

# The Health and Social Care Alliance Scotland (the ALLIANCE)

## Integration in Action event report

June 2024



International Foundation  
for Integrated Care  
*IFIC Scotland*



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## Context

The ALLIANCE Health and Social Care Academy (Academy Programme) has published the new [Five Ambitions for the Future of Health and Care](#). These Ambitions set out the conditions for realising meaningful, long term and sustainable change underpinned by human rights, equality and intersectionality.

The Ambitions aim to create a more equitable society which supports everyone to thrive, not just survive:

- **Be Human** – We are all human and should be treated with dignity. Everyone can thrive if our rights are protected, defended and promoted.
- **Lead Courageously** – We can all be leaders in our own lives, communities and workplaces.
- **Reimagine Investment** – We can transform society for everyone's benefit with sustainable investment, patience, partnership and valuing one another.
- **Share Power** – We make changes in our own lives and communities when power is shared.
- **Measure Outcomes** – We should measure success in health and care with personal and rights based outcomes, not just short-term targets.

The Ambitions provide a starting point on our journey to achieving long term change. They 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.

## Introduction

On Tuesday 28 May 2024, the ALLIANCE, in partnership with the International Foundation for Integrated Care (IFIC) Scotland, held the first in a series of events titled **Integration in Action** looking at the factors that contribute to integration, examples of good practice and the future of integration. This event explored the Academy's Five Ambitions for the Future of Health and Social Care.

The event was attended by 50 people, including professionals working in health and social care, representatives from Health and Social Care Partnerships and the third sector, policy makers and individuals with lived experience of accessing help and support. In a series of ‘lightening presentations’, five speakers from different organisations shared examples of the Ambitions in action and how they have or can contribute to successful integration. These presentations were followed by facilitated group discussions to understand how we can act on the Ambitions to support integrated health and social care as individuals, organisations and a society. The event was chaired by Dr Anne Hendry, Director of IFIC Scotland.

## Presentations

Speakers gave presentations on areas of their work in line with each Ambition, highlighting how the Ambitions can look in practice and sharing key learning. These presentations showcased what is currently happening within the health and social care landscape and how that has had a significant impact on the progression of integration.

<b>Be Human</b>	Lucy Mulvagh, Director of Policy, Research and Impact, The ALLIANCE
<b>Lead Courageously</b>	Eddie Fraser, Chief Executive, East Ayrshire Council
<b>Share Power</b>	Professor Paul Rodgers, Principal Investigator, DesignHOPES
<b>Reimagine Investment</b>	Professor Angela O’Hagan, Glasgow Caledonian University
<b>Measure Outcomes</b>	Dr Ailsa Cook, Director, Matter of Focus

## Be Human

Delivering the first presentation on the Ambition to **Be Human**, Lucy Mulvagh, Director of Policy, Research and Impact at the ALLIANCE, began by setting out the principles of human rights:

- Rights are universal and inalienable, not a ‘gift from the state’
- All rights are indivisible from and interdependent on one another
- They uphold equality and non-discrimination
- Dignity and respect are the fundamental underpinnings of human rights

Within integration, rights based approaches ensure that the rights of everyone involved in designing services are upheld and keeps people at the heart of decision making. And, as duty bearers, public bodies have a responsibility to respect, protect and fulfil people’s rights.

Furthermore, the ALLIANCE has long championed human rights as a core tenet of integration. Lucy provided an overview of some of the ALLIANCE’s research and policy work.

Emphasising the need to act urgently to protect rights, Lucy concluded by highlighting the Scottish Government’s [proposed Human Rights Bill](#) which would incorporate four major UN treaties and the right to a healthy environment into Scots law.

### Duty bearer obligations

<b>Respecting rights</b>	They do not interfere with people’s enjoyment of rights
<b>Protecting rights</b>	Preventing abuses of rights by third parties
<b>Fulfilling rights</b>	Taking pro-active steps to help strengthen access to and the realisation of rights.

