



Senior Leadership Community Event 2026

WELCOME

systems
leaders in Health, Social Care and Social Work.

Today's objectives:

- Strengthen leadership collaboration across Social Care, Social Work, Health, government and related sectors.
- Provide a safe, trusted space for senior leaders to come together, reflect, share learning, problem-solve and support one another.
- Surface and learn from real examples of system leadership aligned with Population Health, Public Services Reform and Health & Social Care Service Renewal ambitions.
- Enable collaborative thinking, experimentation and shared learning on complex system challenges.
- Shape the future direction, purpose and next steps for the Senior Leadership Community.

Today's agenda:

| | |
|--------|---|
| | |
| 10 .00 | Introduction from event hosts |
| 10.25 | Showcasing practice |
| 11.25 | Table conversations |
| 12.15 | Preparation for panel |
| 12.40 | Lunch and networking |
| 13.30 | Leadership Panel |
| 14.15 | Future of the Senior Leadership Community |
| 14.45 | Reflections |
| 15.00 | Close and post event social |

Introduction from our co-hosts...



Pippa Milne
Chief Executive
Argyll & Bute Council



Christine McLaughlin
Chief Operating Officer &
Deputy Chief Executive, NHS
Scotland



As we implement the 2025 strategic frameworks, how can we work together differently to deliver these ambitions, learning from previous reform efforts such as Christie, Feely and the NCS?

Where are we already working in the ways we need to, and what can these examples teach us?”

How might stepping out of your usual lane help move our shared ambitions forward?

A provocation from one of
our alumni volunteers...

Andrew Thomson
Chief Executive
Carr Gomm



Showcasing Practice

How public sector collaboration has enabled Values Based Health and Care service transformation

NHS Forth Valley

Value Based Health and Care



**VALUE BASED
HEALTH & CARE**

Becoming a Population Health Organisation



Population Health and Care Strategy



2025 - 2035
Summary

VBH&C

- In NHS Forth Valley we want to ensure that all decisions and actions are important, useful and beneficial – to the patient and to the wider population – and that we stop or prevent those which are not.
- Aim is to get the best possible value from the resources available
- Outcomes (value or benefits; PREMS, PROMS, WREMS, system,) focussed against resource used.
- Key themes – personal value, stewardship, waste, variation, demand optimisation, assessing value

Leadership

- Key leadership themes in VBH&C Implementation:
 - Empowering individual teams to transform
 - Stewardship
 - Tools for success
 - Aligning support resource to organisational priorities
 - Use of Collaborative
 - Celebrate the successes, but no failure

