International Foundation for Integrated Care
IFIC Scotland

IFIC SCOTLAND CONFERENCE REPORT

A Festival of Learning

IFIC International Foundation for Integrated Care
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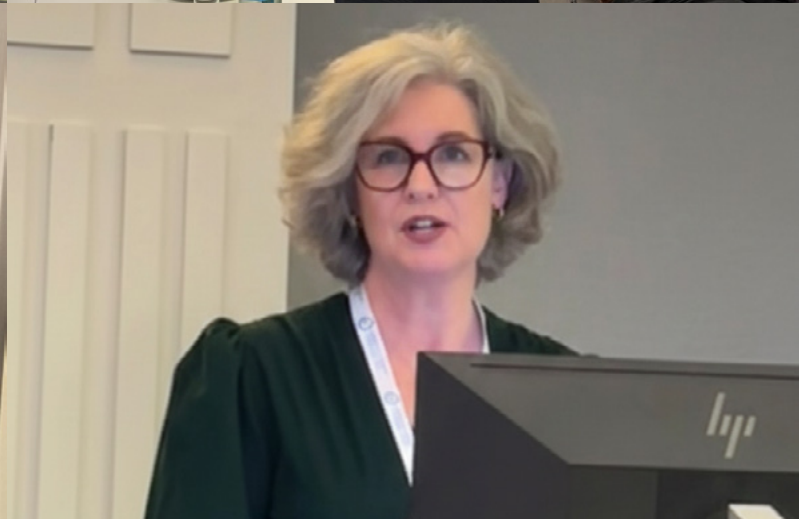
Contents

Introduction	3
Plenary Highlights	4
Breakout Session Summaries	5
Key Themes and Trends	10
Voices from the Day	11
Reflections from Participants	12
Conclusion	14
Thank You to Our Conference Partners	14
Appendix A Speaker and Contributor Biographies	15



Introduction

IFIC Scotland convened The Power of Us: A Festival of Learning on 5 November 2025 in partnership with the International Foundation for Integrated Care, the University of the West of Scotland, the Health and Social Care Alliance Scotland, and Health and Social Care Scotland.

The event marked ten years since the introduction of integrated health and social care in Scotland. It created space to reflect on progress to date and to explore what now needs to change to deliver more resilient, equitable, preventative and community-centred models of care.

The programme was designed by a cross-sector steering group and aligned with Scotland's Health and Social Care Service Renewal Framework and the refreshed Public Sector Reform Strategy. It brought together system leaders, practitioners, third and independent sector organisations, researchers, and people with lived experience of care and support.

Around 130 people attended in person. Colleagues from IFIC's international network in Ireland, England, Wales, Canada, Flanders, Spain and Japan also joined discussions in person and online, contributing perspectives from other integrated care systems and reinforcing the value of cross-country learning.

Grateful thanks are extended to workshop sponsors Mutual Ventures, NDTi and VitalHub UK, and to Knowledge Partners Socialudo and Iriss.

Plenary Highlights

Opening plenary

Reflecting on progress and actions to pick up the pace of change

The opening plenary brought together system leaders, practitioners, researchers, and people with lived experience to reflect on a decade of integrated care in Scotland. Speakers acknowledged that the structural foundations of integration are largely in place. Integration authorities are established, partnerships are operating, and there is widespread commitment to collaborative working. At the same time, there was a shared recognition that these changes have not yet delivered the scale or consistency of improvement needed to respond to rising demand, widening inequalities, and increasing workforce pressures.

A central theme was culture. Contributors emphasised that integration is not only about governance arrangements, but about how power is shared, whose knowledge is valued, and how decisions are made. Lived experience was framed as central to authentic leadership, with repeated calls to involve people and communities from the outset of policy and service design.

Health inequalities featured strongly in the discussion. The persistence of the Inverse Care Law was highlighted, alongside the risk that integration can unintentionally reinforce inequality if resources are not aligned with need. Proportionate universalism was presented as essential to ensuring that integrated systems reduce, rather than widen, disparities.

The session concluded with a clear message. Progress has been made, but the work of integration is unfinished. Picking up the pace of change will require greater attention to culture, power, and relationships, alongside continued service renewal.

