how their condition impacts their life – to one that puts significant trust in applicants. Instead of capability assessments, Social Security Scotland rely on less formal supporting information that can come from a range of sources, with a personal consultation only taking place if there was no supporting information available. Reviews are less frequent, lighter touch, and allow for whole-life awards to people whose conditions are unlikely to change significantly, or to progress, over time.

Although work remains to be done to finesse the process, and to address some of the most stringent aspects of eligibility criteria, these changes represent a dramatic transformation in how Scotland approaches social security. More people are expected to be able to access disability payments, supporting them with the additional costs associated with their conditions. This example shows how it is possible to transform public services through learning from existing failures and problems, listening to people with lived experience, and enshrining human rights at the core of delivery.

Share Power

We make changes in our own lives and communities when power is shared.

In policy making there has been an increasing shift towards more local and community-based ways of working. To ensure that rights and wellbeing are at the centre, public bodies must share power with individuals, communities and the third sector to develop a more collective and joined up way of working. This involves explicitly recognising how power is used and working to address imbalance.

The third sector plays a key role in informing, influencing, and providing health and social care. It should be viewed as an equal partner in the delivery of creative and diverse solutions that meet individual needs. Commissioning processes should be open and involve communities, with a focus on existing skills, resources and support.

> **If the third sector was properly resourced and valued, it could spend less time on locating and competing for funding, concentrating on working better collaboratively.[24]**

Everyone should be supported to participate in decisions that impact their rights and lives at an individual, community and national level. People must be empowered to change the things that matter most to them and meaningful engagement should move beyond consultation to co-production.[25]

> **Are we listening to people, supporting people to have a say on their care and support?[26]**

Professionals and policy makers need to acknowledge that individuals hold their own power and should support them to make decisions based on their own experiences and expertise. To enable this, people need to be fully informed and have access to appropriate information, advice and support, including independent advocacy. Decision makers must actively reach out and build relationships with marginalised groups. Approaches must be tailored to include the rights and needs of individuals, groups, and organisations.

Reflective questions

1 **How should public bodies work to address power imbalances, to support individuals, communities and the third sector to be equally involved and influence decision making?**

2 **What needs to be in place to support marginalised individuals and groups to participate in the co-design and co-production of support and services?**

Share Power Case Study – SNAP Leadership Panel

From February 2022 to March 2023, members of the SNAP Leadership Panel worked together to review, finalise, and launch Scotland's second National Action Plan for Human Rights (SNAP 2).[27] The SNAP Leadership Panel is a voluntary partnership including members who are rights holders and people who represent civil society organisations, duty bearers (public bodies) and National Human Rights Institutions.[28]

Panel members were recruited via an open process in early 2022 and took part in an intensive induction programme from March to April 2022. Before their appointment, some members had previous experience of human rights policymaking and action planning – including involvement in Scotland's first Action Plan on Human Rights (SNAP 1) – while other members were new to these issues.

From May 2022 to February 2023, members of the SNAP Leadership Panel met monthly or more, and formed subgroups in between, to review, revise, finalise and launch SNAP 2.

In developing the SNAP 2 actions, Panel members did the following.

- Built upon the foundations of SNAP.
- Agreed guiding human rights principles and eight priorities.
- Identified core criteria for SNAP 2 actions.
- Reviewed the refined long-list of draft SNAP 2 actions.
- Analysed the wealth of information and evidence from the 2017-2020 development phase, and the changes that had occurred since, like COVID-19 and the cost of living crisis.
- Consulted numerous external stakeholders, including rights holders, civil society organisations, and public bodies.
- Noted gaps on issues that SNAP 2 actions could address.
- Identified 54 ambitious but practical actions that could be delivered collaboratively by rights holders, public bodies, and civil society organisations, working together.
- Created medium term outcomes.

The SNAP 2 Leadership Panel represents a way of working which is all about naming power and power sharing. The Panel members worked together collaboratively and as equals. Their work was underpinned by the 'Working Together Values' of:

- Dignity and respect: We are considerate and respectful of each other and treat each other with dignity.

- Equality and inclusion: We try to ensure all members can play an equal part in, and make a meaningful contribution to, the panel. We try to follow the Six Principles of Inclusive Communication.

- Human rights: We are passionate about human rights and our work takes a human rights-based approach.