Transforming Children's Communication Support in Forth Valley

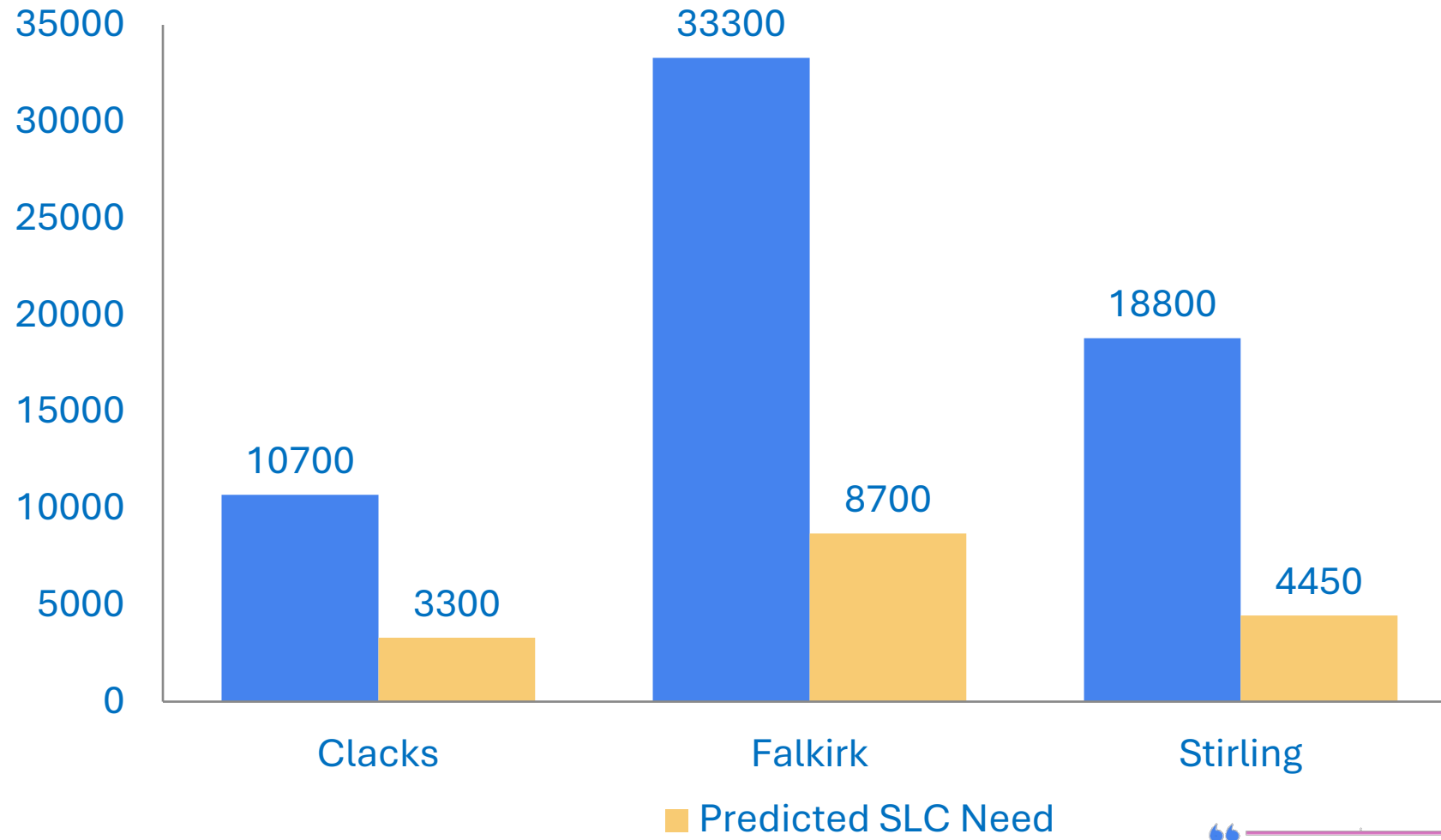
Prevention • Partnership • Value
Based Care

Louisa McGuire
Coordinator
Children's Speech and Language Therapy
NHS Forth Valley

NHS Forth Valley
Children's
Speech & Language
Therapy

- [Forth Valley Childrens speech_complete_2 Final.mp4 - Google Drive](#)

