

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

## Integration in Action event report: Measure Outcomes

October 2025



International Foundation  
for Integrated Care  
*IFIC Scotland*

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## Introduction

On Wednesday 22 October 2025, the Health and Social Care Alliance Scotland (the ALLIANCE) and the International Foundation for Integrated Care (IFIC) Scotland hosted the sixth event in our Integration in Action series exploring the Health and Social Care Academy's [Five Ambitions for the Future of Health and Care](#).

The event focused on the ambition to Measure Outcomes. We heard from four speakers from different organisations highlighting examples of thinking differently about how we can measure success across health and social care by focusing on what matters to people. The presentations sparked dynamic discussions about what person centred outcomes mean to attendees.

The event had 87 registered participants, including professionals working in health and social care, third sector, policy makers, and individuals with lived experience of accessing care and support. The event was chaired by Dr Anne Hendry, Director IFIC Scotland, and Lucy Mulvagh, Director of Policy, Research and Impact at the ALLIANCE.

## Event summary

The event began with an introduction to the ambition for measuring outcomes and a short video showing how the Community Link Worker programme puts individuals at the forefront of deciding what success looks for people who are accessing health and social care support, starting with the question “what matters to you?”

*“It’s always about the individual... what’s important to them is important to me. I’m just helping them to achieve that.” – Community Link Worker*

► **Watch the Measure Outcomes video here:**

<https://www.youtube.com/watch?v=CRcH6xIDnj4>

## **Presentations**

### **Caroline Brocklehurst, Peer Support Lead and Patient Representative**

We first heard from Caroline Brocklehurst, Peer Support Lead and Patient Representative, who reflected on measuring outcomes through her lived experience. Caroline lives with Inflammatory Bowel Disease and the spinal disease Ankylosing Spondylitis and is a passionate lived experience representative in health policy, health data research, and peer support strategies. She is a volunteer peer support host with Crohn's and Colitis UK among other organisations and holds lived experience representation roles with a variety of organisations.

Caroline spoke about how living with long-term health conditions is far more complex than what medical charts or inflammatory biomarkers reveal. She described how delays in diagnosis, masking symptoms out of fear of more medication, and lack of connection to others with Inflammatory Bowel Disease left her feeling isolated and hopeless. Health challenges can affect every aspect of life – mental health, relationships, career, and family – yet these impacts are rarely measured. She emphasised that patient outcomes must go beyond clinical indicators to include quality of life and wider determinants of health.

*“The patient chart rarely tells the story.”*

Caroline highlighted the gap between patient priorities, including access, communication, personalised care, and patient experience, and current benchmarking standards. Patient-reported outcomes are essential for integrated, person-centred care, offering opportunities for prevention and empowerment but requiring shared understanding, education, and standardisation. Ultimately, measuring what truly matters to people is crucial because “what gets measured gets done.”

## **Gill Main, Midlothian Health and Social Care Partnership**

Next, we heard from Gill Main, Integration Manager at Midlothian Health and Social Care Partnership (HSCP). Gill leads the Strategic Planning, Performance and Improvement service, leading the integration agenda, and leading the strategy for Midlothian Integration Joint Board (IJB), and developing the insight and intelligence to drive transformational change. Gill is also the Vice Chair of the national Scottish Planning and Performance Officers Group (SPPOG).

Gill spoke about the work Midlothian HSCP has been undertaking to better understand what matters most to people in communities and use this insight to shape health and social care planning and delivery. The IJB sets strategic direction, while the HSCP delivers services. However, the current performance data and target-based performance reporting do not help IJBs improve outcomes or reflect what people value.

Traditional performance targets often fail to capture person-led, outcomes-focused care, despite many services doing great work to contribute to people achieving personal outcomes. To address this, Midlothian HSCP committed to a long-term, strengths-based, community-led approach and developed “the Midway,” a whole-system model to better link service contributions to population-level change.

The challenge has been reporting not only outputs but also people’s experiences and priorities. Midlothian HSCP worked with the company Matter of Focus to adopt a logic model approach that recognises multiple contributing factors to outcomes. This model uses six headings to map actions and their impact.

- What we do
- With whom
- How they feel
- Outcomes
- What they do differently/is different?
- What difference does this make?

Using this model has enabled the HSCP to audit evidence and show the gap between what services do and their contribution to outcomes. The resulting outcome map combines national indicators – performance targets that must be reported on – with impact stories and details about

who the HSCP works with and how, providing a clearer picture of how services contribute to more personalised health and wellbeing outcomes.