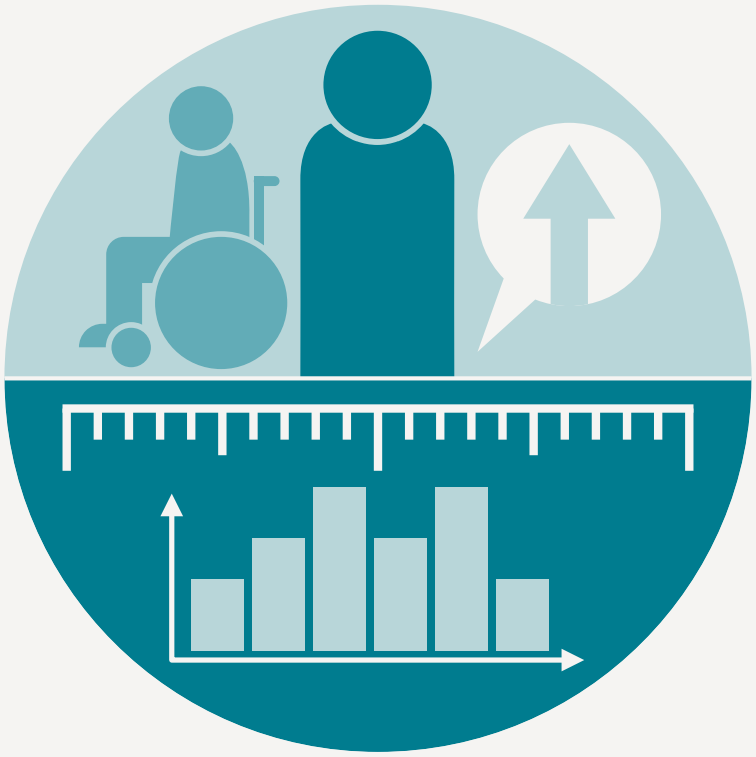
- Curiosity: We are open-minded, listen to each other and are curious about other people's experiences and views.

- Collaboration: We recognise we all have different experiences and views, and work together equally and in partnership to achieve a common shared goal.

The group operated by using a tailored form of consensus-based decision-making that was designed for them by the SNAP Secretariat Lead. This is a creative and dynamic way of reaching agreement between all members of a group. Instead of simply voting on an issue and having the majority of the group getting their way, a group using consensus is committed to finding a solution that everyone actively supports, or at least can live with. This ensures that all opinions, ideas, and concerns are considered. Through listening closely to each other, the group aims to come up with proposals that work for everyone. This method aims to dismantle all kind of hierarchy and replace it with shared power. It is based on the values of equality, freedom, co-operation, and respect for everyone's needs.

The SNAP 2 Leadership Panel represents an ideal method of working together. Power was explicitly recognised, and work was done to address possible power imbalances by agreeing working together values and adopting consensus-based decision-making. This model of decision making ensured that everyone's opinions were equally valued.

Measure Outcomes



We should measure success in health and care with personal and rights based outcomes, not just short-term targets.

Effective measurement helps us to understand if we have a health and social care system with people and wellbeing at the centre. The NHS has been accused of using externally determined targets, most notably waiting times and hospital discharge figures, as a tool for attempting significant change. Targets themselves can help lead to positive improvements including in highlighting resourcing and treatment pathways.[29] However, on their own they rarely lead to or support the type of significant change required across Scotland's health and social care system.

Current targets often reinforce the idea of a system in crisis. Targets like these lack the necessary narrative to understand the challenges or solutions required to change the system. They offer a snapshot and focus on things that can be easily measured rather than on "quality, safety or outcomes". The National Health and Wellbeing Outcomes, which apply to integrated health and social care, provide a focus on the experience and quality of services for all, alongside clear measurements for success.

> **Not everything that counts can be measured. Not everything that can be measured counts.[30]**

Our understanding of success in health and social care must be co-produced with those who use support and services, unpaid carers, and the workforce – starting with what matters to them. This means developing and focusing on rights based, person centred outcomes and filling data gaps.

Measuring success in terms of the holistic wellbeing of those using and delivering support and services requires a cultural shift. Changing organisational culture is characterised by 'softer' outcomes including shared values, skills, and styles of leadership rather than hard statistics about performance. These outcomes are often not measured effectively in practice. Emphasis must be placed on upholding transparency, honesty, and openness.

Achieving our vision of the future cannot be separated from a broader change in how the media and politicians determine our priorities for health and social care. There are short term gains to be made in setting targets, but this will not achieve what is required to make society healthier in the longer term.

