

The Health and Social Care Alliance Scotland (the ALLIANCE)

Integration in Action event report: February 2026



International Foundation
for Integrated Care
IFIC Scotland

Introduction

On Thursday 26 February 2026, the Health and Social Care Alliance Scotland (the ALLIANCE) and the International Foundation for Integrated Care (IFIC) Scotland hosted the seventh event in our Integration in Action series. The event revisited and explored the [Five Ambitions for the Future of Health and Care](#), a shared vision for a future where people and wellbeing are at the centre.

There were 85 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 included a panel discussion with representatives from NHS Dumfries and Galloway, Healthcare Improvement Scotland, and the University of the West of Scotland. This was followed by breakout discussions in which participants explored how the Ambitions apply to their work.

Framing the Five Ambitions in action

The event began with an overview of the Five Ambitions from Jane Miller, Programme Manager of the ALLIANCE Health and Social Care Academy. The Academy programme offers a safe space for collaborative thinking, sharing evidence, and promoting the voice of lived experience, with a focus on health and social care integration. Its work is underpinned by the Ambitions, which identify the conditions required to help create a more equitable society.

- **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.
- **Share Power** – We make changes in our own lives and communities when power is shared.
- **Reimagine Investment** – We can transform society for everyone's benefit with sustainable investment, patients, partnership and valuing one another.
- **Measure Outcomes** – We should measure success in health and care with personal outcomes, not just short term targets.

In the context of multiple crises, such as climate change and the cost of living, the health and social care system is increasingly under strain. The Ambitions provide a starting point to inspire us to think about radical change across society and encourage action to realise that transformation.

► **Watch the Five Ambitions animation here:**

<https://www.youtube.com/watch?v=68qCMqGHIA>

To support this, [the Unfolding the Future toolkit](#) is a flexible and adaptable resource that can help individuals and organisations use the Five Ambitions to think creatively about how to transform the future of health and care.

A conversation on the Ambitions in Action

A panel discussion chaired by Anne Hendry explored examples of the Ambitions in Action.

Speakers

- Viv Gration, NHS Dumfries and Galloway
- Greg Hill-O'Connor, Healthcare Improvement Scotland
- Helen Rainey, University of the West of Scotland

Speakers explored challenges, enablers, and cultural shifts required across the sector. Viv Gration spoke about work in Dumfries and Galloway to establish collaborative commissioning and a more community-led approach to planning, designing, delivering, and improving services, highlighting the third sector's crucial role in prevention and early intervention. She also underscored the importance of focusing on outcomes rather than traditional performance metrics, learning from communities and third sector partners, and considering what elements of current measurement practices could be stopped to reduce unnecessary burden. She also noted the importance of local place-based approaches, particularly in an area like Dumfries and Galloway which is very diverse and includes both rural and more urban areas.

Greg Hill-O'Connor discussed the "Once for Scotland" approach and the Scottish Approach to Change, noting that while 'what' needs to change is often well understood, the challenge lies in 'how' to implement change

across complex systems. The Five Ambitions help fill this implementation gap by focusing on human centred change and ensuring national frameworks still allow for local adaptation. He emphasised the need for national support, improved understanding of culture change, and learning from local contexts such as Dumfries & Galloway.

Helen Rainey spoke about Cultures and Leadership for Integration (CLI) Continuing Professional Development and the CLI Compass, which was developed to help those working in, or with, integrated health and social care systems to navigate change and drive improvements. The compass identifies eight elements needed for effective integrated working, including:



Helen also spoke about a new anthology of case studies shared by students who have participated in the Leading People Centred Integrated Care Masters programme delivered by UWS. A central theme emerging is the critical role of workforce wellbeing to achieving change, and the importance of inter-professional and cross-sector education and reflective practice to understand different cultures and mindsets.

Finally, the panel addressed the challenge of moving from “talking about change” to actually delivering change. Viv pointed out that governance structures can unintentionally create inertia and that enabling, empowering governance is essential to help staff embrace new ways of working and sustain meaningful transformation.

Breakout discussions

After the panel discussion, participants chose one Ambition to explore in more detail in breakout groups. This section provides a summary of the key points from those conversations.

