Innovation in adult social care

Overview

The UK Government's 2021 People at the Heart of Care white paper identified innovation as key to delivering "outstanding quality" in adult social care in England. This POSTnote gives an overview of innovation in adult social care. It provides a summary of the types of innovation in the sector and evidence on key barriers to and facilitators of innovation. It also presents lessons from the COVID-19 pandemic. It focuses on England but also includes examples from all four UK nations.

- Innovations in adult social care can deliver improved quality of life, less need for health or social care support and greater carer satisfaction.

- Many innovations exist in adult social care, but there is often little robust evidence about their effectiveness and successful ideas may not be widely adopted.

- Enhanced staff retention, better training and less risk averse leadership may increase levels of innovation.

- Building data and digital capacity, such as improving internet connections and digital skills, would facilitate innovation.

- Collaboration between organisations, financial stability and regulator support can boost innovation.

- Extensive innovation has been achieved during the pandemic but infrastructure, pay, funding and data are key to sustaining this.

Background

Adult social care involves supporting adults living with physical disabilities, learning disabilities, and physical and mental health conditions so that they can lead a fulfilling life.[1,2] It can include care given at home (domiciliary or home care), at day centres, through reablement services, or in care and nursing homes (residential care), as well as provision of advice, information, aids, home adaptations and support for carers.[1] Detail on the provision of adult social care is available in Commons Library briefings on [Adult social care funding and Informal (unpaid) carers](). It includes formal care services that are paid for by the individual or funded by their Local Authority (LA) as well as unpaid care given by family orfriends.[3,4] Adult social care is devolved and policy and services vary across the four nations.[5]

In England, from April 2020 to March 2021, nearly 60% of the 17,700 public, voluntary, community and private organisations that delivered adult social care were providing support outside of care and nursing homes.[6] Over the same period, LAs in England received 1.9 million requests for adult social care and provided or arranged long-term care at home or in other settings for around 840,000 adults.[7,8]

Demand for care is increasing across the UK. For example, in England, the number of people receiving care via LAs at any one time is projected to rise by 43% from 631,000 in 2018 to 904,000 in 2038.[9,10] This is due in part to population ageing, the increasing number of over 65s living with disabilities and multiple health conditions, and the increasing number of adults under 65 living with disabilities.[9–11] Regulators have also found variation in care quality and highlighted challenges to providing effective care, including staffing difficulties and financial constraints.[12–15] Many challenges have been exacerbated by the COVID-19 pandemic.[13,16–18]

In England, the Department for Health and Social Care (DHSC) has identified innovation as key to improving adult social care.[19] DHSC defines innovation as practices adopted by providers of adult social care, people who draw on care and support, LAs and government, to implement new models to solve a problem.[20] This includes technological innovation, as well as innovation in policy, service delivery and commissioning.[20] Unpaid (family and friends) carers are also key in developing and adopting innovation.[20–24]

Policy to support innovation in adult social care

The UK Government and devolved administrations are pursuing policies to boost innovation in adult social care (Box 1). In England, the 2021 People at the Heart of Care white paper includes proposals for at least £150 million of additional funding over three years to increase digitalisation in the care sector and "unlock the potential" of innovation in digital technology.[20] It also proposes a £30 million programme for local areas to develop and embed innovation.[20] The UK Government has made smaller financial commitments to improve innovation for specific groups too.[25,26] For example, they have committed to enhancing innovation in assistive technologies for people with disabilities by promoting research investment and launching a £1 million Centre for Assistive and Accessible Technology.[25]

> **Box 1: Innovation policy in devolved nations**
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> - **Northern Ireland:** The Rebuilding Health and Social Care Services Strategic Framework sets out plans to embed innovations that emerged in the COVID-19 pandemic, with a focus on communications technology.[27] Training and skills building for innovation is key to the Health and Wellbeing 2026: Delivering Together plan.[28]
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> - **Scotland:** The 2022 Independent Review of Adult Social Care recommended a new approach to innovation, to increase learning opportunities and create a different culture.[29] This would be supported by a National Centre for Social Care Support Innovation in a re-designed delivery system, called the National Care Service.[29]
>
> - **Wales:** The Long-Term Plan for Health and Social Care aims to bring together sources of innovation and co-ordinate scaling through an innovation network, national standards for evaluation, and investment in priority areas.[30] The Welsh Government is developing an Innovation Strategy, which will feature social care innovation.[31–33]

Types of innovation in adult social care

Innovations can be developed and adopted by people who draw on care and support, carers, central government, providers, LAs, and others.[20,22,24,34] There are innovations across adult social care, from those that support people to stay connected and well, to those that improve residential care.[35–37] A recent rapid prioritisation of innovations in adult social care identified over 150 innovations for evaluation.[38] It classified the innovations into eight groups, adapted below:[35]

