



# DiABETES SCOTLAND

**KNOW DIABETES. FIGHT IT.**

## Summary

Diabetes Scotland have been using a Human Learning Systems approach to systems change to collaborate with key stakeholders within Inverclyde on a community approach to tackling the complex issue of type 2 diabetes prevention. We have built positive relationships with organisations in Inverclyde to better understand the priorities of the locality and to learn how we can work collaboratively to create meaningful and lasting connections to improve the health and wellbeing of the local community.

## Inverclyde, Type 2 Diabetes Prevention: A Collaborative Approach

### | Overview and history

Diabetes Scotland (Diabetes UK) is the leading charity for people living with diabetes in the UK.

Diabetes Scotland recognises that type 2 diabetes cannot be prevented using current health systems, programmes, or medical models of care alone. It is a complex issue requiring a holistic approach and an understanding of the social determinants of health.

Looking to play a part in pioneering solutions to this challenge, Diabetes Scotland has been collaborating with Healthcare Improvement Scotland on adopting a Human Learning Systems approach to systems change. At the heart of this school of thought is the principle that public service exists to support human flourishing, and that thinking in systems - understanding things as connected and interdependent - leads to better outcomes for all.

What our team do:

The role of the Health Systems Engagement team within Diabetes Scotland is to understand, influence, and support the health system to improve outcomes and reduce variation in care for people with, and at risk of, diabetes.

We do this on a national level by working towards Diabetes UK's strategic objectives as well as Scotland's Diabetes Improvement Plan commitments.

We also work to enact change on a regional and local level, as needed, to promote equitable outcomes for all as well as to pilot ways of working to effect change in a meaningful and sustainable way.



## | HLS Approach

Do you use the language of ‘Human Learning Systems’ to describe your approach? If not, what other language do you use?

We have been using the language of Human Learning Systems internally to discuss the community-based work we have been carrying out in Inverclyde and the theory and practice of Human Learning Systems was presented at the in-person event we had in Inverclyde on October 2023. There is an appetite amongst some of those involved in our work to learn more about HLS but the current name for the group we are convening is a ‘Diabetes Prevention Collaborative’.

## | Human

What is ‘Human’ about how you work ?

When Diabetes Scotland began our Systems Change work, we were mindful that we did not want to go to an area with an “offer” or present that we wanted to “do” something to people in the area. We were keen to understand, learn and develop relationships and ensure that those living and working in Inverclyde were central to our work.

For our initial scoping exercise, we reached out to Your Voice Inverclyde and CVS Inverclyde, both third sector organisations based in Inverclyde who work with and support the local community and ensure they are involved in decision making and have a voice, something that is also very important to Diabetes Scotland. We were keen to understand what was currently happening, if anything, in the local community around type 2 diabetes prevention and what people in the community might want, need, or understand about type 2 diabetes prevention. We were invited along to an Involve Inverclyde Advisory Group meeting so we could gather insights on what issues are currently at the forefront in the community and what the main barriers to accessing healthcare/support for healthy living are. The main take home messages were:

- Cost of living crisis/poverty
- Increase of fast-food outlets
- Supermarket promotions all on “unhealthy food”
- Lack of motivation for own health due to other pressures
- Increased working hours
- Everything costs money and time
- Childcare
- Depression

This felt like important insight gathering for us and it allowed us to question how we, as a diabetes focussed charity, present type 2 diabetes prevention as a health priority to the community of Inverclyde - we knew that we would have to consider it through the lens of what the priorities of the community are. We also incorporated these insights into the in-person event we held for key-stakeholders.



## | Learning

### How have you enacted Learning as a management strategy ?

The learning element of our HLS work has had a dual purpose, firstly, learning how we as a Health Systems Engagement Team continue to support, develop, and adapt our systems change work in Scotland and how we learn from other teams within Diabetes UK. We have now joined a learning share with another team within the organisation and are working alongside a Diabetes UK Senior Health Systems Consultant, Francesca, to create a purpose statement for our team and create a learning space for us to discuss and progress our systems change work in Scotland in a Human Learning Systems style.