Closing plenary

Leadership to shift the dial on health equity

The closing plenary focused on the leadership required to address health inequities and build more resilient, place-based systems. Radical Place Leadership was introduced as a response to systems that are overly reactive, risk-averse, and organised around services rather than people. Speakers argued that current trajectories are unsustainable and that leadership must shift towards stewardship, trust, shared accountability, and deeper connection to place.

Panel reflections reinforced the importance of moving beyond consultation towards genuine partnership with communities. Contributors emphasised that health equity cannot be delivered by health and care services alone, but depends on relationships across housing, education, community development, and the third sector.

Leadership was framed as a shared responsibility rather than a positional role. Speakers highlighted the need for reciprocity, courage, and long-term commitment, particularly in communities that have experienced repeated system change without corresponding improvement in outcomes.

Despite significant fiscal and operational pressures, the session ended with cautious optimism. Participants reflected on the collective energy in the room and the practical examples shared throughout the day, underlining that change is possible when people work together across boundaries with a shared purpose.

Breakout Session Summaries

2A Proactive primary care in Scotland and beyond

Dr Alexia Pellowe highlighted improved self-management and efficient use of time and resources resulting from a collaborative cardiovascular risk reduction project in East Ayrshire. Three Community Appointment Day pilots have built momentum for prevention across NHS Ayrshire & Arran general practices. Dr Marianne McCallum highlighted the Inverse Care Law – where those most in need of services have least access – and advocated for proportionate universalism to avoid widening health inequalities.

She outlined the work by Deep End General Practices, serving the most deprived communities in Scotland. These practices enable outreach and skill development, and embrace new ways to engage underserved populations. More information on the impact of this work is available here: **https://www.gla.ac.uk/schools/healthwellbeing/research/generalpractice/deepend/**. Dr Arturo Alvarez-Rosete shared IFIC's case study on proactive and personalised care for people with chronic disease in Barcelona, illustrating integrated care across the primary and secondary care interface. Key enablers were building long-term relationships and trust between providers at all levels.

2B Data driven system coordination for urgent and emergency care

VitalHub UK outlined the shift from analogue to digital reporting of real time emergency care capacity in NHS England through a network of system coordination centres that link data across trauma centres, NHS 111, acute hospitals and community services. This national system is supported by a common digital framework that standardises escalation levels. This helps prioritise urgent response to manage emerging risk, enhance safety and optimise system resilience.

2C Accelerating digital innovation for care and wellbeing

Prof Margaret Whoriskey described the Digital Care Innovation Hub and Digital Lifelines Scotland, highlighting efforts to support innovation across social care and social work. Marlene Harkis presented Community Connections Moray, a digital one-stop hub connecting people to local third sector supports. She described the 'This is Me' personal data store, enabling people to share their story once, supporting self-management and reducing duplication. The session explored how digital tools can support more joined-up and person-centred care when designed around relationships rather than systems.

2D Living well, ageing well

Billy McClean shared learning from South Ayrshire's Age Friendly Communities work, co-produced with older people and aligned with the WHO Age Friendly initiative. The approach includes intergenerational activities, community-based fitness programmes and practical actions to improve accessibility, overseen by a champions board of older adults. Alison McGrory and Linda Currie described Argyll and Bute's Living Well Programme, a tiered physical activity model building confidence across leisure staff and community partners, supporting prevention and social connection.

2E Self-management showcase

Margaret Reid Arbuckle and Grace Beaumont reflected on Scotland's Self-Management Strategy for Long-Term Conditions and its continued relevance. Niall McShannon spoke about the relational nature of community organisations and the impact of funding pressures on their ability to support prevention. Caroline Brocklehurst shared her lived experience of self-management, emphasising the importance of being seen as a person first, supported by trusted and ongoing relationships. Grace Beaumont concluded the session with an overview of the Self-Management Fund administered by the Health and Social Care Alliance Scotland

3A Nurturing caring neighbourhoods – lessons from international examples

Alison Bunce shared the Compassionate Inverclyde approach, a grassroots social movement focused on kindness, action and relationships. Examples included 'Back Home Boxes' for people discharged from hospital and the 'No One Dies Alone' initiative. Isabelle Van Vreckem described the Flanders Caring Neighbourhoods programme, a three-year collaboration linking housing, health, education and civil society. Of the 128 projects funded, over 90% are continuing and 80% have been mainstreamed in municipal plans.

