

SOCIAL CARE INNOVATION NETWORK

GETTING UNDER THE SKIN OF IT



SUMMARY

The Social Care Innovation Network is a partnership between SCIE, TLAP and Shared Lives Plus, funded by the Department of Health and Social Care.

Its purpose is to examine and promote ways that innovative approaches to social care and support can be supported to flourish and develop.

I can live the life I want and do the things that are important to me as independently as possible

[Making it Real](#), TLAP 2018

At the end of the first phase of the project, this report is a write up of the key themes and insights that have come from the Network so far.

It covers:

- the context that led to its development
- the key messages that have emerged from its work
- barriers and enablers to the spread of innovation
- things that can be done locally and areas requiring national attention
- Next steps for the Network.

The report will be of interest to all those who are interested and committed to creating a new and better form of social care - based on the principle that people want a life and not a service.



1. INTRODUCTION AND CONTEXT

There are many good examples of innovative approaches to care and support that are person-centred and community based. They tend to exist in pockets and are not yet seen as the core business of social care. Even small-scale innovative community-based organisations who don't wish to grow large, struggle to survive beyond short term pilot funding. The problem is not so much a lack of innovation but finding ways for such approaches to take root more deeply in more places. This challenge was highlighted in the report *Growing innovative models of health, care and support for adults*¹.

In response, the Department of Health and Social Care (DHSC) has funded a partnership between SCIE, Think Local Act Personal (TLAP) and Shared Lives Plus to set up the **Social Care Innovation Network** - subsequently referred to as the Network. This has entailed close working with the Association of Directors of Social Services (ADASS) with the personal involvement of a number of directors.

The importance of investing time and resources in this area becomes clear when care and support is seen as something that should be anchored in the lives of citizens requiring support. The first question should be what does a good life look like, rather than what

changes are needed to services? This leads to a fundamentally different picture of a good care and support system, which has been described as an **Asset-Based Area**.²

Whilst these ideas are now relatively uncontroversial, it is certainly easier said than done. Councils, under severe financial pressure, face growing demand with most of their resources tied up in existing services which cannot easily be dispensed with. Reductions of funding in what is deemed the non-statutory sector have fallen heavily on areas that should really be invested in such as the local voluntary, community and social enterprise sector (VCSE). TLAP's report, [Reimagining Social Care](#)³ describes how three councils are responding to the challenge of maintaining essential existing forms of support whilst taking conscious steps to shift towards an asset-based system.

Changes in this direction are not simply achieved by the wholesale export of particular services or approaches from one place to another. Issues to be considered include:

- Scaling of innovation requires sensitivity to people and place, whilst at the same time guarding against the resistance that can

¹ Growing innovative models of health, care and support for adults (SCIE, 2018)

² The Asset-Based Area Briefing Document (TLAP, Shared Lives Plus, Coalition for Collaborative Care, 2017)

³ Reimagining Social Care: a study in three places (TLAP, 2019)

come from the ‘not invented here syndrome’.

- Working out for any particular approach or service what essential features must be replicated, as opposed to what can be adapted, (the so called ‘fidelity-flexibility’ question) is a real challenge: an applied art rather than exact science.
- Many of the best forms of innovation are locally based, reflecting local issues and circumstances, and may not wish to ‘go national’ and grow to become large organisations. We do need to create the right conditions in which both those which want to grow, and those who just want to be sustained, can do so.

The term innovation is somewhat subjective. One particular approach or service may be seen as old hat by one person, whilst to another it may represent a radical step too far.

In the context of the Network, we see innovation as approaches to care and support that are based on seeing people as citizens first and foremost. They are organised around the concept of promoting wellbeing; and which appreciate the importance of supporting people to be able to connect and contribute, whatever the setting and whatever their illness or disability.

⁴ Advisory Group and Network members are listed on page 11.

The Social Care Innovation Network

The Network has brought together councils, providers, citizens and national bodies to work collaboratively and creatively, in order to push the boundaries of what is possible to support the growth and spread of innovation. A focus has been to understand the implications for commissioning and commissioners. An Advisory Group made up of representatives of national organisations has helped to steer the Network⁴.

Sixteen councils and nineteen providers have taken part in phase one of the Network. Councils were invited to join on the basis of demonstrating progress built on the foundations of:

- an ambition to move forward with these approaches, based on support from elected Members and a commitment to shift resources towards funding innovative models of care and support
- some evidence of impact, whilst recognising that this sort of shift takes time and is not a quick fix
- a demonstrable commitment to co-production with local residents and people accessing care and support.

The providers are on all TLAP’s [Directory of Innovations in Community Centred Support](#).⁵ They come in all shapes and sizes but are all focused on improving people’s health and wellbeing, and person-centred, strengths-based ways of working.