Secondly, we did not enter our HLS work in Inverclyde with a set of pre-conceived ideas or KPIs of what our involvement would result in, and our intention was always to convene those already working in Inverclyde to explore how the community can work collaboratively together with shared ideas and reflect on what works well and what can be changed or developed.

## | Systems

### What is the 'system' that you have worked with/brought together?

We have been working closely with various people and organisations in Inverclyde and brought representatives of some of these organisations together to an in-person in October 2023 followed by an online event in February 2024. Organisations represented included:

- CVS Inverclyde
- Inverclyde Council
- Inverclyde Leisure
- Inverclyde HSCP
- Morton in the Community
- NHS GG&C
- Inverclyde Bothy
- Inverclyde Shed
- Inverclyde Food Network
- Your Voice, Inverclyde

Some parts of this system were already well connected while others were not. The in-person event established both new connections and re-wired some existing ones. Simply providing the space and opportunity to meet and creating a learning environment, initiated new conversations and opportunities for experiments in the local system.

In the follow-up online event we were able to hear from those that had taken forward their experiments and can already see significant system change.

An example of this is, Inverclyde Bothy are now working collaboratively with the NHS Clyde Diabetes Specialist Midwife, to offer woman who have been diagnosed with Gestational Diabetes, the opportunity to join postpartum buggy walks, and they are currently in discussion about also offering these prenatally to



encourage physical activity in a cohort of women who are at high risk of developing type 2 diabetes. This is a completely new practice, and we will continue to gather insights on how this is working for the women involved and how it might be developed.

Another example is, from connections made following the online event, Morton in the Community, were supported by a local Health Improvement Lead, Diabetes Scotland and National Lead for diabetes, to apply for a Scottish Government Funding bid to employ a link worker who will work closely with the community and develop an understanding of local health needs and local help that is available to support people. This money will also allow MitC to carry out match-day health checks, with support from other key stakeholders, and allow signposting to local support for those who would benefit.

## | Governance/Accountability

**How is this work being governed? How have your governance or accountability processes changed to work in a Human Learning Systems way?**

Our current work in Inverclyde was permissioned as an early-stage project and therefore we are still learning how this may change governance or accountability processes.

There is a desire from some local key stakeholders to form an Inverclyde Diabetes Network and part of the role of this group will be to consider governance and accountability in order to move forward with local systems change work

Diabetes Scotland are also currently adapting and learning as a team about how we could change current practice and processes to work in a more Human Learning Systems way.

## | Story of Change

**How did you go about adopting an HLS approach? What was the spark for change? Where did you start? Who was involved**

“

*Putting people with lived experience at the centre of decision making.*

Systems change work sits in the remit of the Diabetes Scotland Health Systems Engagement Team. We were aware of the HLS work being carried out by Jenny Hynes and Tracy Cantley in Forth Valley around diabetes prevention and were introduced to Des McCart from HIS and HLS via this work.



We decided as a team that HLS was something we were interested in and knew that we could have a learning share/peer support with the team in Forth Valley if we also focussed on type 2 diabetes prevention in an area of high deprivation.

Of all Council areas in Scotland, Inverclyde has the highest percentage of deprived areas, with Greenock Town Centre and East Central as the current most deprived area in Scotland. We know that people living in deprivation have poorer health outcomes and higher premature mortality rates. Furthermore, there is a direct link between deprivation and prevalence of Type 2 diabetes. Diabetes Scotland recognised that if we are to improve type 2 diabetes prevention work in Scotland, we must ensure discussion around diabetes care includes community organisations and people living with diabetes.

We decided to adopt a HLS approach to systems change because:

1. It's an opportunity to try something genuinely innovative to influence and create change within health and the wider system.
2. It's in line with what the Diabetes UK tackling inequalities commission hopes to achieve.
3. Puts people with lived experience at the centre of decision making.