3B From system failure to human impact: why Radical Place Leadership matters

Sophie Coles described Radical Place Leadership as a bold alternative to reactive, referral-based systems focused on short-term solutions and competitive performance management. Rooted in stewardship, trust and place, the approach requires safe space for innovation, shared accountability and redefined risk. Brian's story illustrated the transformative impact of this approach on people's lives.

3C Professional curiosity across levels of practice

Grace Robertson provided an overview of the Professional Curiosity Programme led by Iriss. Professional curiosity was presented as relevant across roles and organisations, supporting harm reduction, improved outcomes and values-based working. Participants noted the tendency to focus on failure rather than strengths when systems are under pressure, highlighting the need for time and space for reflection and shared learning.

3D Shifting the balance of care

Gail Woodcock shared details of a Shifting the Balance of Care Test of Change project by Forth Valley partnerships. After six weeks of planning, £2m was transferred from NHS Forth Valley acute budgets to HSCP community budgets to support home-based assessment and care for 48 patients. Outcomes included reduced delayed discharges, low readmission rates and reduced emergency department occupancy.

3E New frontiers for link workers and community connectors

Roseann Logan discussed the ALLIANCE Community Link Worker project, established in 2017 with seven practices in Glasgow and now operating in 80 practices. She highlighted the importance of locally tailored roles and long-term relationships. Rhiann McLean described the IMPACT project for care-experienced young people transitioning to adult services, exploring trauma-informed, relationship-based models including a single point of contact linked to local supports.

4A – Shifting power to people and communities

A panel of experts by experience from Scotland and Canada shared examples of how their involvement in shaping health and social care, often informed by experiences of fragmented care or systemic failure, has helped to create meaningful change. A common theme was the need to be treated as equal partners, and to overcome structural barriers and 'us and them' dynamics.

Participants stressed the importance of listening, valuing everyone's contributions, and embedding lived experience in decision-making from the outset. They envisioned the future of integrated health and social care as community led and proposed "walking alongside" rather than "wrapping around" individuals as a more respectful and collaborative mindset.

Education was identified as a key area for reform, alongside a shift towards a more holistic and human view of care. Panellists emphasised the need to move beyond tokenistic consultation towards genuine co-production with experts by experience. They also called for better data sharing, less siloed working, and greater recognition of families, carers, and volunteers as part of the wider workforce, deserving to be heard, supported, and included in decision-making.

The session highlighted that small changes can contribute to a larger shift, and that lived experience leadership is essential to creating integrated systems that truly serve communities.

4B – Investing in people and wellbeing

Amanda Nally from the NDTi Community Led Support (CLS) programme described the interaction of three key cogs needed to create the conditions for CLS: community assets, strength-based practice, and outcomes-focused commissioning. CLS operates in 35 areas across England, Wales, and Scotland and promotes a strength-based approach through conversations about what matters to individuals, often taking place in community hubs and other accessible spaces.

Julie Magee outlined high levels of staff satisfaction and positive outcomes from CLS work in South Lanarkshire, with a focus on resilience, empowerment, and strength-based practice. The Scottish Borders CLS journey began in 2017 with a hub in Hawick and now includes hubs in all five localities. The diffusion of skills across multi-sector teams is influencing changes in practice, while involving new graduates is helping to build long-term workforce capability.

Delegates discussed the challenge of quantifying prevention. Mike Richardson from NDTi described wellbeing as a more readily quantifiable counterpart to prevention and highlighted NDTi's QRIOS wellbeing tool, which is mapped to UK Treasury economic value and can be used to quantify social and economic impact.

4C – Ethical commissioning

Fraser Smith and Fiona Kane from Scottish Care led a discussion on commissioning for care at home and housing support. Delegates agreed that commissioning has long been dominated by 'time and task' models of care within complex procurement systems that place strong emphasis on price and competition.

Participants noted that the way these systems are currently structured can lead to unethical outcomes, including for staff whose unpaid 'off' time may not be recognised. Unethical commissioning does not imply unethical commissioners. Ethical commissioning places choice and control at its centre and is made up of small, practical reforms that can make a meaningful difference.

As localities face distinct challenges, delegates discussed the value of bottom-up approaches that can respond to local realities, such as travel time, which are not always adequately reflected in national models. Ethical commissioning can also improve staff experience by bringing providers into commissioning discussions and better understanding their perspectives. However, delegates agreed that improvements to process alone are not sufficient. Adequate funding for social care remains essential to supporting ethical commissioning and better outcomes for all.