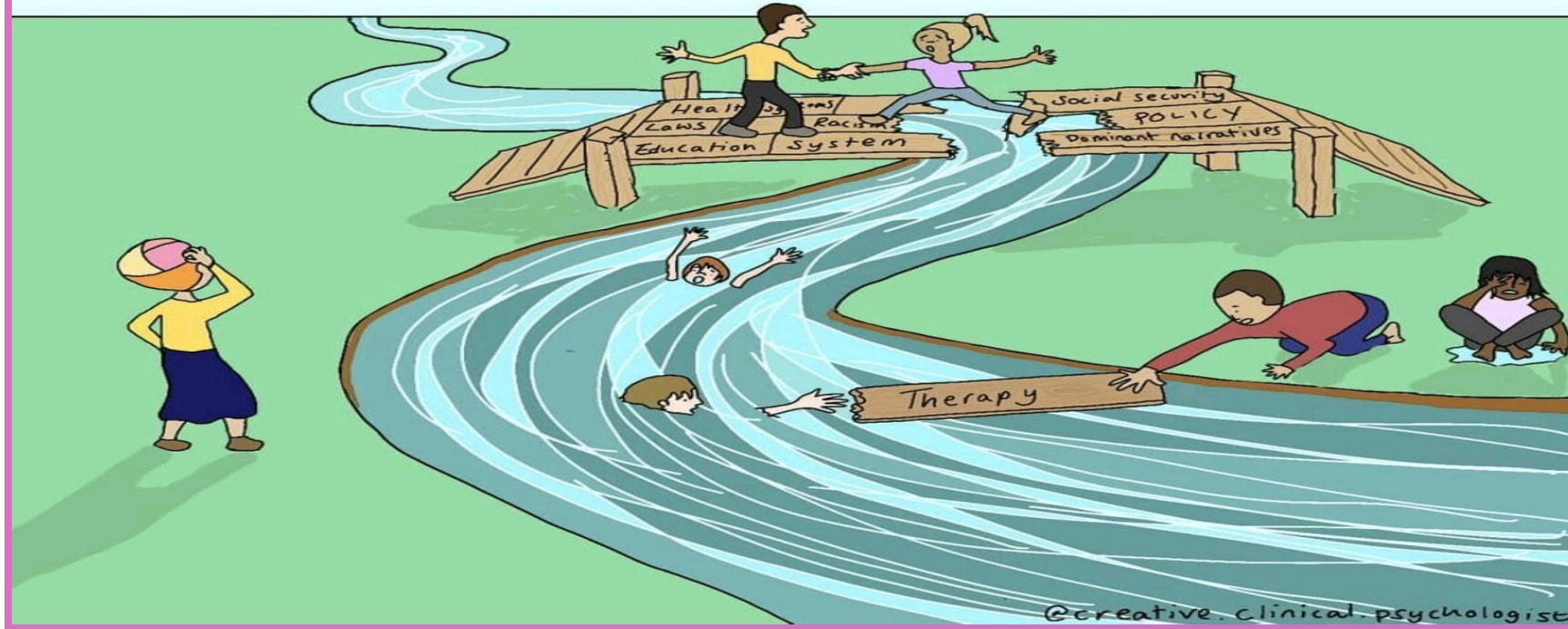
Why change was needed



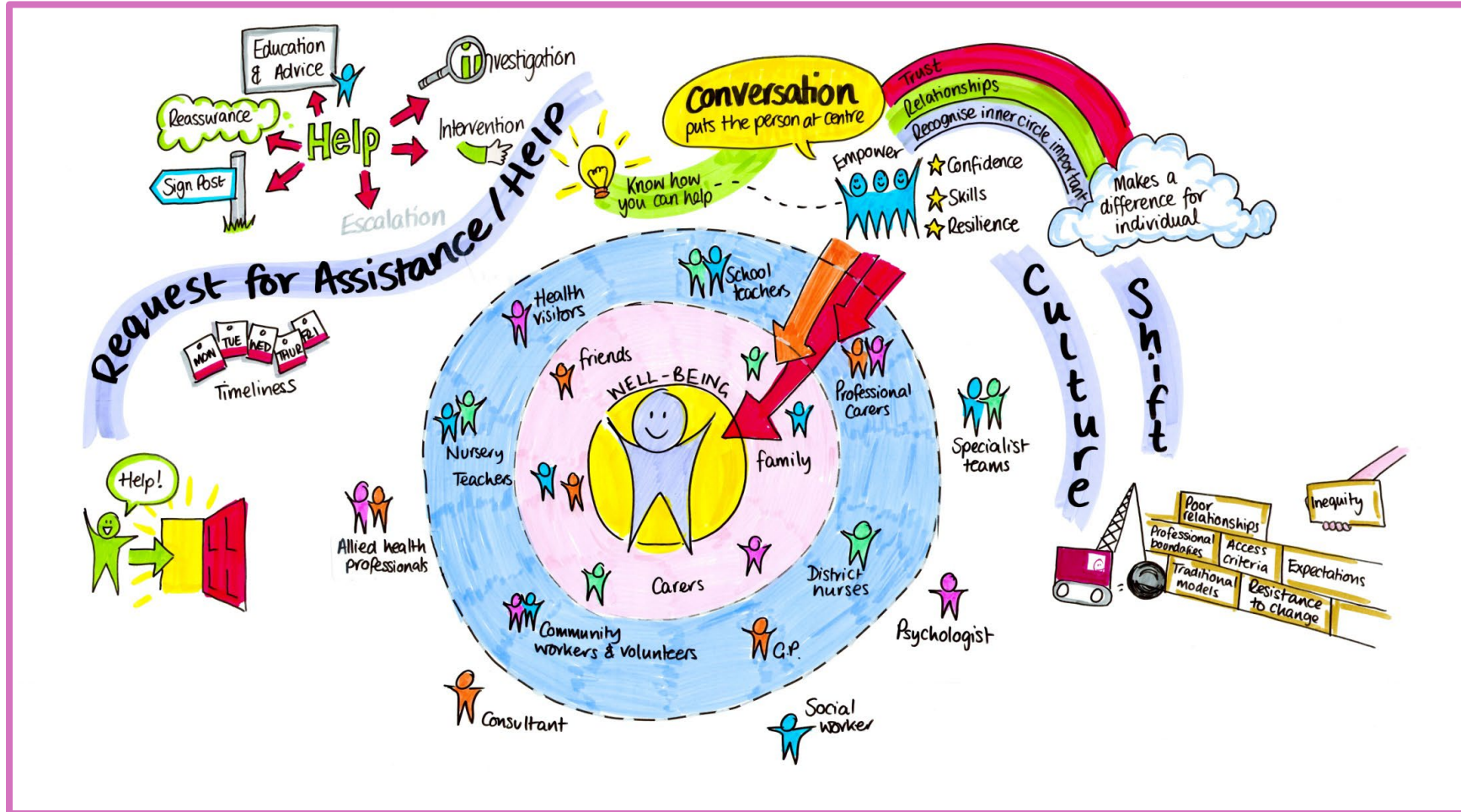
NHS Forth Valley
Children's
Speech & Language
Therapy