## ALLIANCE research and reports

<p><b><u>We Need to Talk About Integration</u></b></p> <p><b><u>Health and social care integration: How is it for you? Views from the public sector</u></b></p>	<p>An anthology of opinions from people with lived experience and those working in the public sector, third sector and academia.</p> <p>Independent research commissioned by the ALLIANCE with public sector representatives.</p>	<p>The ambitions for culture change to drive forward progress around integration called for by contributors continue in the present, while many of the challenges remain the same – including constrained finances.</p>
<p><b><u>Review of Integration Authority Strategic Plans</u></b></p>	<p>This review offers insight into IJBs’ priorities in the coming years, one of which is embedding human rights.</p>	<p>Embedding human rights approaches is a key priority for IJBs. Some IJBs sought to align plans with the Feeley Review, which heavily features human rights. However, it was not clear how they intend to bring rights into practice.</p>
<p><b><u>The Opportunity is Now</u></b></p> <p><b><u>Investigating Knowledge and Understanding of the right to health</u></b></p>	<p>Independent research commissioned by the ALLIANCE exploring rights in health and social care.</p> <p>Independent research commissioned by the ALLIANCE to investigate the accessibility of information on the right to health in Scotland, across different groups.</p>	<p>“While there will be a cost to realising human rights, we have known for a long time that if we prevent violations in the first place, that is a lot more effective than pushing rights holders into crisis and then trying to mop up” – Professor Jo Ferrie</p> <p>It is imperative to act now to ensure rights are at the centre of policy and law.</p>

## Lead Courageously

Eddie Fraser, Chief Executive of East Ayrshire Council, invited attendees to draw a comparison between family identity and professional identity. He spoke about how **Courageous Leadership** can mean being aware of how, in a professional context, people behave different if they don't feel safe or if they change positions.

“Do the right thing” became a mantra for Eddie in his own journey of learning how he behaved both personally and professionally. Leaders should understand that they don't always ‘get it right’ or know best, but they should have the awareness to learn and listen.

**“The way forward is about being in that vulnerable place, to get it right, creating compassionate relationships with people, including other leaders.”**

That might mean doing things that won't be liked, if it is the right thing to do. He described vulnerability as being a key aspect of courageous leadership. Following a breakdown of trust between people and services for children with additional support needs in East Ayrshire, the council sought support from the ALLIANCE to [ask families what needed to change](#). This took the form of a film project which got a more positive response from families than other forms of engagement had.

## Share Power

Professor Paul Rodgers, Principal Investigator at Design HOPES, focused on co-design as a means of achieving the ambition to **Share Power**. He gave an overview of how DesignHOPES' work demonstrates that change can be made when power is shared among stakeholders to achieve a positive outcome.

He first provided a summary of the principles and objectives of the co-design process. Co-design brings together lived experience, lived expertise and professional experience to learn from each other and make things better. The theory of co-design is about sharing power, building capacity, prioritising relationships, all through a range of participatory methods.

“When differences in power are unacknowledged and unaddressed, the people with the most power have the most influence over decisions. Co-design is about sharing power in planning, research, designing and deciding what gets implemented.”

The aim is for co-design to lead to co-production of new products and services. The elements of co-production are co-plan, co-discover, co-design, co-deliver and co-evaluate.

He then explained the 'participatory power pyramid' which sets out the spectrum of participatory methods and shows how co-design may be achieved through a range of different collaborative and collegiate processes. The closer to the top of the pyramid, the more individuals will feel enabled by the processes they have engaged in.

DesignHOPES has worked with Alzheimer Scotland for over a decade. Professor Rodgers explained that many of the projects they have worked on have been initiated by people living with dementia. Through these projects, they were enabled to take control over the entire co-design process.

One example of this is the 'designing with people living with Dementia' project. Another example of DesignHOPES' collaborative work is a project with NHS Scotland to reduce single-use plastic and theatre caps by working with nurses and surgeons to develop more sustainable and practical products.

### **Designing with people living with dementia**

In this competition style project, participants created their own unique tartan patterns by manipulating colours. More than 300 designs were created. A panel of Alzheimer Scotland trustees selected a design by Nan, an 81 year old woman from Inverness, as the winner.

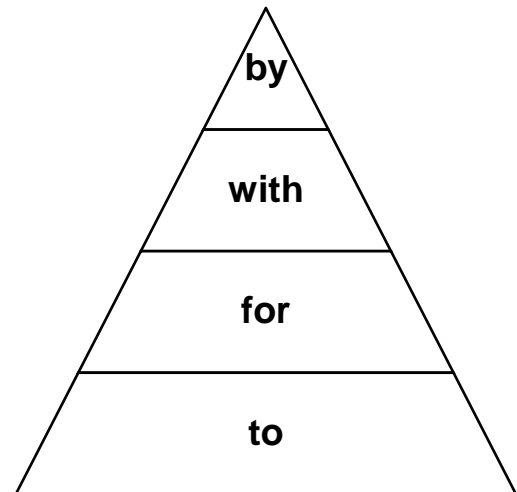
This project showed that Nan was able to design a new pattern that then went on sale worldwide. Design's contribution to the UK economy is around £70bn, so Nan was able to contribute to the UK economy in her own way!