Reflective questions

1 What do we want for the future of health and how it is viewed across society?

2 How can we make sure we are measuring the right things?

Measure Outcomes Case Study – Community Links Practitioners

The Community Links Programme is an example of an integrated working culture that effectively measures outcomes on a person-specific basis, rather than by predetermined targets. Since 2014, the work of Community Links Practitioners (CLPs) has been essential in helping to link people with their communities through their GP practice. Their role is to provide direct support to those facing poverty, loneliness, isolation, housing difficulties, debt, and abuse, which has helped to alleviate pressures on other primary care services.

The ALLIANCE is the largest provider of Community Links services in Scotland, employing 61 CLPs based within 53 Deep End GP surgeries in Glasgow and 16 GP surgeries in West Dunbartonshire. In 2023 alone, the ALLIANCE's CLPs have received around 8,700 referrals, whilst taking on around 31,700 appointments (The ALLIANCE, 2023). Other organisations, such as the Scottish Association for Mental Health (SAMH) and We Are With You, also

provide Community Links services, with CLPs operating in many other parts of Scotland, including Edinburgh, Dundee, Inverclyde, North Ayrshire, East Lothian, Renfrewshire, and Argyll and Bute.

The main aim of the programme is to tackle the impact of the social determinants of health on people who live in areas of high socio-economic deprivation. To do this, CLPs work with primary care teams to develop the 'Links Approach' (The ALLIANCE, 2023), which involves team wellbeing, shared learning, signposting, problem solving, and network building. Awareness of who would benefit is also developed, alongside the knowledge to determine why they would benefit.

As a result, the Community Links Programme has been successful in empowering people to self manage by encouraging them to reduce their dependency on primary health and social care services. This can be linked to a working culture that depends on CLPs working collaboratively with individuals to effectively determine how success is measured, which is often based on long-term personal outcomes rather than short-term targets.

For example, the absence of a target culture has led to a high rate of engagement with the programme, given it has a significantly low Did Not Attend (DNA) rate. This means that CLPs do not operate on a 'three strikes and you're out' approach like some primary care services do, and instead champions personal goals and objectives over predetermined targets. The flexibility of the programme in accommodating the needs of each individual has been effective in allowing the CLPs to focus on the wellbeing of each person they are working with.

CLPs use the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) to measure the outcomes of individuals. This scale of wellbeing was developed to measure mental wellbeing in the general population, with high levels of research suggesting that the model has been successful in bringing changes to wellbeing. It operates on a 7-item scale with five response categories for each individual taking the survey, with answers then summed to provide a single score (Warwick University, 2020). As a result, this scale allows for positive person-specific interventions to be made, with a focus on the positive aspects of mental health that are provided in the survey. Within the Community Links Programme, the utilisation of SWEMWBS has provided an additional person-centred measurement that contributes to a culture of measuring outcomes on a person-specific basis.

Patient feedback highlights that individuals who received the support of a Community Links Practitioner working in this way were highly satisfied with the care and support they received. Replying to a CLP, one person wrote "you are the most reliable and supportive person in my life right now", whilst another said that the "emotional support [they] received was outstanding" given their CLP was "empathetic and understanding" (The ALLIANCE, 2023).

In line with this, the authors of 'GPs at the Deep End: Deep End Report 36 – General Practice in the time of COVID-19'[31] highlighted that the programme was so important to achieving equity in health and health care that the provision of CLPs should be increased to 100% of Deep End general practices, noting that CLPs have been "invaluable in contacting vulnerable patients, meeting their needs and making connections with community resources for health".

Using the Five Ambitions for change

The Five Ambitions for the Future of Health and Care provide a starting point on our way to achieving long term, meaningful and sustainable change. The future is often filled with uncertainty, caused by both internal and external pressures; however we must reflect and consider the actions and decisions we are taking right now, and the impact they will have on our future.

The reflective questions can be used individually and in groups to kick-start thinking and foster discussion about what's needed so that everyone can thrive.

The case studies show how long term, sustainable and meaningful change is possible. They can help generate ideas and decision-making about other ways to apply the Five Ambitions in practice.

By using the Five Ambitions in our thinking and practice, we can achieve a Scotland where:

- We are all human and are treated with dignity. Everyone thrives because our rights are protected, defended, and promoted.
- We are all leaders in our own lives, communities, and workplaces.
- We have transformed society for everyone's benefit with sustainable investment, patience, partnership and valuing one another.
- We make change in our own lives and communities because power is shared.
- We measure success in health and care with personal and rights based outcomes, not just short term targets.