What we did: the bold redesign

There comes a point where we need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in. (Desmond Tutu)



What we did: the bold redesign



What we did: the bold redesign

Shifted from
clinic-based model
with focus on
individualised care to
an embedded,
universal, preventative,
relationship-centred
approach



Layla's Story

- **Accessible:**
support offered in safe, familiar place
- **Relational:**
trust building, relation-centred approach
- **Empowered:**
Strengthen capacity

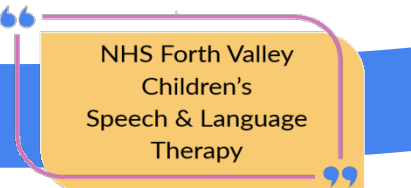


How the model reflects Public Health in action

This model delivers the *Population Health and Care Strategy 2025–2035* priorities:

- **Prevention first**
- **Community first**
- **People first**
- **Reducing inequalities**

3,500 children reached this year through targeted conversations + individualised support.

A yellow rectangular box with rounded corners and a purple border, containing text. It is positioned at the bottom right of the slide, partially overlapping a blue decorative bar. The text inside the box is in a dark blue font.

NHS Forth Valley
Children's
Speech & Language
Therapy

How the model exemplifies Value Based Health & Care

Outcome-focused & person-centred

- Parent and partner satisfaction extremely high:

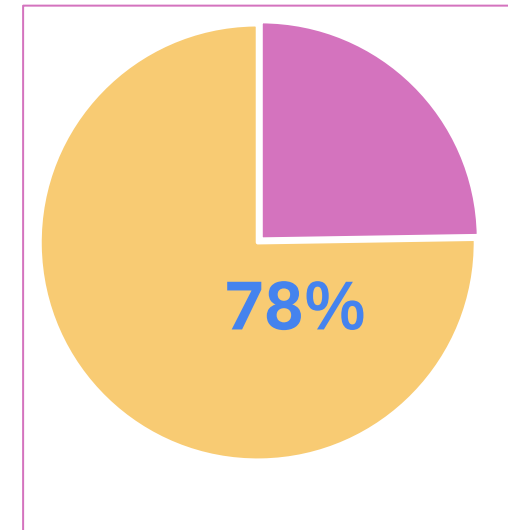


Reduce unwarranted variation

- 89 settings now recognised for communication-friendly environments.

Sustainable use of resources

- **78%** of early help conversations resolved without individualised intervention.
- **16% reduction** in children requiring individualised support.



Whole-system stewardship

NHS Forth Valley
Children's
Speech & Language
Therapy

Impact: measurable improvements

Access & Waiting Times

- **97%** of children seen within 12 weeks — lowest in Scotland.
- **38%** receive support within 1 week.