## | Barriers and Tensions

### What difficulties did you encounter? How did you respond to them?

Initial discussions were had with third sector in Inverclyde and we spoke candidly about wanting to adopt an HLS approach in Inverclyde to look at type 2 diabetes prevention, this was received well with lots of enthusiasm around HLS however when similar discussions to this started happening with people working in the health systems there was a stark contrast and a lot of resistance around adoption of "new approaches" and anxiety about increased workload with no capacity and resource. We responded to this by changing our approach and language and instead of entering conversations using the example of HLS, we discussed collaborative and whole systems approaches to health and giving individuals a chance to join in a conversation around type 2 diabetes prevention and systems change.

There are also ongoing internal discussions around the HSE team adopting a HLS approach to systems change as often there is an emphasis on impact and outcome measures and we are currently pursuing the idea of learning and insight gathering as impact measurement.

## | Enablers

### What were the factors/conditions which enabled you to adopt an HLS approach?

There is so much great community focussed work going on in Inverclyde and we found that there was a lot of enthusiasm to come along to an in-person event, away from the workplace, to discuss type 2 diabetes prevention in the community. People welcomed the opportunity for a space to learn and have their voices and opinions heard.

Individuals and organisations in Inverclyde have been great at introducing us to other individuals and organisations who they think will also be interested parties and having the backing of people who are



Inverclyde based has been invaluable with particular mention to Your Voice and CVS Inverclyde, where our very initial discussions began.

## | Top Tips

What are your 'top tips' that you think others might find interesting?

- Try to not have any pre-conceived ideas about how things might turn out.
- Relationship building is key (in-person is often better than online)
- People value honesty (Diabetes Scotland may not have the answers but we are willing to work with people to adapt and learn)

## | Your artefacts

What 'artefacts' have you created that help you to work in this way?

- [Taking a collaborative approach to type 2 diabetes prevention | Diabetes UK](#)
- We have supported Morton in the Community (MitC) in a Scottish Government funding bid for a community worker whose role will be to better understand the health needs of the local community.
- We will support Inverclyde HSCP Health Improvement Team to convene a local Diabetes Network



Learning Report -  
virtual Inverclyde folk

## | What have you achieved?

What has adopting an HLS approach enabled you to do?

Working with a Human Learning Systems lens has allowed us, the HSE team at Diabetes Scotland, to reflect on our Systems Change work and use an approach to this that we can continue to learn from and develop. This has also led us to join a Learning Share with another team within Diabetes UK who are involved in similar Systems Change work.

Using an HLS approach has also allowed us to build strong relationships and gather insights and learning from a community that we previously didn't have lots of engagement with. We are hoping that these relationships and bonds will continue to grow.

An HLS approach has allowed us to convene key stakeholders and be part of integral conversations about a local community and shared decision making without our approach being an offer to do something to or for people but as a learning partner, working collaboratively with a curious mindset.



## | What next?

### What is the next challenge for this work?

We do have some early indications of systems change within Inverclyde and we are currently supporting and have been cited on systems change work that has started to unfold within the area.

We will be supporting the Health Improvement Team in Inverclyde to create and convene a Local Diabetes Network who will meet to discuss collaborative and strategic approaches to diabetes prevention. We will support discussions about ongoing learning and making adaptations from insights gathered.

We received an update from MitC on 5/3/24 to say that they had been successful in their funding bid for a community link worker. We will now be working closely with MitC to see how we can develop our relationship with them and maximise this opportunity for systems change.

We will continue to build relationships in Inverclyde – learn and gather insights from community-based work that is currently being carried out.

We will continue to work internally with HIS and Francesca to develop our skills and knowledge around Systems Change Work and HLS and how we adapt as a team to focus on learning and insight gathering as an outcome measure.



[www.humanlearning.systems](http://www.humanlearning.systems)

**HUMAN**  
LEARNING SYSTEMS