- Housing community innovations, such as approaches that involve care being provided in another person's home.[39–41]

- Home adaptation innovations, such as kitchen products that are accessible, appealing, and non-medicalised.[42]

- Workforce capacity building innovations, such as peer networks and new professional roles.[43,44]

- Training innovations for people who draw on care and their carers, such as specialist group-based education.[45]

- Innovations in digital technology to support care, such as personal alarms and remote monitoring systems.[46–49]

- Innovations linking people with sources of support, such as signposting, matching and advice services.[50]

- Innovations in staying connected and resilient, such as peer support and befriending schemes.[51]

- Innovations related to commissioning and funding, such as flexible "gig economy" approaches to employing personal assistants.[52–54]

Evidence of impact

There is evidence that some innovations have had a positive impact on some outcomes. For example, improvements of some measures of quality of life and carer satisfaction and less need for health or social care support.[55,56,57] For example, the Shared Lives schemes, in which a person who needs care moves in with or regularly visits a self-employed carer, can provide quality care.[40,41,58–60] In 2020/21, the Care Quality Commission (CQC), the regulator of providers in England, rated 96% of personal care provided by these schemes 'good' or 'outstanding'.[61] However, Shared Lives schemes account for just under 1% of long-term social care.[61] Some innovations can also reduce costs.[56] For example, Somerset County Council reportedly saved around £2.9 million in 2020 through the Micro-enterprise programme, which supports the development of very small, community-based care and support services.[20,62–66]

Nonetheless, there remain large evidence gaps, with little robust evaluation of many innovations.[57,67–73] Some evaluation studies do not use outcome indicators that are able to detect the aspects of wellbeing that care aims to improve or allow comparisons between different potential users of care.[69] Some studies are not designed in a way that allows outcomes to be attributed to the new intervention.[69] Various robust evaluations have found limited effectiveness.[74–76] For example, a recent Randomised Controlled Trial found that giving some forms of assistive technology (such as reminder devices) to people living with dementia was not associated with better quality of life or living independently for longer and was not cost-effective.[74] This has prompted consideration of priority areas for future research on assistive technology.[77] There are several new investments in research partnerships that aim to increase the quality of evidence and support its use in innovation (Box 2).

Box 2: New research partnerships in adult social care

- Adult social care is a priority for funders, with the National Institute for Health and Care Research (NIHR), the Economic and Social Research Council (ESRC) and the Health Foundation recently making new investments.[78,79]

- New research projects with adult social care organisations will provide evidence on innovation.[80–82] The SASCI study is exploring how the sector can be supported to start and spread innovation.[80] The IMPACT Centre is supporting implementation of evidence in practice.[81,82]

- There are an increasing number of training opportunities, such as fellowships for LA staff and career development awards for social care staff.[83] New models, such as capacity-building partnerships, are also being trialled.[84–89]

Barriers to facilitators in innovation

There are many different models of innovation.[90–94] Innovation can be thought of as including aspects of invention, adoption, adaptation, scaling and sustainability, although not always in this order.[91,92,94–99] While a number of innovations have been successfully introduced, many ideas are not scaled or sustained.[100,101] This can reflect differences in context, such as variation in geographic, cultural, and

socio-economic factors, which can make an innovation less relevant.[102] Nonetheless, stakeholders believe that more innovations could be scaled and sustained.[97,103] Comparative and longitudinal evidence on how to support innovation in social care is limited, but some barriers to and facilitators of innovation have been identified.[91,96,104,105] Key areas, which are interconnected, include workforce, data, digitalisation, funding, fragmentation and regulation.

Workforce

Staffing and practical support for innovation

The adult social care sector faces staff shortages and high turnover rates, which can impede innovation.[6,96,106,107] High workloads can also mean that staff lack time and capacity to undertake training, share learning or build their networks.[97,108] There is wide agreement that access to practical support to cultivate change and assess the outcomes is needed to facilitate innovation, including for commissioners and managers.[100,109,110] Several organisations are working to improve staffing in adult social care.[111–113] For example, approaches such as values-based recruitment, which involves selecting people whose values align with those of the sector, may help fill vacancies.[111–113] A range of organisations, such as the Social Care Institute for Excellence (SCIE), provide resources, demonstrations and training for innovation.[114–119] Closer links with academia may also boost learning (Box 2).[96] DHSC has committed at least £500 million to help ensure that the workforce is well-trained, supported and recognised.[20] This will be used to design career pathways and a knowledge and skills framework with linked investment in training, including a digital learning programme.[20] Some key stakeholders have welcomed the proposals, but state that without tackling poor workforce pay and conditions, the Government will not be able to transform the way the workforce is supported and developed.[120,121]