4D – Cultures and leadership for integration and transformation

Helen Rainey and Pauline Robbie led a session reflecting on the cultures and leadership needed to support transformation in health and social care. Helen drew on her experience as programme lead for the University of the West of Scotland's MSc in Leading People-centred Integrated Care, while Pauline reflected on her own professional development as a programme alumna.

Helen also highlighted a new CPD offer on Cultures and Leadership for Integration, alongside IFIC's global report on the state of education and training for integrated care. Delegates considered how to prepare the future workforce to work more collaboratively, as well as how to support current and emerging leaders to lead transformation.

Participants endorsed the importance of inter-professional and cross-sector education in developing the values, cultures, behaviours, and mindsets needed for integrated, people-centred care to thrive and to address health equity.

4E – GIRFE: Scotland's Adult Practice Model

Grant Laidlaw from the Scottish Government's Getting It Right For Everyone (GIRFE) team presented the GIRFE Adult Practice Model. GIRFE is a multi-agency approach supporting adults from young adulthood through to end-of-life care. It promotes a personalised, person-centred approach to accessing support, placing individuals at the heart of decision-making. Core principles include kindness, respect, dignity, and a focus on what matters to the person.

GIRFE is embedded within the Health and Social Care Renewal Framework (2025–2035) and NHS Board Annual Delivery Plans. Work is underway with NES to develop two eLearning modules, and the GIRFE Learning Network is being re-established. East Ayrshire is one of 11 Health and Social Care Partnerships involved in testing the GIRFE approach in practice.

Insights from the East Ayrshire pathfinder highlight that GIRFE is a standing item in all team meetings, 75 staff have been trained in change management, and GIRFE principles are embedded in strategic planning. Key challenges include navigating complex policy landscapes, resource constraints, and alignment with existing frameworks such as Self-Directed Support and Realistic Medicine. Reported benefits include reduced duplication, streamlined processes, and improved collaboration. Feedback from HSCP teams indicates positive outcomes when agencies work together and service users are actively involved in decisions.

Key Themes and Insights

1 Power and partnership:

A clear call to move beyond consultation towards shared ownership with people and communities.

2 Place as a foundation:

Effective integration was repeatedly linked to place-based approaches grounded in local relationships and assets.

3 Prevention and wellbeing:

Participants highlighted the challenge of measuring prevention and the need for metrics that reflect long-term value.

4 Relationships as infrastructure:

Trust, continuity and collaboration were seen as essential to sustainable integrated care.

5 Leadership at all levels:

Change was framed as requiring leadership from communities, practitioners and system leaders alike.

Voices from the Day

"Integration is not just about bringing organisations together. It is about how we share power, how we value different kinds of knowledge, and how we build trust with the people and communities we serve."

Anne Hendry
Director, IFIC Scotland

"Lived experience should not be something you add at the end. If you want things to work, you need people involved from the very beginning, as equal partners."

Margaret Moncrieff
Person with lived experience, South Lanarkshire

"The Inverse Care Law is still very much alive. If we are serious about reducing health inequalities, proportionate universalism has to move from principle into practice."

Dr Marianne McCallum
GP, Deep End Practices; University of Glasgow

"The evidence tells us that sustainable integration is built on relationships, trust and shared purpose. Structures matter, but they are not enough on their own."

Professor Robin Miller
University of Birmingham

"The current direction of travel is not sustainable. Leadership now is about stewardship of place, not control of systems, and about trusting the capacity that already exists in communities."

Andrew Laird
Chief Executive, Mutual Ventures

"Shifting power towards communities requires systems to rethink how they see themselves. It is about reciprocity and partnership, not paternalism."

Áine Carroll
Chair, International Foundation for Integrated Care

Reflections from Participants

Feedback from participants was highly positive. **100% of survey respondents** said they would wish to attend a similar event next year.

Delegates valued the opportunity to learn with peers, connect across sectors, and step back from day-to-day pressures.

Many highlighted the importance of relationships, courageous leadership, and continued collaboration across places and organisations. Prevention and early intervention emerged as shared priorities, alongside ongoing challenges in evidencing impact and influencing investment decisions.

There was strong interest in follow-up activity, particularly focused on measuring prevention and wellbeing in ways that can inform local and national policy.