Further Reading

- 'The Opportunity is Now – human rights in health and social care' – Health and Social Care Alliance Scotland
- ALLIANCE response to the Scottish Government consultation on the Scottish Human Rights Bill
- What is Human Rights Budgeting?
- Human Rights Act explainer: human rights in Scotland - Health and Social Care Alliance Scotland
- "Awareness must lead to action" - Reducing Stigma, Emphasising Humanity - Health and Social Care Alliance Scotland
- Collective Leadership for Scotland – What does it take to lead in times like these?
- Leadership and Management Programmes – NHS Scotland
- The practice of collaborative leadership across health and care services – The King's Fund
- What is compassionate leadership? – The King's Fund
- Leadership in Health Care: A Summary of the Evidence Base – The King's Fund
- Exploring Courageous Leadership - Health and Social Care Alliance Scotland

- Defining courageous leadership through creativity event report - Health and Social Care Alliance Scotland
- Emphasising humanity and transforming livelihoods: Basic Income - Health and Social Care Alliance Scotland
- Climate action through investment in social care - Health and Social Care Alliance Scotland
- ALLIANCE cost of living report calls for further emergency support - Health and Social Care Alliance Scotland
- Engagement Insights report highlights the crucial aspects of meaningful engagement - Health and Social Care Alliance Scotland
- Exploring Scotland's 20-minute neighbourhoods: final report published - Health and Social Care Alliance Scotland
- Supporting documents - Participation Framework – Scottish Government
- What is co-pro? Scottish Co-production Network
- Power inequality - Fundamental causes - Health inequalities - Public Health Scotland

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level. Our vision is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

About the Academy

The ALLIANCE's Academy programme offers a cross sectoral safe space to support, collaborative thinking, the dissemination of evidence and learning, and to promote the voice of lived experience with a focus on health and care integration. Going forward, our work will be drive by the Five Ambitions for the Future of Health and Care. Like the Provocations they replace, these Five Ambitions help to shine a light on successful approaches in Scotland, and beyond. They are intended to inspire, encourage action, and help identify the steps we need to take for a future where people and wellbeing are at the centre.

To find out more about the Academy or to discuss the Five Ambitions, email us at academy@alliance-scotland.org.uk.

Health and Social Care
ACADEMY

References

[1] Radical Health – Hilary Cottam

[2] Health and Social Care Academy - Health and social care integration (alliance-scotland.org.uk)

[3] National Taskforce for Human Rights: leadership report

[4] Can_Talking_about_'Dignity'_Support_the_Growth_of_Human_Rights_Culture' University of Strathclyde

[5] International standards on the right to physical and mental health, UN Special Rapporteur

[6] Right to Health – Scottish Commission on Human Rights

[7] Scotland's second National Human Rights Action Plan – SNAP 2

[8] Christie Commission on the future delivery of public services

[9] NHS on human rights and the right to health

[10] Drug related deaths in Scotland in 2021, National Records of Scotland.

[11] 2023 engagement with ALLIANCE members and partners to inform the refresh of the Five Provocations.

[12] 2023 engagement with ALLIANCE members and partners to inform the refresh of the Five Provocations.

[13] Brene Brown 'The Power of Vulnerability'

[14] Courageous Leadership Interview with Alessa Catterall

[15] Buurtzorg Britain and Ireland

[16] Brendan Martin, founder of Buurtzorg Britain and Ireland.

[17] Home Teams – NHS Inform

[18] Brendan Martin, founder of Buurtzorg Britain and Ireland.

[19] Neighbourhood Care – Working with health and social care organisations to test the principles of a holistic model of care in the community – Healthcare Improvement Scotland

[20] Learning from neighbourhood care test sites in Scotland – Healthcare Improvement Scotland

[21] Health and social care integration - Social care – Scottish Government

[22] 2023 engagement with ALLIANCE members and partners to inform the refresh of the Five Provocations.

[23] Our Charter – Social Security Scotland

[24] Independent Review of Adult Social Care in Scotland- Engagement Report - Health and Social Care Alliance Scotland

[25] UN Committee on the Rights of Persons with Disabilities, General Comment No.1 on CRPD Article 12 – equal recognition before the law

[26] 2023 engagement with ALLIANCE members and partners to inform the refresh of the Five Provocations.

[27] SNAP 2 – Scotland's second National Human Rights Action Plan

[28] SNAP Leadership Panel

[29] BMA Scotland – Measuring our NHS: transforming Scotland's approach

[30] Improving outcomes measurement in palliative care: the lasting impact of Randy Curtis and his collaborators - PMC

[31] Deep End Report 36 General Practice in the time of Covid-19 (gla.ac.uk)

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