New Needs, New Challenges, New Reality

How the Improvement Hub is supporting the health and social care system through the COVID-19 pandemic and beyond

Developing a Learning System

To address the key challenges presented by COVID-19, the Scottish Health and Social Care system has been innovating at an unprecedented pace and scale. There has been a need to make changes in response to increased health and social care needs of people due to COVID-19 and related restrictions. Furthermore, all services have been forced to adapt to a new environment of social distancing and changed priorities.

We are developing a systematic approach to understanding what was gained from these changes to ensure that we sustain and build on what was achieved. It is important to be able to learn from current practice to inform ongoing changes being made, including where there have been negative unintended consequences such as widening inequalities. In the longer term there are lessons to be learnt on how systemic changes can be made to support and enhance new ways of working that have emerged during this time.

Through our networks we are observing approaches which potentially lend themselves to better outcomes for the population, done with collaborative and compassionate leadership and community engagement.

This contributes to our work developing and sharing learning from these observations through a range of evidence and evaluation approaches – to be able to support the planning and development of services to better meet the needs of the population and reduce inequality.

The learning system focuses on three, interconnected areas of commissioning, community responses and emerging service needs. The system is underpinned by a ‘Four Stages’ model and incorporate theories of human centred learning in complexity.
The Stages

The Improvement Hub are shaping work related to COVID-19 around a model on how systems are likely to act and evolve in response to the COVID-19 pandemic.

We want to be able to support the health and social care system planning and commissioning throughout all of these stages. Our objectives and activities focus on how we can learn from what is happening locally and use this to feedback locally across Scotland, as well as look more systematically what we can learn for long term improvement.

**Crisis Response**
- The initial reaction to COVID-19

**Adaptation**
- Adapting to the crisis
- New processes are routine and there is improvement of services that respond to COVID-19
- Reactivating services placed on hold under crisis response but within context of COVID-19
- Identification, design and implementation of new services to respond to emerging gaps/needs

**Transition**
- Coming out of the crisis
- Actions to mitigate the longer term negative impacts of COVID-19
- Sustaining and building on the positive innovations that have value beyond COVID-19
- Stopping and/or redesigning services developed for COVID-19

**The New Reality**
- Learning from the crisis
- A 'New Reality' of practice in health and social care emerges, based on learning from the COVID-19 period

Developed from an initial concept by Outside the Box

Healthcare Improvement Scotland
Our Approach

We want to capture learning on both **what** was done and **how** it was done.

**Testing, evaluating, sharing**
Throughout the whole piece we want to develop:
- Rapid cycles of testing and adaptation of new processes
- Approaches for capturing and evaluating innovations at pace including assessing for inequalities issues
- Approaches to sharing innovations at pace and scale

**Understanding and adapting**
As services start to adapt we will support:
- Understanding the potential/actual negative impacts and developing evidence informed mitigations
- Testing mitigation actions, learning and adapting

**Assessing and sustaining**
Coming out of the crisis we will support:
- Identifying the positive innovations relevant post COVID-19
- Identifying the changes/innovations which need to stop as not useful post COVID-19 (both services and behaviours)

Throughout the whole piece we will be:
- Capturing learning about what went well and why, what didn’t go so well and why and from this identify generalizable learning for the future management of pandemics or crisis as well as generalizable learning for improvement and innovation work

**Long term improvement**
Our Support

Community models and enabling factors for integration
Portfolio Lead for People Led Care

This is looking at how community models such as neighbourhood care and community led support have adapted to COVID-19, and where new models of community collaboration are able to support person led models of care.

Emerging Community service needs in integration
Portfolio Lead for Place Home and Housing

This is looking at how communities such as those with multiple and complex needs, those experiencing homelessness or needing extra support via housing services are experiencing the service changes from COVID-19. The team has been identifying and capturing, with stakeholders, where innovation that meets the needs of these populations is happening and supporting spread of these.

Connecting to the (approved) application of Commissioning Guidance to also include HIS published Good Practice Guide to Strategic Planning
Portfolio Lead for Strategic Planning

This is capturing the application of both approaches to strategic planning (how new services were planned and implemented) and commissioning guidance for voluntary and community services has been applied in practice. The focus is on where there appears to be application which supports people’s outcomes and meet the aspirations of people led policy panel and others.

Synthesising published learning in relation to new integration models
Evidence and Evaluation for Improvement Team Lead

This is using the skills and competencies of the EEVIT team to support the above workstreams with appropriate and proportionate approaches to capturing the relevant learning.
Developing and using insights

**Insight gathering**

Noticing and gathering

- Horizon scanning of emerging practice and review of published literature
- Working with the system to identify and capture emerging practice
- Formal and informal conversations with stakeholders

Activities across different thematic workstreams working with stakeholders to notice emerging practice and gather this information together.

**Sense making**

Turning information into knowledge

- Drawing out generalisable themes
- Understanding system enablers
- Identifying key cultural and behavioural conditions

From the insight gathering—working with stakeholders to bring together the wide range of information from various sources. This will be done through sharing and discussing findings, larger discussion events and ongoing relationships.

**Supporting improvement**

Turning knowledge into action

- Using insights and the deeper understanding of how improvements have been made in response to COVID-19 nationally to inform local practice
- Working with local stakeholders to understand local context and explore how learning and insights can be applied
- Co-producing tools and resources to support implementation of improvements, informed by experience and analysis of emerging practice responding to COVID-19 related challenges and needs

**Quality management**

Contributing to quality

- Planning for quality
- Quality improvement
- Learning informing quality

Planning is informed by emerging practice, a new understanding of system dynamics and a greater awareness of available assets.

Insights and sense making drives improvement – including culture and behavior change.

Internal lessons and the shared experience of the learning system can support ongoing feedback.

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