1. Determination to go further in changing policy and practice

Participants expressed a strong sense that change is both necessary and possible.

"There's always an opportunity to do things differently despite the acute reactive way we are delivering day to day"

"The job is far from finished"

"We need to completely change the model of local and national public health"

"Radical change is needed to the structures but the will to help is already there"

"We need to stop saying we need more investment and develop a clear route map for what we will do differently"

2. Leadership, relationships, and collaborative working

Participants valued the power of relationships and connections, alongside courageous and collaborative leadership.

The need to be brave, challenge the big beast that will try to thwart any progress and how glacial change actually is"

"Encouragement to lead with a more radical mindset, to challenge conventional approaches and think more boldly about service redesign and how we can support people better"

"Utilising the community's readiness to be altruistic and just approaching things in a flexible, non-traditional model can made a drastic difference for very little money"

"Funding aside, integrative working relies upon partnership working, collaboration, creativity and a willingness to try innovative approaches to 'test' what works"

3. Learning together across Scotland

Delegates welcomed the opportunity to learn together, recognising the value of collective action when facing shared challenges across Scotland.

"The event provided a valuable opportunity to connect with colleagues from other HSCPs who are working on similar challenges. These exchanges helped surface shared experiences and innovative approaches that could benefit local service development. Extending the time would not only enhance learning but also strengthen these cross-partnership connections"

"Support and education are required for practitioners and leaders within the third sector to be actively involved in delivering integrated and collaborative support"

"Good to hear what other areas are doing and consider how they might apply to our context"

"The need to keep collaborating and finding new ways to work together to improve outcomes for people while empowering them"

4. Prevention, early intervention, and measuring impact

The event placed a strong focus on prevention and early intervention, alongside the challenges of measuring impact and evidencing value.

"The policy landscape in Scotland is positive but needs to be backed up by investment in prevention and early intervention, accountability for local action, more meaningful national metrics, and some de-cluttering of national agencies"

"Measurement of prevention and measuring impact seems to be an ongoing issue internationally"

"There are models and approaches to make stories into data for measuring impact"

"Will discuss with senior staff in my area how and what we measure, as this seems to be a difficulty throughout the process"

"Would be good to follow up the event with a roundtable discussion on measuring prevention, to influence Scottish Government and support the development of a measurement framework for the three new strategy documents"

"Support and education are required for practitioners and leaders within the third sector to be actively involved in delivering integrated and collaborative support"

"Good to hear what other areas are doing and consider how they might apply to our context"

"The need to keep collaborating and finding new ways to work together to improve outcomes for people while empowering them"

Conclusion

The Power of Us demonstrated both the progress made in Scotland's integration journey and the scale of the challenge ahead.

The event reinforced the need to focus not only on structures and strategies, but on cultures and leadership, power and relationships. Participants were clear that sustainable change will depend on deeper partnership with communities, better alignment of resources with need, and leadership that creates space for learning and collaboration.

The task now is to carry these insights forward into practice, policy and future programmes of learning.

Thank You to Our Conference Partners

The conference would not have been possible without the generous support of our partners, contributors and participants. Their commitment to learning, collaboration and community-centred care continues to strengthen integrated care in Scotland.

Conference Partners

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Workshop Sponsors

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Appendix A Speaker and Contributor Biographies

Anne Hendry
Director
IFIC Scotland

Anne Hendry leads IFIC Scotland's work to support integrated, person-centred health and social care. She brings extensive experience in system leadership, partnership working, and improvement, with a strong focus on community-based approaches and health equity.

Áine Carroll
Chair
International Foundation for Integrated Care (IFIC)

Áine Carroll chairs the International Foundation for Integrated Care and is internationally recognised for her leadership in large-scale health system improvement and integrated care reform.

Ron Culley
Chief Executive Officer
Quarriers

Ron Culley is CEO of Quarriers, a social care charity supporting people across Scotland. His work focuses on inclusive services, community connection, and partnership with public and third sector organisations.

Connie Hendry
Social Care Resilience and Response Lead
Scottish Government

Connie Hendry leads work within the Scottish Government to strengthen workforce resilience, response and capability across Scotland's social care system.

