



## Introduction

Integration in Action is a series of events delivered by the ALLIANCE Integration and Academy Programme in partnership with the International Foundation for Integrated Care (IFIC) Scotland to explore the [Five Ambitions for the Future of Health and Care](#). The Ambitions provide a shared vision for a future where people and wellbeing are at the centre, and outline the conditions needed for transformational change across health, social care, and beyond.

On Thursday 11 June 2026, we hosted the eighth event in our Integration in Action series in person at the COSLA Conference Centre in Edinburgh. There were 82 registered participants, including professionals working in health and social care, third sector, academics, policy makers, and individuals with lived experience of accessing care and support. It was jointly chaired by the ALLIANCE and IFIC Scotland.

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

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

Across two panel discussions and hands on activities, this event explored what inclusive leadership means and looks like. The first half considered relational and compassionate leadership, while the second half focused on participation and inclusivity.

## Compassionate and relational leadership

The first panel brought together speakers from across health and social care to explore their approaches to leadership and centring people, relationships, and lived experience. We heard from:

- Roseann Logan, Director, Community Links Worker Programme, the ALLIANCE
- Stewart Marshall, Head of Community Health and Care Services, South Ayrshire HSCP
- Susan Douglas-Scott, Chair, National Care Service Advisory Board.

In this discussion, leadership was reframed as relational practice centred on listening and shared responsibility, rather than authority and hierarchy. Panellists expressed a shared a commitment to moving away from transactional, systems-led approaches toward more human, inclusive, and community-driven models of leadership and care.

**Stewart** provided insight into how relational leadership translates into practice. He described leadership as both recognising that “it is not about you” and taking personal responsibility through role modelling. This is reflected in his focus on visibility, active listening, and empowerment. Through regular communication, such as fortnightly video updates, he recognises staff contributions and fosters a collective sense of purpose. He gave an example of an omission in recognising a team’s work in a recent video update as an opportunity to demonstrate accountability and reinforce trust, since he was open to feedback and correction. This approach centres authenticity, connection, and learning over perfectionism and control.

**Roseann** gave a practical example of embedding lived experience into service development through her work transitioning individuals from hostel-based accommodation to community living. By engaging directly with individuals to understand their preferences and needs, she ensured meaningful choice in how services were designed and delivered. For example, residents were involved in decisions about how their homes were furnished, with flexibility to adapt over time. This approach required challenging regulatory expectations when they conflicted with people’s needs, demonstrating the value of co-production and relational engagement in creating sustainable support systems.

Roseann also highlighted vulnerability as a strength in leadership, emphasising the importance of nurturing confidence and fostering a culture where leadership is shared.

**Susan** focused on the challenge of ensuring people feel genuinely heard within complex systems. She cautioned against tokenistic engagement, where consultation does not lead to change, and called for honesty about system limitations meaningful dialogue and action. Leadership, she argued, must combine listening with constructive challenge and a willingness to acknowledge imperfections.

She also highlighted systemic issues, including the complexity of integrated health and care systems and insufficient investment in community-based support, reinforcing that health and care begin in people’s homes and communities.

## **Barriers**

Panellists were asked what systems need to stop doing that is getting in the way of inclusive delivery.

**Stewart** highlighted resistance to compromise, noting that rigid adherence to processes can hinder responsiveness. He called for greater flexibility, courage, and collaboration.

**Roseann** pointed to “missingness,” where people fall through gaps between services due to fragmented systems and unclear accountability, alongside practical barriers such as transport and accessibility.

**Susan** identified a misalignment in how services are designed, often driven by organisational needs and budgets rather than people’s lives, and cautioned against perfectionism that limits progress and innovation.

### **Key messages**

Relational and compassionate leadership requires a shift in mindset and practice. Key elements include prioritising relationships, embedding lived experience, fostering openness, and challenging systemic. Leaders need to move away from hierarchical, process-driven systems toward flexible approaches that bring in colleagues and communities. Leadership is a shared responsibility grounded in empathy, accountability, and continuous improvement, with everyday actions and values as important – if not more important – than structural reform.

### **Participatory and inclusive leadership**

The second panel explored the role of collaborative and participatory leadership in transforming health, social care, and community systems. We heard from:

- Alan Webb, Chief Officer, Third Sector Dumfries and Galloway
- Sophie Coles, Director, Sophie Macmillan Associates
- Jenny Bruce, National Director, Care and Repair Scotland

The panel focused on moving beyond siloed working and transactional service delivery towards co-production, shared leadership, and community-led decision-making.