The Midway approach helps to bridge service-level reporting and IJB-level accountability by bringing together information from services and translating it into a population-level narrative aligned with the nine national health and wellbeing outcomes. This approach avoids adding pressure on individual services while enabling meaningful reporting on what has changed in people's lives. Embedding an outcomes-based reporting culture has been challenging, but it has worked well where it has been adopted and has enhanced strategic planning.

Finally, the approach taken by Midlothian HSCP has formed the basis of the IJB pathway component of the [Scottish Learning and Improvement Framework for Adult Social Care Support and Community Health](#). The Framework sets out the overarching vision and priorities for improvement in Adult Social Care, Social Work and Community Health, and has been developed to focus and track improvement across the outcomes that matter most to people.

## Q&A

The discussion began by examining whether understanding of outcomes and patient engagement was improving. Gill highlighted Midlothian HSCP's strengths-based approach, which focuses on what works well and how to make it better, and prioritises honouring community experiences alongside statutory requirements. We agreed that consistent language and approaches across regions are essential, as current health and wellbeing outcomes often reflect outputs rather than person-centred results.

We then explored commissioning and procurement as potential levers for embedding outcome-focused behaviours, noting that while outcomes themselves cannot be commissioned, outcome-led practices can be encouraged. Caroline stressed that the real value of outcomes-based care lies in longer-term "return on investment" and mutual benefits for individuals, professionals, and systems. She highlighted the role of wider determinants of health – such as purpose, relationships, and inclusion –

and observed that professionals often find it harder than peer supporters to adopt person-centred approaches. There was consensus that focusing solely on quantitative indicators misses the bigger picture and that outcomes should drive meaningful change.

The discussion then turned to lessons for Scotland's new long-term conditions strategy. Participants emphasised moving away from single-condition silos toward a joined-up, person-centred approach. Delayed diagnoses were identified as costly for both people and services, leading to more intensive treatments and avoidable deterioration. The Chair noted that "it's more expensive to treat people badly than to treat them right," reinforcing the need for prevention and early intervention. Communication was raised as a key factor, with poor dialogue between people, professionals, and services creating harm and inefficiency. We also questioned the value of current performance indicators, calling for statutory outcome reporting and co-commissioning with lived experience to ensure measures reflect what matters most to people. While proving cost savings remains challenging, we felt that outcomes-based care should be viewed as an investment with societal return, not just a health system expense.

### **Maja Mitchell-Grigorjeva, Bipolar Scotland**

Maja Mitchell-Grigorjeva is the Impact and Development Manager at Bipolar Scotland. Maja oversees service delivery and development of peer-led support across Scotland, such as Beyond Diagnosis, a peer support service for people recently diagnosed with bipolar, and Momentum Works, a new project helping people with bipolar to stay and thrive in work.

Bipolar Scotland is a peer-led, membership-based organisation providing non-clinical support services shaped by lived experience. Their focus includes peer-led post-diagnosis support, workplace support, and self management training. Maja spoke about the Beyond Diagnosis programme which was developed after hearing that support often stops at diagnosis, leaving people without the help and information they need to manage living with bipolar beyond medication. This gap is even more challenging given that on average it takes 10 years to get a diagnosis.

The programme therefore offers flexible, six-month peer support and measures impact through self-rating, surveys and case studies, recognising that numbers alone don't capture the full picture.

Team insights and regular reviews help to identify emerging themes, such as challenges around employment after diagnosis. In a survey of members, three-quarters of respondents said that they had left a job due to bipolar, while two-thirds had felt discriminated against. Bipolar Scotland therefore co-designed the Momentum Works programme to support people with bipolar in work and study contexts. The initiative emphasises listening to people with lived experience to shape action and embed peer leadership throughout its delivery.

Key takeaways from the programme include that person-centred outcome measurement is not just about proving impact but also identifying gaps and informing future work. Outcomes can drive meaningful change when they reflect what matters most to people.

### **Jillian Matthew, Audit Scotland**

The final speaker was Jillian Matthew, Senior Manager, Performance Audit and Best Value, Audit Scotland. Jillian oversees performance audit work across the public sector related to social justice, equalities and human rights issues. She has also been involved in developing Audit Scotland's approach to engaging with people with lived experience and setting up a Youth Advisory Group, which Audit Scotland engages with on a wide variety of audit work. Recent audits Jillian has overseen include [Tackling digital exclusion](#) and [Alcohol and drug services](#), in addition to working on [Mainstreaming equality progress](#) reports and a [DEI strategy](#).

Audit Scotland focuses on outcomes by examining the real impact public services have on people's lives, moving beyond traditional process-driven audits. Their approach emphasises person-centered principles and human rights, applying PANEL principles and involving lived experience throughout audits. A key example is their report on tackling digital exclusion, which explored how lack of digital access affects broader life outcomes such as health and employment. Early engagement with affected individuals and third sector organisations like



SCVO helped shape the audit and interrogate how public bodies address digital exclusion.