## The Participatory Power Pyramid

**By:** Embodies the empowerment of an individual through a design process which started as collaborative to take ownership and to delivery an outcome through their own ambition, intervention, intention and prowess. **This is personal enablement achieved within and through a co-design process.**

**With:** Co-design partnerships that lead to outcomes which have indistinguishable ownership and a sense of shared value and achievement. The 'with' partnership will require individual contribution of invested parties to achieve result. **The 'with' approach requires shared accomplishment that could only occur as a result of collaboration.**



**For:** Co-design which results in outcomes for a specific group is highly aligned to a consultative design position where questions are raised and addressed. This may occur in the form of creative tasks. The resultant design will fulfil requirements identified by users. **Collaboration as a form of consultation will occur at the beginning of the project and will likely be revisited at key-points within the design development.**

**To:** Co-design done to people is highly unlikely to be collaborative. The work may contain insight generated by a subject group and even respond to a brief set by and to help those users. However, any input or feedback is likely to be focused on an already well resolved design. **The approach of the design done 'to' people might support a brief generated by users and include focus group discussion, but their creative input will be minimal.**

## Reimagine Investment

On the theme of **Reimagining Investment**, Professor Angela O'Hagan of Glasgow Caledonian University provided an overview of the Commission on a Gender-Equal Economy and Women's Budget Group's [vision for a caring economy](#) and the eight steps to achieve it.

A caring economy would realise gender equality, sustainability and wellbeing.

A caring economy provides care by supporting people to go out to work and live in their own home. It means thinking differently about tax, how public money is spent and how public finances are structured, as well as refocusing what we think about how money is spent in order to build a caring economy.

### Eight steps to a caring economy

1. Re-envision what we mean by 'the economy'
2. Invest in social and physical infrastructure
3. Transform the worlds of paid and unpaid work
4. Invest in a caring social security system based on dignity and autonomy
5. Transform the tax system across the UK
6. Refocus fiscal and monetary policy on building a caring economy
7. Work to develop a trade system that is socially and environmentally sustainable
8. Work to transform the international economic system

To illustrate this, Professor O'Hagan detailed the potential economic impact on the UK and Scottish economies if 2% of GDP were invested in care. The Scotland example compares two potential scenarios explored by the Scottish Women's Budget Group – a 'core scenario' in which hourly wages were increased to £12.50 and a 'transformative scenario' with a £15.21 hourly wage.

Professor O'Hagan stressed that unless we invest in care, we are not investing in social infrastructure. Echoing the first presentation on the Ambition to **Be Human, Reimagine Investment** shows that economic rights are as important as social rights.

## Examples

### United Kingdom

Impact of investing 2% of UK GDP in the care sector and construction sectors

In care	In construction
1.5 million jobs would be created	750,000 jobs would be created
69% of jobs would go to women, reducing the gender employment gap by 28%	Only 24% of jobs would go to women, increasing the gender employment gap by 18%
1,070,000 jobs for women	180,000 jobs for women
480,000 jobs for men	560,000 jobs for men

### Scotland

Impact in Scotland if 2% of GDP was invested in care across two scenarios.

Core scenario	Transformative scenario
Would increase coverage by 20% and raise hourly wage to £12.50	£15.21 per hour wage would be equivalent to 75% of nursing wages and move closer to Nordic levels
Investment and return	
£5,094m per year investment would be £1561m above current adult social care spending	£6,822 per year investment would double current adult social care spending
£500m in tax revenue and 34% return of additional investment	£1.5bn additional direct and indirect tax revenue, with 46% of additional investment
Would create 22,000 new jobs, many for women	Would create 75,000 new jobs – 43,000 in care; 8,000 indirect roles; 24,000 induced jobs through increase in workforce and spending in the Scottish economy.

## Measure Outcomes

The final presentation was delivered by Dr Ailsa Cook, Director of Matter of Focus, an organisation that helps other organisations to **Measure Outcomes**.

The outcomes that matter to people are harder to measure. An organisation's contribution to influencing an outcome or impact can be difficult to discern from the many other factors that influence change:



Matter of Focus breaks down the change process into key steps in order to build a framework that illustrates how an organisation's work contributes to these wider outcomes. To support organisations to track progress against their outcomes, Matter of Focus developed the [OutNav](#) tool.

Because there are so many barriers to measuring aspects of engagement, the outcome map is designed to help pick out what really matters to people by listening to what they are actively doing to make changes.