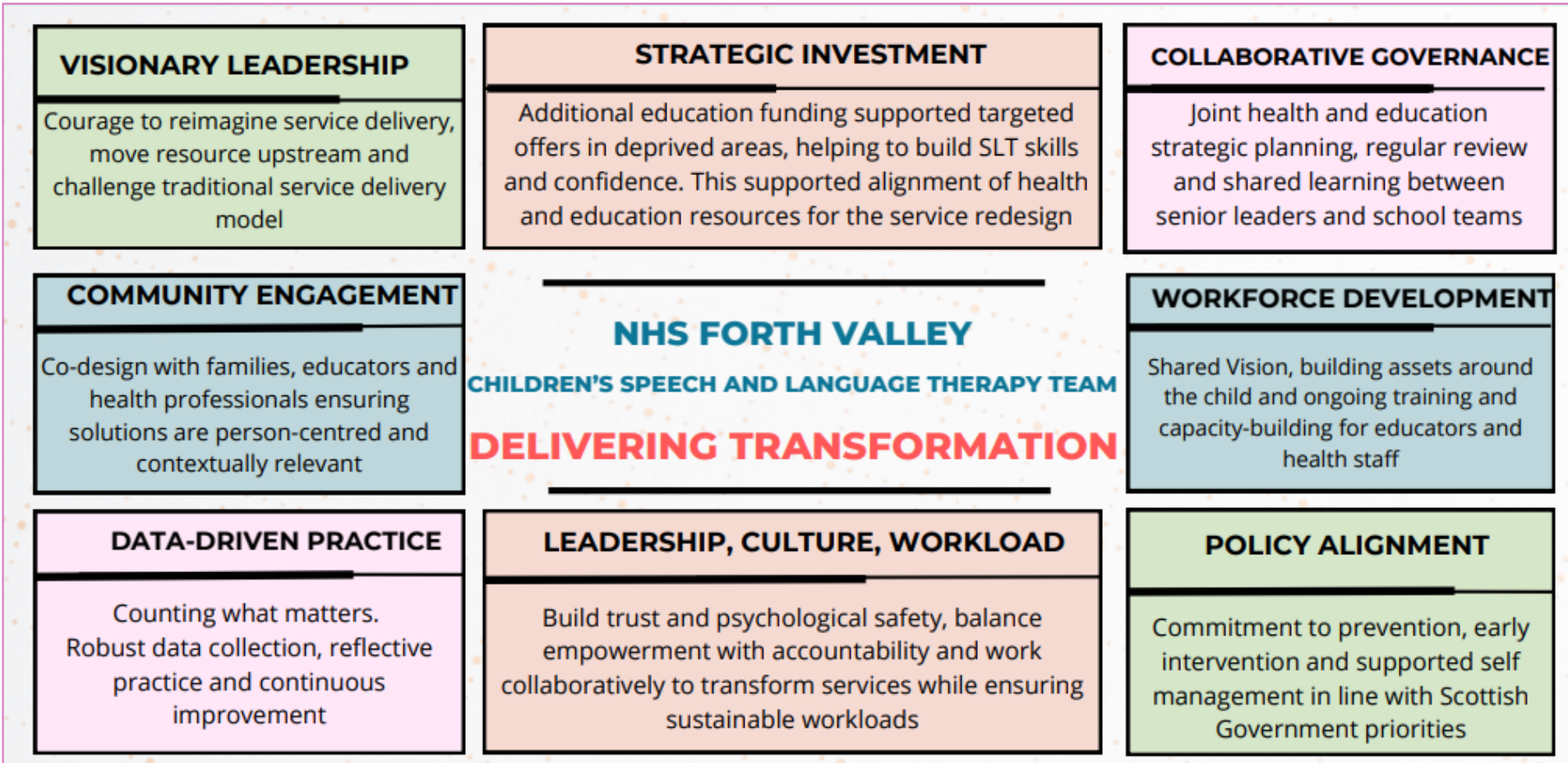
Capacity Building

- **363** training sessions, **3,421** participants, significant increase in knowledge and confidence self rating

Early Intervention Success

- **1712 early help conversations**; most resolved with reassurance + strategies.

What made transformation possible



Shaping national direction



NHS Forth Valley
Children's
Speech & Language
Therapy


Find out more

Louisa McGuire

Coordinator

Children's Speech and Language Therapy

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Children's
Speech & Language
Therapy

The 'Dietetic Review'

Leading collaborative change to improve access,
outcomes and workforce resilience

NHS Forth Valley
Nutrition and Dietetics



The Approach

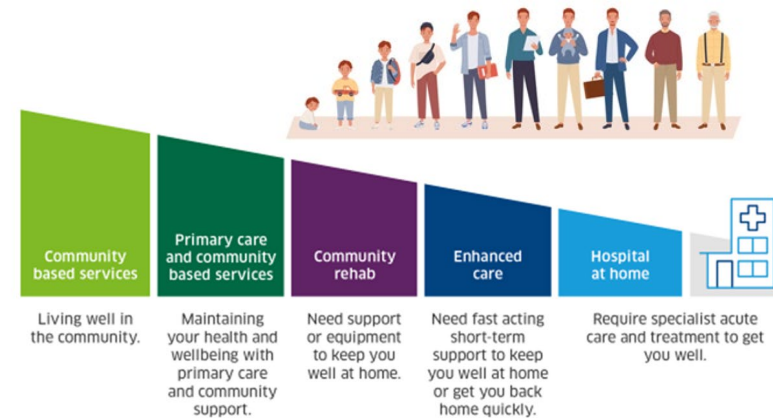
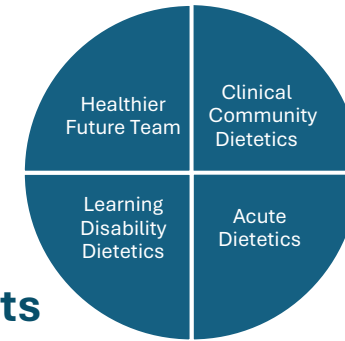