Beyond assessing services, Audit Scotland aims to support improvement by helping organisations adopt outcomes-based approaches. They developed principles for digital inclusion, share good practice, identify underused tools, and created a checklist for public sector bodies to design services that improve outcomes. Working with third sector partners ensured wider dissemination of findings, and they continue monitoring progress to embed this approach across audits. Jillian highlighted that mainstreaming outcomes thinking is an ongoing process, requiring collaboration and practical tools to join up efforts and make a tangible difference in people's lives.

## Q&A

The discussion began with a recognition of Audit Scotland's efforts to bring social justice, equality, and human rights lens to its work, and a "growing movement" reflected throughout the presentations around developing an outcomes-based approach. Jillian said Audit Scotland is able to take a bird's eye view of what is happening across Scotland to identify and promote what is working well. She stressed that investing in preventative, outcomes-focused approaches is more cost-effective than reactive models and highlighted the importance of working with people at all levels – from frontline staff to senior leaders – to design tools that hold services and sectors accountable. Rurality and poverty were identified as key challenges, particularly in relation to digital exclusion, with Audit Scotland advocating for non-digital options and resources for those who choose to remain offline.

Turning to Bipolar Scotland, Maja was asked if it is difficult to align perspectives and agree on shared goals throughout its peer-led projects. She said this was easier than expected, but capacity and funding constraints limit what ideas can be taken forward. A major focus became the role of employers in supporting people with long-term conditions such as bipolar, as workplace attitudes significantly affect outcomes. She also spoke about organisational challenges around aligning person-centred data-gathering approaches with reporting requirements for

funders. Although Bipolar Scotland's goals largely align with funder expectations, framing less direct outcomes can be more challenging and the reporting process can feel detached from the rest of the organisation's work. She also noted that most members have multiple diagnoses, such as autism or ADHD, so they take a person-centred approach to look beyond labels and to focus on health inequalities. For example, they want to explore the experiences of women with bipolar particularly around menstruation, menopause, and pregnancy/childbirth.

The discussion also touched on digital inclusion and the need for volunteer support for older people navigating online services. Jillian said that digital exclusion by choice must be respected and that non-digital options should always be available. Participants questioned whether Audit Scotland could use its influence to shift national reporting away from typical performance indicators toward outcomes-based measures, which Gill supported, noting that her team mapped Best Value principles into their governance framework. Caroline reflected on resistance to person-centred outcomes approaches, explaining that it often stems from misunderstanding rather than opposition, and that stakeholders become more receptive when they see mutual benefits for patients, professionals, and systems. Including lived experience, especially from rural and disabled communities, was highlighted as essential for designing equitable solutions.

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

To achieve a society where people enjoy their right to live well with dignity and respect, we must bring people together to share our learning and identify solutions for a better future. That's why the ALLIANCE's Academy programme offers a safe space for collaborative thinking, the sharing of evidence, and promoting the voice of lived experience, with a focus on health and social care integration. Our work is underpinned by the Five Ambitions for the Future of Health and Care (the Ambitions), which show what we need for a fairer and more sustainable society. Everyone in Scotland deserves a future where their wellbeing is at the centre. The Ambitions shine a light on successful approaches, and spotlight what we can achieve when we work together.

## **About the ALLIANCE Integration Programme**

The ALLIANCE Integration Support programme aims to increase the third sector's contribution to health and social care integration. As a team, we use our platform to promote and champion the role of the third sector and we play a role in ensuring the voice of lived experience is able to influence the design and delivery of integrated services.

## **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 to 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.

## Contact

If you wish to find out more about this event, or if you have any questions, please contact:

**Kerry Ritchie, Programme Manager – Integration, Engagement and Lived Experience**

E: [Kerry.ritchie@alliance-scotland.org.uk](mailto:Kerry.ritchie@alliance-scotland.org.uk)

**Jane Miller, Programme Manager – Health and Social Care Academy**

E: [jane.miller@alliance-scotland.org.uk](mailto:jane.miller@alliance-scotland.org.uk)

**Charlotte O'Brien, Policy and Information Officer – Integration, Engagement and Lived Experience**

E: [charlotte.obrien@alliance-scotland.org.uk](mailto:charlotte.obrien@alliance-scotland.org.uk)

T: 0141 404 0231

W: <http://www.alliance-scotland.org.uk/>

# About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,600 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims. We seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay 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 better cross-sector understanding and partnership.