### Mapping outcomes

- What we do – the key activities that were delivered
- Who with – who was engaged and involved
- How they feel – how did they react to the activities, what is it that helped them engage positively
- What they learn and gain – what knowledge, skills, capacity or attitudes changed
- What they do differently – what behaviours, policies or practices change
- What difference this makes – what was better for people or communities

Learning with integration means never standing still. Measuring outcomes can help us continue developing what we do, including around co-production and human rights.

## Benefits of using the outcome map

<b>Learning about outcomes</b>	A good outcomes framework helps organisations to 'own their outcomes', build confidence in the change process and support reflection and learning throughout
<b>Learning about data</b>	Evidencing outcomes takes time, skill and commitment to reshape data, operational systems and processes. Few organisations have the infrastructure to use qualitative and quantitative data. A heat map can create an alternative data source.
<b>Improve before we prove</b>	Outcome mapping helps us know: <ol style="list-style-type: none"><li>1. Can this work make the difference we hope for?</li><li>2. How is it making this difference?</li><li>3. And, to what extent are we making this difference?</li></ol>

## Summary of discussion groups

Attendees were invited to participate in a facilitated discussion session focused on looking to the future, sharing knowledge and ideas about how we can work together to support integrated health and social care. Participants split into three breakout groups. The following themes were identified as key priorities.

### Training

In terms of working collectively, it was felt there is a need for a cooperative approach for the NHS, local authorities and the education sector to provide appropriate levels of training. Participants asked how we can change attitudes toward careers and development within careers and education. The need to better promote the sector was highlighted; some felt the sector was not attractive to young people and lacked incentives in terms of pay.

Ideas emerging from the Health and Social Care Academy could be applied to local training and recruitment. A contributor made the point that, “when you work together, things start to happen”.

### Outcome mapping

The use of OutNav to measure outcomes both by teams and individuals was welcomed by participants. They felt that measuring outcomes in this way could help improve experiences for families accessing care. While it seemed challenging to grasp at the start, participants said the outcome map made the process much easier to envisage and demonstrated that the benefits outweighed the challenges by structuring the overall workplan in a clear and concise way. Some participants highlighted that healthcare organisations are good at measuring “objective” outcomes but not “what really matters to patients”.

## **Relationships**

Participants reflected on the important role of relationships. One participant felt that people in their area worked well because they knew each other and did not work in silos, stating “it’s all about relationships and that one-to-one level”. Another participant said that integration was working well in Shetland because “everyone knows everyone”. Efforts to communicate and engage people, for example through newsletters, roadshows and IJB seminars, were also highlighted, as well as creative solutions that sought to save money while keeping the person at the centre. One example provided was the [Mind Your Head | Promoting positive mental health and wellbeing in Shetland](#) resource.

Trust was highlighted as an important aspect of relationships. It was felt that “being human” was hard for large organisations and that this affects how services interact, gain trust and gather feedback from service users. Participants described this problem as rooted in organisational cultures, strict policies and procedures. One participant said that staff “are trapped and not given independence to work in a humane way to improve the satisfaction” of people accessing services. Promoting dignity and respect was felt to be about human connection and having flexibility within organisations but this can be difficult to balance with financial duties.

## **Inclusion**

Participants highlighted that support was required to change behaviour that went beyond issuing guidelines. For example, inclusive communication was cited as something many organisations did not do well, despite discussions around equalities and human rights.

## **Care records**

Care records were raised as a key challenge. Participants stressed the need to have access to information in a digital format and the importance of looking at where a person’s records can be shared. It was suggested the Scottish Government develop a ‘digital passport’ system to support how they share information with people as part of their care and support, and that GP surgeries could be integrated and aligned with care homes.

## About us

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 3,600 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.



## **About the ALLIANCE Health and Social Care Academy**

The Health and Social Care Academy (the Academy) is an ALLIANCE programme which helps to drive long term, meaningful and sustainable change in Scotland's health and social care. The Academy 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. The Academy's 'Five Ambitions for the Future of Health and Care' 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.

## **About IFIC Scotland**

In 2017, the University of the West of Scotland (UWS) established the International Centre for Integrated Care as a global centre of excellence in leading people-centred integrated care, and as the home of IFIC in Scotland.

In 2020, IFIC and UWS refreshed their partnership and, with the Health and Social Care Alliance Scotland (the ALLIANCE), agreed a new Memorandum of Understanding.

The three strategic partners bring their collective expertise to a shared mission:

Co-creating a healthier future with individuals and communities by developing courageous and compassionate leaders and practitioners with the knowledge, skills and confidence to design, deliver and evaluate people-centred integrated care.

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