COVID-19: Health and Social Care Learning in Scotland

Healthcare Improvement Scotland | ihub Enabling health and social care improvement

Our approach

We developed our learning system as a way to understand how the health and social care system in Scotland has responded to COVID-19 and to identify key learning for the future.

Through our close relationships with a wide range of stakeholders in the system we listened to their experiences, collected examples how the system was adapting to COVID-19 and developed insights around enabling behaviours. This was added to and given context by literature searches and insights being shared on social media.

We then shared our findings with stakeholders to sense check through online discussions and webinars.

Core message

The COVID-19 pandemic caused uncertainty about the impact of the virus and related public health measures. In this context, the health and social care system has developed ways to be **flexible** and **responsive** to people's diverse and **emerging needs**. Key lessons have emerged around what has enabled this change, along with reflections from our stakeholders around how this can be sustained.

This overview provides a summary of some of our key learning about what has **enabled good practice** during the pandemic.

25 insight case studies **14** insights from publications **3** webinars **3** opinion pieces **1** podcast

Key themes

Trusting relationships

Trusting relationships have underpinned the development of flexible and responsive approaches to challenges related to COVID-19 that often centred around collaboration across sectors. Trust is important **between organisations**, for example health and social care partnerships (HSCP) and service providers, and also **within organisations**, such as trusting and empowering operational staff to make decisions. By trusting community organisations and taking a light touch approach, funders and HSCPs enabled them to expand into providing support where there was a new and immediate need. Similarly, practitioners have been trusted to develop new practices to meet identified needs.

Within both of these contexts, it is vital to **create the conditions** in which people feel safe to act autonomously and are capable of doing what is needed. Giving greater responsibility to operational areas enables innovation and agility, especially in rapidly changing situations where people's needs are also changing.

Build trust

Support trusting relationships between HSCPs and local partners with an emphasis on creating an environment for collaboration.

In cases where there were existing trusting relationships, there was an effective response - those delivering support were able to quickly redesign their services and reorient their resources.

Key example:
Carr Gomm and and the Community Brokerage Network developing new supports - enabled by longstanding, trusting relationships.

Share values and language

Use values frameworks that set limits to flexibility while providing a structure around which people can make quick decisions to build trusting relationships - while ensuring the delivery of person-centred care.

Establish a common language and understanding of quality of care to enable trusting relationships.

Key example:
Highland Hospice and Highland Homcare using the Health and Social Care Standards as a pledge.

Work together

Support collaboration with a wide range of partners. This can enable senior managers to be confident that there are appropriate capabilities to realign services to emerging needs. Sharing risk among multi-agency operational staff can help build trust.

Partnership working at an operational level allows for greater peer support, allowing staff to feel more confident in making decisions.

Key example:
Dundee City HSCP 'Safe Zone' developed by staff seeing a gap in services for vulnerable people.

Key themes

The role of communities

Community groups have been key drivers of the COVID-19 response. Local responses can be more **sensitive to local need** as they focus on getting to know people and **enabling community connections** rather than delivering specific services. This means that emerging needs, such as food insecurity and social isolation, are identified and responded to quickly. Similarly, it is easier to address inequalities and support specific individual needs at a local, community level.

New and existing networks of small and large community-based organisations have been at the centre of many responses. This has highlighted the importance of **well developed communities**.

As a result, services and supports developed by the community are safe systems where individuals establish more connections with a wider range of people/organisations and so there are fewer 'gaps' for individuals to fall through.

Engage with the community sector

Support the development of new types of relationships with the community/third sector that are dynamic and sensitive to the capacity and values of the organisations.

Key example:
Kinning Park complex looking to be more involved in health and social care.

Invest in communities

Emphasise investing in communities rather than focussing on funding specific services. Enable funding arrangements based on outcomes guided by the needs of the community and supported by light touch reporting mechanisms while supporting groups to to build evaluation capacity.

Use community anchors, such as third sector interfaces, to funnel investment to communities to develop strong community connections and ensure that money is going to where it is needed.

Key example:
EVOC taking a role as community anchor in developing connections and distributing funding.

Govan Housing Association using existing links to develop a response.

Technology enabled services

The response to COVID-19 has led to a number of innovations and adaptations to services that could no longer be delivered in person. Platforms like Near Me within the NHS have provided access to video consultations. In addition to this, services have been providing videos and online information resources to people. Similarly, people across all settings have been using social media and messaging apps to increase their communication with people and offer opportunities for peer support.

This has supported **more frequent, light touch check-ins** and allowed for closer relationships and more flexible and responsive support. It has also **expanded the service offering** beyond face-to-face interactions. While many services may return to face-to-face delivery, learning suggests that a range of digital options could used in the future to **enhance in-person support**, or in some cases, services may continue to be delivered virtually in the future.

Support digital literacy and digital access

Recognise the extent of digital exclusion and the challenges in providing people with access to digital devices as well as giving people the skills to use them.

Understand the value of digital connectivity beyond accessing health services, such as connecting with friends, family and entertainment.

Key example:
Get Connected pilot supporting digital champions and providing people with digital devices.

Build digital capacity and infrastructure

Build the capacity of health and social care staff to provide digital services - not just the ability to use digital tools, but also to develop the right infrastructure to allow for digital innovation. Similarly, there needs to be support in understanding the legal and ethical frameworks around digital services.

Have open and informed conversations about the risks around digital services, such as data protection, to ensure that data is used effectively whilst also adhering to regulations.

Co-design future digital services with the people who will use them.

Key example:
Edinburgh Access Practice supported staff to use Near Me allowed for the continuation of services and created an opportunity for developing a multidisciplinary approach.

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