Leadership

Several independent reviews suggest that leadership of adult social care in LAs and providers can be risk averse, which can impede innovation.[91,122,123] This is due in part to broader system constraints, such as limited resources and high scrutiny of the sector.[91,123–125] However, some stakeholders note that the focus of leaders on delivering the best outcomes for people who draw on care and support can be used to empower the workforce to take control and ownership to facilitate innovation.[96,123,126] For example, the Midlothian care co-ordination team, who provide a single access point for dementia services, report that "distributed, empowering leadership" has underpinned improvements in care.[50,127] Regulators can support leaders to innovate well.[97,128–130] The Government announced a review of health and social care leadership in 2021, to look at how to foster and replicate good examples of leadership.[131–133] This may include lessons from the COVID-19 pandemic, where leaders were enabled to give care staff more autonomy, for example, in monitoring blood pressure independently.[108,134]

Knowledge of adult social care outside the sector

Some innovations are initially developed outside the adult social care sector.[135] For example, a technology firm may develop a new digital device, such as a wearable heart rate monitor, for the fitness and wellbeing market, then later adapt the product for the adult social care market.[136] When this happens, the workforce who are developing the innovation can lack knowledge of the care sector and what might help the innovation to succeed.[137,138] Organisations that involve people

drawing on and delivering care in a co-production process may be better able to identify needs and tailor products appropriately.[77,91,139] For example, through co-production, Knowsley Independent Living Centre, which provides home adaptations and other services, developed a "one-stop-shop" approach, which has reduced wait times and increased service uptake.[140,141] Scaling can also be supported by designing innovations that can be adapted locally and personalised to meet diverse support needs.[91,142–144]

Data to inform innovation

Access to a wide range of high quality adult social care data is needed to identify problem areas for targeted innovation and to evaluate what works.[100,106,145] For example, this can include data on numbers and characteristics of people drawing on care and support, care outcomes, and market conditions.[96,146,147] However, data on adult social care are considerably more limited than data on other services, such as the NHS, and can be hard to access.[148–152] This is partly because there are many producers of adult social care data, which publish across multiple platforms.[153] What data are collected and how they are reported varies and not all data are recorded digitally.[154–160] For example, data reported by LAs about publicly funded adult social care in England is often aggregated, which can limit statistical analysis.[148,152,161,162] Poor quality data and incompatible datasets and data management systems create barriers to data sharing and data-linkage (where multiple datasets referring to the same individual are combined), which restrict opportunities for data-driven innovation.[148,152,161–163] Sharing data also raises security and privacy concerns.[164]

New data sources, for example from digital technologies such as remote monitoring systems, can support innovation in different settings, including community-centred services.[49,100,106,145] New analysis is also being conducted, including on people who fund their own care, which may further support the development and tailoring of innovations.[157] There has also been recent investment in several projects to explore how existing data can be better linked.[165–171] For example, the NIHR-funded DACHA study is developing a "minimum dataset" for care homes, which will provide a consistent approach to pooling diverse data from social care, NHS and other records.[167–169] The COVID-19 pandemic has also increased recognition of the need for a wide range of high quality, accessible, comparable data across the four UK nations.[157,158,172,173] The ONS is providing tools to draw together official statistics on adult social care across the UK, including from community settings, to present a more transparent picture for users and improve access to data.[174,175] DHSC has set out plans for collection of individual level data from LAs and the full introduction of digital social care records by March 2024.[154]

Digitalisation and digital technologies

Digital innovations in adult social care are diverse and include Global Positioning System (GPS) locators, fall detectors, personal alarms, communication technologies and apps to support health and wellbeing.[47–49] They also include widely available commercial technologies that people adapt to their needs. For example, by using smart devices to help with routine tasks such as medication reminders.[176,177] Other innovations that use Artificial Intelligence (AI) and robotics are beginning to enter the market too (see POSTnote on Robotics in Social Care).[178–181] Many innovations rely on digitalisation - the increased use of digital tools – to enable change.[49] Within the sector, guidance on digitalisation is available from support schemes such as the

Digital Social Care website.[182] However, widespread adoption of digital technologies is limited by lack of basic digital infrastructure, such as internet connections and devices, as well as digital skills and confidence.[183–186] Approaches that use co-production to develop technological innovations that can be customised and re-configured by users are also more likely to be successful.[94,95,98,183,187] Engaging with people who draw on care and services can also help to reduce negative impacts from digitalisation. For example, by ensuring that people who use analogue personal alarms will not be left without a service when phone lines transition to digital, which will happen by 2025.[187–192] DHSC has proposed at least £150 million for digitalisation and innovation in digital technologies and governments in the devolved nations have also committed to substantial digital change.[20,193–195] However, some stakeholders have called for funding to benefit the most digitally excluded and disadvantaged areas.[120] These are often places with high adult social care demand, such as rural or coastal areas with older populations, and socio-economically deprived areas, where rates of disability are higher.[185,188,196–201]