- All staff at all levels

- 4 whole profession events

- 7 staff led workstreams

- 14 improvement projects



An Example: Adult Weight Management Service



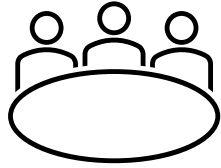
Information services predicted that by December 2024 with no change (based on previous 12months DCAQ);
Individuals awaiting AWM support = 1250 patients
Waiting over 1 year = 40%
Longest wait 105 weeks

Patient Feedback 🙄

- Low satisfaction
- Difficult to access
- Wait impacting motivation
- Want choice
- Want the best chance

Data informed but staff led enquiry

- Used available data to inform discussion
- Got all staff at all levels involved in discovering route causes
- Held multiple mapping sessions to encourage curiosity
- Let staff lead the change with weekly support huddles to maintain momentum



Introduced key innovation of ‘Information Sessions’

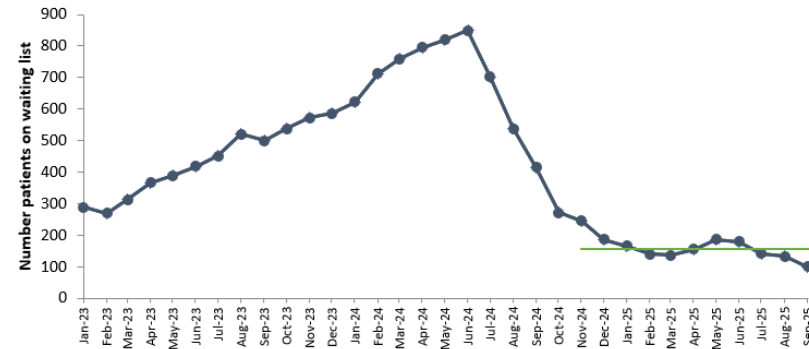
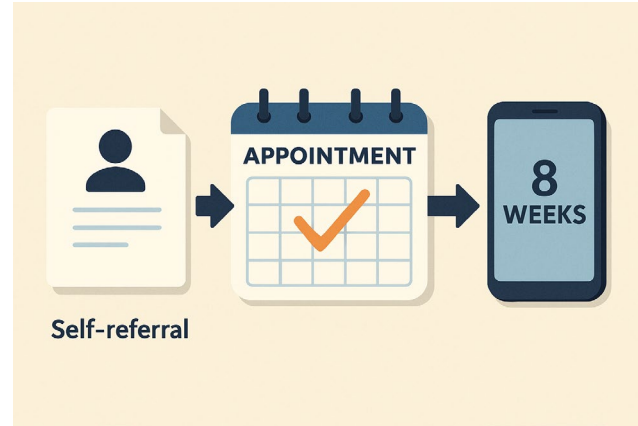
- **Set realistic expectations**
- **Provide reassurance and signposting** to both local and national resources including physical activity, wellbeing and supportive self-management for diet and lifestyle changes .
- **Support informed decision making** on treatment options, helping patients choose the most appropriate intervention for their needs (if still needed!).



Expanded access to digital options

- **Flexible app options and online group sessions** for patients ready and able to engage remotely
- Evaluated as having **equal outcomes to local delivery**
- **Supported equity** by providing flexible options to suit individual circumstances
- Enabled the team to **focus local, in-person resources on those with the greatest need**
- **A more sustainable model of care** which mitigates against unplanned leave and staff vacancy

What did it mean for patients?

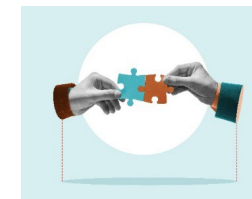
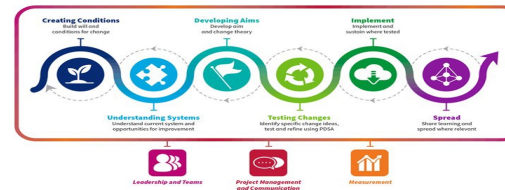
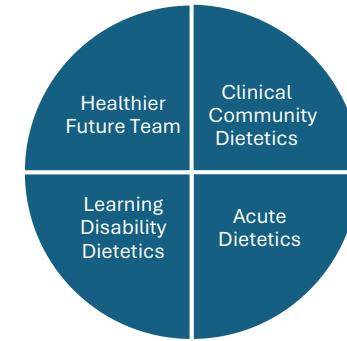


- **Improved Self-Management:** ~35% choose to self-manage after information session
- **Empowered Choice:** Patients report feeling better informed and more confident
- **Better Retention:** 12-week group retention improved from ~60% to ~85%
- **Weight Loss Outcomes:** Early evidence of improved outcomes
- **Staff benefits:** Reduced staff stress and feeling empowered to make change
- **Tackling inequalities:** We now have capacity to scope & deliver targeted support

As a whole service, where are we now?