Share power

This group identified several key qualities of Sharing Power:

Genuine inclusion and diversity: Effective shared power requires actively involving communities, patients, and lived experience experts, ensuring diverse voices are heard and acted upon, not just the usual or more powerful participants.

Culture and leadership: Power imbalances exist at individual, organisational, and systemic levels. Embedding shared power depends on trust and distributed leadership.

Practical action and recognition: Engagement must be ongoing and purposeful, with contributions acknowledged to strengthen participation and impact. Input should be given the same value whether voluntary or paid.

Representation and governance: Representation should operate across multiple levels – community, regional, and national. Effective shared power governance relies on transparency, clear roles and feedback loops, enabling participants to see how their contributions shape outcomes and decisions.

Challenges: Barriers were identified such as engagement fatigue, hierarchy, and limited resources. Moving beyond tokenistic inclusion to meaningful shared power requires careful planning, time, co-design, feedback loops, and sustained cultural change.

Reimagine Investment

The discussion emphasised the need to shift from simply reimagining to actually delivering investment in value-based health and social care, ensuring decisions are shaped by lived experience and focused on improving outcomes for people and communities. Participants highlighted the importance of equitable funding, greater emphasis on

prevention and wellbeing, and a shared narrative to support this change. While promising initiatives exist, such as community appointment days in Aberdeen, Ayrshire and Lanarkshire that connect people on waiting lists to the right support, and Shetland's SDS review demonstrating both improved outcomes and cost savings, scaling these successes remains challenging. Strengthening representative voices on Integration Joint Boards was welcomed, though participants stressed the need for better and wider engagement through lived-experience panels where members are supported to participate in planning and decision making. The group also raised concerns about a lack of opportunities for the independent sector to participate in Integration Joint Boards on an equal footing.

Being Human

The group discussed the importance of taking a “human up” approach to drive transformational change. This requires greater collaboration, ceding power and control, and valuing the role of people with lived experience and the third sector in decision making. Housing, mental health, and finance were identified as key areas for engaging with people. Staff training and removing barriers to support were also highlighted as crucial to achieving a human rights-based approach. Positive examples were highlighted, such as a collaborative campaign against social care cuts in Argyll and Bute, and SAMH's community link workers programme. However, it was noted that many people, particularly disabled people, continue to experience stigma and do not have their rights met.

Measure Outcomes

The discussion highlighted the difficulty of meaningfully measuring outcomes, particularly those with multiple contributing factors. It was noted that within the NHS, many policies are implemented without fully considering their downstream effects. Participants noted that routine measurement can be inaccurate, easily gamed, and poorly integrated into everyday work, while more nuanced dimensions are much harder to capture, such as whether decisions made are right for individuals. Creative and patient-centred methods, such as arts-based projects, were seen as offering richer insights into lived experiences and

aspirations, pointing to a need to become more comfortable with complexity, uncertainty, and non-traditional forms of evidence.

The conversation also explored more flexible commissioning models, such as outcomes-based commissioning, alliance contracting, and commissioning for learning, which shift focus from narrow performance indicators toward broader goals and collaborative problem-solving. Examples like pooled community services demonstrate how funding tied to high-level outcomes, evaluated through cyclical, reflective reporting, can encourage honesty about what works and what doesn't. Designing services around people with the most complex needs, rather than the mainstream, was emphasised as essential to meaningful outcome improvement. A key takeaway was recognising how strongly targets shape behaviours and the importance of designing measurement systems that support, rather than distort, the delivery of better outcomes.

Lead Courageously

Courageous leadership happens at every level, not just in formal leadership or senior roles, and it is important to help people to understand the leadership they may already bring in their role. Leadership grows when people feel valued, therefore trust, time, and relationship building are essential. Pausing, reflecting, and giving space, despite the pressures of a stretched system, takes bravery but prevents burnout and enables sustainable change. Celebrating everyday leadership, even small wins, helps to reinforce this – team journaling was offered as an example of an effective way to do this. Participants proposed practical steps to courageous leadership including staff check-ins. creating space for curiosity and vulnerability, recognising when to step back to share power and let others grow, and avoiding rushing to provide all the answers so people have room to learn and lead in their own way.

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:

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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.



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people at the centre