

Designing a culture of resilience:

Embedding innovation in health and social care integration in Scotland

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Background

As part of the work within the Digital Health and Care Institute Innovation Centre, which the Glasgow School of Art is a founding partner, our research has involved a number of collaborative sessions engaging with decision-makers, strategy teams and stakeholders in government, NHS, social care and the third sector. The focus of this work has explored a participatory design approach to inform strategy and policy design, in line with the strategic health and social care agenda in Scotland, towards empowering citizens and developing a person-centred and integrated health and social care (The Scottish Government, 2017). The key drivers of change towards a person-centred health and care include ensuring that what matters to people is at the heart of health and care services; and supporting people to manage their own health and wellbeing to live longer, healthier lives at home or in a community setting (The Scottish Government, 2015). Various strategies developed in line with this agenda focus on building resilience to be able to respond and adapt to the needs and pressures facing the modern health and social care system (The Scottish Government, 2016). There is a need to create the conditions for innovation to be fostered across organisations and institutions to inform policy and design of public services that will meet future needs within the real world of policy and practice. This necessitates the consideration of future integrated care within the context of economic, social, political and technological developments that are likely to impact on care delivery. As a result, there is a need to ensure that innovations in the context of integration are predicated on the principles of a permissive ‘culture of innovation’. A ‘culture of innovation’ would support the workforce and citizens of Scotland to build resilience beyond the systemic or technological level, which is required to address the current complexities. Our approach is underpinned by the need to develop innovations by placing interactions between people and their care providers at the core of designing services. Developing the ‘right’ conditions and principles to enable conversations that are centred on preferable care experiences and outcomes will contribute to the development of person-centred services for citizens of Scotland.

Methodology

A number of projects over the past three years focussed on involving citizens and frontline health and care professionals in co-designing services, products and technologies through creating the conditions to enable people with diverse backgrounds, experiences, knowledge and skills to have a voice and be part of the design process (French, Teal & Raman, 2016; Raman, French & Tulloch, 2017). More recent and ongoing work with senior decision-makers in the NHS, Scottish Government and the third sector further draws on the value of design in visualising complexity, providing strategic direction and roadmapping, and co-design of services, systems and pathways, to generate insights



“ A culture of innovation to support the workforce and citizens of Scotland to build resilience beyond the systemic or technological level, to address the current complexities. ”



that can be translated into tangible opportunities and actions for change. The aim is to create a safe and creative space to collaborate, share, test, iterate and reflect on emerging thinking and actions for designing new strategy or policy. Insights emerging from our previous work support the view that the complexities of health and social care context mean that a rational problem-solving approach to policy alone is inadequate. A design-led approach embraces complexity and uncertainty to imagine preferable futures and enable a new culture of decision-making and designing of public services (Christiansen and Bunt, 2014). With this in mind, we developed and iteratively prototyped design methods and tools such as a strategy canvas, vision map, stakeholder map and scenarios that facilitate sharing of knowledge and perspectives among the groups.

Findings

The findings from our design-led approach and wider engagement indicate that resilience in health and social care is not about the development of resilient systems, tools or digital technology; it means creating a culture of resilience. A culture of resilience will include: an empowered and permissive culture in the workforce at all levels by moving from a ‘control’ to ‘empower’ model; and a ‘culture of innovation’ that involves the workforce, citizens and other stakeholders in the co-design of services. While a shared budget offers a strategic commitment from decision-makers towards integrated health and social care services, it does not provide a clear roadmap of action for Integrated Joint Boards. More work is required to engage with frontline staff and citizens to co-create a vision for future of integrated care in Scotland, along with innovating new services, products and technology that enable this shift towards an person-centred care model. Co-design is critical in supporting this vision and requires an approach that is not ‘tokenistic’ but enables actionable changes and impact. Employing a participatory approach to policy design ensures that the lived experiences and aspirations of the workforce and citizens inform broader strategies and policies for the future. Engaging the workforce and citizens in the process also ensures that there is a better understanding and ownership of the strategies and goals informing action and enabling resilience on the ground towards shaping integrated health and social care services for Scotland.

Conclusion

Integration is a matter of design and requires a future-oriented and person-centred visioning rather than a problem-solving approach. We have provided an overview of the methodology and findings from our design-led approach

to creating a culture of innovation and resilience, and discussed the value of a participatory design approach in policy making and the design of future services, pathways and systems. We propose that resilience requires the development of the ‘right’ conditions, which support the workforce through providing a safe space to open the imagination, work with diversity, embrace new mindsets and explore approaches towards tackling the complexities of health and social care integration. We argue that this can be enabled through a design-led approach which engages the workforce and citizens in shaping the future of care through a participatory approach to policy design and the co-design of health and care services.

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