**Alan** described a transformation in Dumfries and Galloway, where partners are moving away from competitive commissioning models that fragment services and discourage cooperation. In their place, a partnership approach prioritises shared decision-making and mutual accountability.

This model is underpinned by four key elements:

- **Protecting community investment:** Safeguarding funding to ensure stability and enable long-term change
- **Collective leadership:** Partnership between the public and voluntary sectors with shared accountability
- **Place-based and place-led approaches:** Communities shape services based on local needs and outcomes
- **Investment in capacity and leadership:** Aligning public sector resources to strengthen the voluntary sector

Protecting community capacity is central to this transformation. This three-year programme aims to embed new ways of working and reposition communities as active partners rather than passive recipients. Place-based approaches allow local people to define what works best in their context, challenging standardised service models. However, he cautioned that “lived experience” risks becoming superficial if participation is not genuinely influential.

**Sophie** provided a cross-system perspective, drawing on over two decades of experience across local authorities. She identified curiosity as a critical leadership quality, arguing that effective leadership means asking the right questions rather than having all the answers. She also stressed the importance of “gritty conversations”, noting that meaningful change requires confronting uncomfortable truths and challenging entrenched ways of working. This demands courage, vulnerability, and organisational cultures that support honest dialogue, highlighting the emotional and relational dimensions of leadership often overlooked in more technical or procedural approaches.

She highlighted professional snobbery as a barrier to integration, where hierarchical structures undervalue frontline staff, limiting collaboration and understanding. Elevating certain voices risks missing opportunities for early intervention and a fuller picture of people’s needs.

**Jenny** illustrated these ideas through an example from Care and Repair Scotland where a maintenance worker identified financial abuse during a routine visit. This demonstrated the impact of empowering frontline staff to act beyond narrowly defined roles and the value of seeing the whole person. Small acts of attentiveness and initiative can lead to significant outcomes, particularly for individuals who may otherwise fall through the cracks. Those closest to people’s day-to-day lives often have the deepest understanding of their needs yet are not always recognised or included in decision-making.

This example reinforced that integration is not only about organisational structures, but also about mindset and culture. Cross-boundary working requires organisational cultures that empower individuals to feel confident in stepping outside their formal responsibilities and responding to what they observe in practice.

## **Barriers**

Panellists were asked what systems need to stop doing that is getting in the way of inclusive delivery.

Alan called to stop viewing people through the lens of services, which strips away agency and perpetuates cycles of reform rather than enabling meaningful transformation.

Sophie urged participants not to be silent. Leaders should actively challenge systems, policies and practices that fail individuals, particularly people with complex needs.

Jenny challenged us to not accept inequity, noting that access to support should not depend on geography.

## **Key messages**

Participatory leadership requires a shift in values, behaviours, and relationships. Leadership must become more distributed, more reflective, and more responsive to the voices of those who are often unheard. By prioritising curiosity, embracing discomfort, and valuing the insights of communities and frontline workers, systems can begin to move toward more integrated, equitable, and person-centred approaches.

## **Leadership manifesto**

Participants worked together to develop their own visions for inclusive leadership. These were compiled into a collaborative leadership manifesto.

### **Our shared vision**

Collective and participatory leadership means sharing power, staying curious, acting with courage and compassion, and creating the conditions where everyone—especially those most affected—can shape decisions that matter.

### **Our principles**

## **1. We lead with curiosity and humility**

We commit to staying curious - asking, listening, and learning continuously. We create space for reflection and value questions as much as answers, recognising that no single perspective holds the whole truth.

## **2. We place people, rights, and relationships at the centre**

We prioritise people over systems, designing services with communities, not for them. We lead with empathy, kindness, and openness, building trust through authentic relationships and shared purpose.

## **3. We share power and amplify diverse voices**

We actively challenge hierarchy and tokenism by ensuring the right people are at the table - especially those with lived experience. Participation is meaningful, not symbolic, and everyone has a role in shaping decisions.

## **4. We model courage and learning**

We are brave in our leadership - comfortable with discomfort, open to challenge, and willing to learn from mistakes. We foster cultures where honest conversations can happen and growth is expected.

## **5. We act with transparency and integrity**

We communicate openly, act honestly, and build clarity about roles and expectations. Trust is strengthened through transparency and consistent, values-led behaviour.

## **6. We create the conditions for participation to thrive**

We work to build environments where people feel safe, valued, and able to contribute. This includes psychological safety, time, resources, and equitable investment - especially in communities and the third sector.

## **7. We turn values into action**

We move beyond intention to practical change—listening actively, redistributing power, investing in communities, and role-modelling inclusive behaviours in everyday practice.

## **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