Funding

Adult social care funding has been under pressure for several years.[202] The National Audit Office reported that LAs in England experienced a 29% reduction in real-terms spending power from 2010/11 to 2019/2020, with spending "increasingly concentrated on statutory services" meaning there is less headroom to make savings.[202] In September 2021, the Government set out plans to reform payment for adult social care in England, including the introduction of a cap on personal care costs and changes to the means test for accessing LA funding.[203] This will increase the proportion of people who are eligible for state support but will not increase the total amount of funding in the system.[204–206] The Government also plans to move towards a "fair cost of care", to reduce the extent to which people who fund their own care pay higher fees than LAs, and increase the rates paid by LAs (see Commons Library briefing on Proposed reforms to adult social care).[206] However, there is substantial uncertainty on what constitutes a "fair" cost of care.[204,205,207–209]

Rising demand and reforms could stimulate and incentivise innovation. However, many stakeholders have stated that the financial pressures the sector faces limit its capacity for innovation.[96,109,202,210–214] For example, pressures can limit the ability of providers to pilot and evaluate an innovation alongside standard practice, to adopt new ways of working or to engage people who draw on care and support in co-production.[91,215–217] There is limited specific financial support for innovation in adult social care, particularly for scaling ideas.[91,101,218–220] DHSC has outlined plans for additional funds to boost innovation in England, including £30 million for local areas to develop and embed innovation.[20] Various stakeholders, including the Local Government Association (LGA) and The King's Fund charity, have welcomed the focus on innovation, but have also stated that the funding is insufficient to sustain innovations and deliver transformative change.[120,221–225]

Fragmentation in the adult social care sector

There are many organisations in the adult social care sector and links between them are often weak, making it hard to align interests and scale innovations.[4,101,226–228] Numerous small organisations commission and provide adult social care. For example, three-quarters of for-profit care home providers run only one home.[202,229] Connections between these organisations can be limited and market competition can make collaboration difficult.[4,101,226–228,230–232] At a national

level, multiple organisations and Government departments attempt to co-ordinate the sector and integration with the NHS is highly variable (see POSTbrief on Evaluating the integration of health and social care).[202,233] Creating opportunities for people to work together on practical changes can support innovation.[109]

Many methods exist to bring organisations and people together. These include place-based models, which connect organisations and people in a local area, as well as networks and forums with links based on interests.[114,234,235] National initiatives on priority topics, such as AI, can also build connections.[236,237] In England, the Health and Care Act 2022 provides for the establishment of Integrated Care Partnerships (ICPs), which will bring together health, social care and other partners with the aim of improving integration.[238,239] Some stakeholders have welcomed the flexibility to build ICPs to suit their areas, but have also called for structures to change the culture of services and to support equity between the NHS and social care providers in ICPs.[240–242]

Regulation in the adult social care sector

Policymakers globally are interested in how regulation can enable innovation in all sectors, while protecting the public and the environment.[243–246] There are different views on how regulation can best support innovation in adult social care.[240,247–249] Where providers in England are regulated by the CQC, it assesses innovation as part of its evaluation of how well-led a service is.[250] The CQC has stated that its oversight of providers has not always supported innovation, due to a lack of focus on adoption and a lack of clarity on what is expected of different parts of the system.[97] In 2021 the CQC committed to championing innovation, by developing a more proportionate regulatory approach and encouraging research.[128] Scottish and Welsh regulators have similar commitments.[129,130] In England, the Health and Care Act 2022 includes a new duty on the CQC to assess LAs' delivery of their adult social care functions, which could allow it support innovation in new areas.[238,239]

Lessons from the Covid-19 pandemic

The pandemic had many negative impacts on adult social care, but it also spurred positive change (see Commons Library briefing on Coronavirus: Adult social care key issues).[13,37,251–253] Stakeholders, including the LGA and SCIE, have identified lessons from the pandemic including:

- Extensive innovation is possible when there is a sense of urgency and collective identity, as demonstrated by the rapid uptake of new digital communications technology.[254–256]

- Funding challenges and lack of infrastructure, such as broadband can critically impede new ways of working.[17,257,258]

- Leadership can empower the care workforce to innovate, but pay and support are key to staff retention.[6,17,134,259]

- Timely data are vital to assessing the impact of innovation on care outcomes, such as hospital discharges.[17,257]

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