One year on from the 'Dietetic Review' ending

- Waiting times have improved across the service
- Lasting relational benefit with staff across acute and community working together
- Staff report an inclusive and more cohesive work environment
- Quality improvement is imbedded within job plans and 'normal'
- Our students now spend time with our local QI team and lead on projects with us
- Data is 'everyone's business' and we look at outcomes and value together
- The team's learning and innovation is being spread nationally



What next for Forth Valley Dietetics?

Embed ongoing pathway review across the service

Bringing together acute, community and public health colleagues to strengthen end-to-end pathways (e.g. frailty: hospital → community → prevention) and involving key partners including 3rd sector

Protect time for improvement and learning

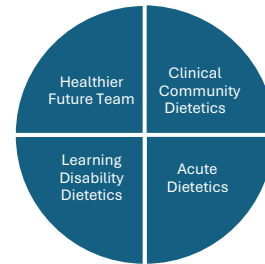
Continue to formally support project work and associated learning within job plans to sustain momentum and capability.

Use impact data to sharpen our focus

Review outcomes and impact data to understand where dietetics adds greatest value, where to prioritise effort and how we can best support population health

Strengthen relational working through shadowing

Develop a structured shadowing framework enabling staff to spend time across teams and settings, building relationships, revealing gaps and improving pathway design.



Thank you for listening

Fiona Struthers
AHP Coordinator
FV Nutrition and Dietetics

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Showcasing Practice

From Cataclysm to Catalysis: A Leadership Playbook for Cross Sector Collaboration to Deliver the Strategic Frameworks for Health and Social Care

Karen Hedge – Deputy Chief Executive, Scottish Care

Table Conversations

- What is the individual and collective leadership that enables this whole system, collaborative work to thrive?
- How can we strengthen and scale whole system, collaborative ways of working across our system?
 - What examples already show us working differently in your local system?
 - What opportunities and conversations will help us progress this further?
- How might the learning, leadership themes and collaborative practices surfaced in the examples inspire your thinking & leadership practice?
- Who will you connect with today and beyond today to help you step out of your lane?



Questions for Leadership Panel



- Each table to agree on two questions for our leadership panel
- Write your questions on the large post it notes provided – one question per post it.



Senior Leadership Community Event 2026

Lunch break

systems
leaders in Health, Social Care and Social Work.

Leadership Panel

- Karen Hedge, Deputy Chief Executive, Scottish Care
- Ross McGuffie, Chief Executive, NHS Forth Valley
- Christine McLaughlin, Chief Operating Officer & Deputy Chief Executive, NHS Scotland
- Pippa Milne, Chief Executive, Argyll and Bute Council.

Hosted by:

- Katherine Ross, Snr H&SC Integration Lead (NSS) ALS Cohort one and
- Gail Woodcock Chief Officer(Falkirk HSCP) DSSL Cohort one



Future of our Senior Leadership Community

Convening a Senior Leader Community – What matters? You told us...

1. Thinking together & collaborating on 'real work' complex challenges to make a difference to the system & influence direction of travel in these challenging times;
2. Accessing safe learning & thinking space to share knowledge & learning, problem solve on shared challenges; and
3. Developing networks – across wide range of sectors, including broader public services.

Different views on purpose – singular or multi faceted?

“Are we influencing policy & change or building a network or both?”

Convening a Senior Leader Community – What matters – you told us...

- ▶ Creating a specific kind of learning / conversational space matters
 - ▶ Safe, fun, experimental, collaborative. Somewhere you can bring issues, topics, themes. How to keep learning and practising post programmes? This can be a development opportunity for some.
- ▶ Widening, developing networks is key depending on where you are in the system – opportunity to connect, understand perspectives.
- ▶ A proactive contribution to make Scotland better “*real work that helps your work, discuss & collaborate on 2nd & 3rd horizon work*”
- ▶ Developing self and developing future leaders – sharing knowledge, learning and connections.
- ▶ The ‘loneliness’ of leadership at this level and the importance of attending to wellbeing.