Niamh Lennox-Chhugani
Chief Executive
International Foundation for Integrated Care (IFIC)

Niamh Lennox-Chhugani leads the International Foundation for Integrated Care, bringing more than 30 years of experience in healthcare transformation, system leadership and international collaboration to advance integrated care globally.and leadership across health and social care systems.

Fiona Lyne
Director of Communications
International Foundation for Integrated Care (IFIC)

Fiona Lyne leads communications and conference strategy at IFIC. She has extensive experience in integrated care policy, international partnerships, and knowledge exchange.

Tim Eltringham
Chief Officer
South Ayrshire Health and Social Care Partnership

Tim Eltringham is Chief Officer of South Ayrshire HSCP, with responsibility for the strategic leadership and delivery of integrated health and social care services across the partnership.

Helen Howson
Director
Bevan Commission Wales

Helen Howson directs the Bevan Commission in Wales, supporting innovation, leadership and policy development to improve health and care systems.

Andrew Laird

Chief Executive and Co Founder

Mutual Ventures

Andrew Laird is Chief Executive and co-founder of Mutual Ventures, where he works with public service leaders to design and implement innovative approaches to system reform and place-based transformation.

Marianne McCallum

GP

Deep End Scotland; University of Glasgow

Dr Marianne McCallum is a GP working in Deep End practices and is affiliated with the University of Glasgow. Her work focuses on health inequalities, primary care in deprived communities, and proportionate universalism.

Billy McLean

Chief Officer

Renfrewshire HSCP

Billy McLean leads Renfrewshire HSCP, overseeing integrated health and social care services and championing community-centred approaches that strengthen prevention, partnership and local leadership.

Robin Miller

Professor of Collaborative Learning in Health & Social Care

University of Birmingham

Robin Miller is Professor of Collaborative Care at the University of Birmingham. His research focuses on integrated care, partnership working, and leadership across health and social care systems.

Margaret Moncrieff

Lived Experience Representative

South Lanarkshire Integration Joint Board

Margaret Moncrieff is a lived experience representative on South Lanarkshire IJB. She brings a strong focus on equality, partnership, and meaningful involvement in decision-making.

Sara Redmond

Chief Officer (Development)

Health and Social Care Alliance (Scotland)

Sara Redmond leads strategic development at the Health and Social Care Alliance Scotland, working to ensure the voices of people with lived experience influence policy, practice and service design.

Katherine Ross

Senior Health and Social Care Integration Lead

NHS National Services Scotland

Katherine Ross works with national partners across Scotland to support the integration of health and social care, helping align policy, data and improvement initiatives across the system.

James Taylor

Head of Division, School of Health and Life Sciences

University of the West of Scotland

James Taylor leads the School of Health and Life Sciences at the University of the West of Scotland, supporting education, research and workforce development across health, social care and wellbeing.

International Foundation for Integrated Care
IFIC Scotland

About IFIC Scotland

IFIC Scotland is based within the International Centre for Integrated Care and is a country hub of the International Foundation for Integrated Care (IFIC). IFIC is a global community of academics, policy makers, people with lived experience, professionals, managers and organisations involved in implementing people-centred integrated care.

IFIC Scotland convenes a country-wide network of partners who support 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.

IFIC Scotland's network of partners operates across disciplines and care settings. It includes national and local partners from health, social care, the third sector, housing, policy, delivery and academic sectors. Through a strategic partnership with the Health and Social Care Alliance Scotland (The ALLIANCE), IFIC Scotland also engages people with lived experience from across Scotland.

Find out more about IFIC Scotland's partners, work and resources at:
integratedcarefoundation.org/ific-scotland

To receive updates on events and activity, contact:
IFICScotland@integratedcarefoundation.org

The network engages with IFIC's global integrated care community to:

Connect
Facilitate knowledge exchange on people-centred integrated care and population health, translating international examples into the Scottish context and practice.

Inform
Create and curate knowledge on people-centred integrated care and population health and offer analysis and advocacy on related policy areas.

Inspire
Mobilise experts from different sectors to advise and support implementation of people-centred integrated care and to undertake independent academic evaluation of policy impact and outcomes.

Enable
Deliver inclusive and accessible learning and development opportunities to build skills and capabilities across disciplines and sectors, and to create a culture of person-centred, relational practice that improves health and wellbeing outcomes and supports health equity.

Empower
Promote a human rights-based, non-discriminatory participatory ethos that values and learns from experts by experience and views all partners as equals.

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