Future of our Senior Leadership Community...

- What do you hope to see happen next for this community?
- What do you have appetite and energy to contribute to?

Exercise instructions:

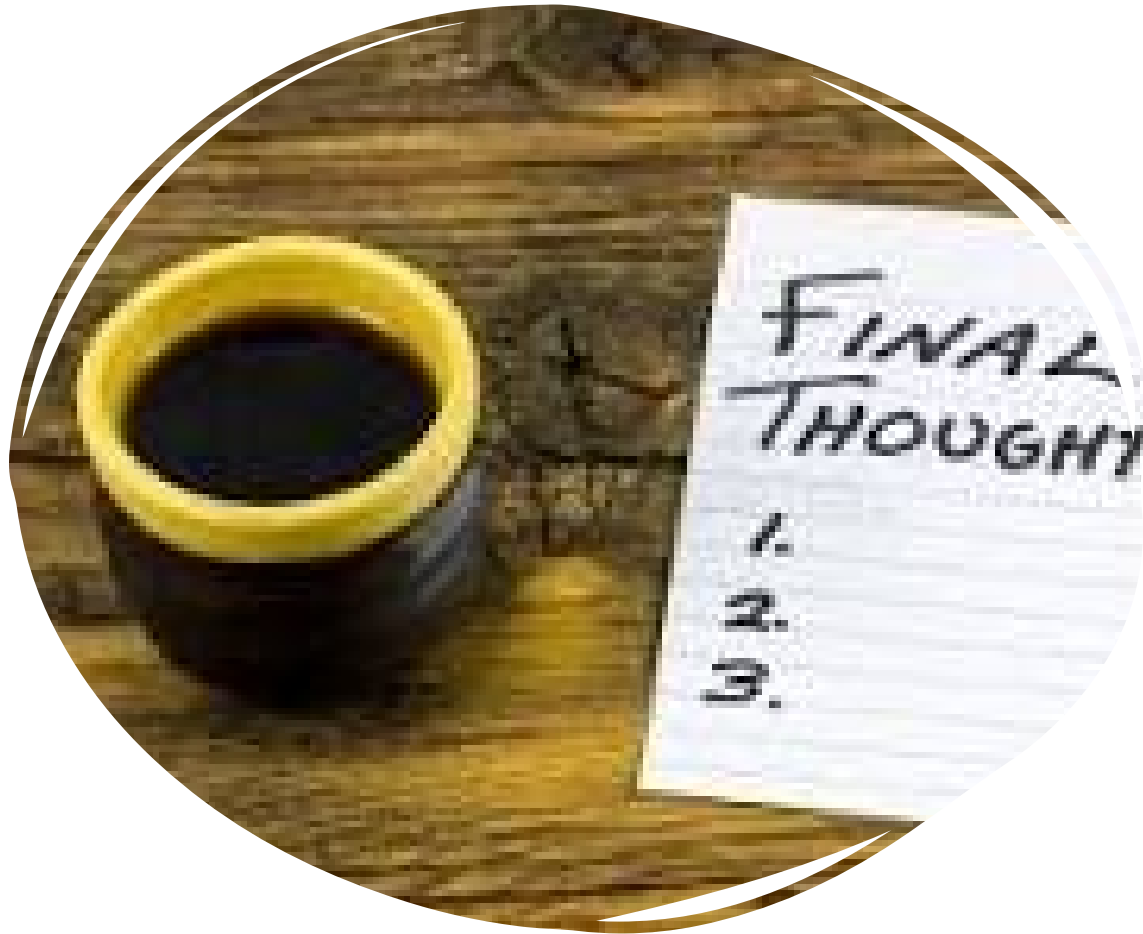
1. Discuss in pairs
2. Join with another pair and share and discuss (group of 4)
3. Join with another group (group of 8)

Go to a blue board and use post its to add in your collective ideas

Dates for your Diary...

- Applications for cohorts six & seven of Adaptive Learning Sets for Senior Systems Leaders are **open until 5pm on 1st May** – flyer in your folder.
- Join our Masterclass with Megan Reitz on Spaciousness in Leadership on **24th March 12.30pm-2pm.**
- Leading Anti Racism Practice in Health and Social Care- **30th March 2pm-3.30pm.**





Insights & final thoughts

From our co-hosts and
alumni volunteers

Continue to connect...



Join us at:

- Brewdog, 5 New Street
- Close to Waverley Station



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Thank you for joining us!

Systems
leaders in Health, Social Care and Social Work.