⁵ Directory of Innovations in Community-Centred Support (TLAP, 2019)

It is important to acknowledge that organisations in the Network do not represent a ‘monopoly of progress’ and that many other parts of the care and support sector are also moving in this direction.

The Network came together in two full day workshops⁶. The workshops included local engaged citizens who came with some of the councils and other people with lived experience. We tried to model a co-productive way of working together, warts and all. Some ground-rules that one of the groups came up with to guide their conversation are shown here.

SOME GROUND RULES FOR CO-PRODUCTION

- Speak up and make sure people can hear you
- Recognise that no one person has the answer, put ideas together to find solutions
- Recognise that everyone is a partner
- Appreciate challenge, explain why things aren’t working and think through solutions
- Be able to get a cup of tea and comfort break.

2. KEY MESSAGES

1. The value of creating **a compelling vision of an Asset-Based Area** in language that people can relate to in order to inspire ‘coalitions of the willing’ made up of local people and professionals to drive change and foster an environment that values challenging ideas.
2. **A commitment to address care and health inequalities** should be at the forefront: everyone matters in every place.
3. Acceptance that making progress towards an Asset-Based Area requires **bold and brave decisions**, with councils and statutory partners being willing to ‘let go’ and take some risks by ceding more autonomy to individuals, communities, and providers.
4. The need to **bring elected politicians along** so they can act as advocates and champions of the changes sought in partnership with local people and communities.
5. A commitment to **invest time and money in local people and organisations** through co-production, which means taking the time to build trust and a willingness to share power and decision making, increasingly at a neighbourhood level.

⁶ 5th April & 6th June 2019

3. BARRIERS AND ENABLERS TO SPREADING INNOVATION

A number of barriers that are getting in the way of making the shift to towards authentic person-centred and community-based approaches to care and support were identified. These are summarised below; some are familiar and others perhaps less so.

1. There can be a gap between the stated vision and high-level objectives of councils and their systems, processes and ways of working. Finance, procurement and contracting were frequently cited as standing in the way. Councils can easily find themselves defaulting to methods that hark back to an era of performance management and rules-based commissioning, over-specifying what services should do and how they do it.
2. Middle and operational managers in councils were seen as a key group. At times they can be somewhat overlooked and therefore find it difficult to have the flexibility to grow and innovate and '*be the best that they can be*'. They are at the sharp end, sometimes struggling to make a reality of allowing people greater choice and control, whilst facing the daily pressures of managing the 'business'. People who provide direct face to face care and support can also be a neglected resource when it comes to taking up ideas they may have for doing things differently and better.
3. The sheer complexity of working in a whole system place-based way with large numbers of partner organisations, the challenge of embedding joined up ways of working, and achieving co-production with all groups. Achieving the latter with all groups is no mean feat. Possessing capacity and expertise to support change happening is clearly a challenge, as much for providers as it is for councils. The way finances flow can dictate behaviours, which compounds the difficulty.
4. Particularly from a provider perspective, organisations working in the same local area can often feel isolated. They can find it difficult to connect where there is a history of competition rather than collaboration, driven by a contract culture. This can make it difficult to 'refer' people between organisations and build a collective picture of capacity and demand.
5. Developing a good understanding of the resources (an asset map) that are available or potentially available, can be hard to achieve in a useable way and harder still to keep up to date.
6. The language we use such as 'care markets' and 'assets' are not well understood by the public and we may need to talk in terms that are more easily understood in order to build a shared understanding of what care and support is for and can do.

7. That it is difficult to establish an evidence base to support a shift towards more asset-based approaches and that the results of short-term pilots are rarely seen as sufficient to justify bigger shifts of investment.
8. That whilst resources are important, there is also a question of winning 'hearts and minds' as a necessary condition for making change. Sometimes this is expressed in terms of changing the culture. The Network did not operate with a single definition of culture, but there was general sense that changing it implies a long haul. This was subject to some challenge. As one participant said: *"We say changing culture takes a lot of time but what does this say about our state of mind?"*

This can all mean that the experience of people accessing care and support can be very different from what is intended, leading one participant with lived experience to call for *"a bonfire of bureaucracy."*

"Walking the talk, and a lot less lip service"

4. CONDITIONS THAT PROMOTE THE SPREAD OF INNOVATION

Factors that hold up the spread of innovation can, if turned on their heads act as enablers and opportunities - the reverse side of the coin. Some of the most commonly cited are:

The importance of establishing and translating into practice, values and behaviours which are more equal and trusting of people accessing care and support, their families, local residents and provider organisations.

Recognising that what happens in complex systems is the product of collaboration and negotiation, which, for it to work well requires persistence, trust and compromise.

Taking the time to work on developing an inclusive vision of a locality. There may need to be a number of these visions within an overarching framework for the whole area.

Vision building requires forms of leadership from the statutory sector which do not dominate, but help to create an environment that supports early conversations with citizens, residents, staff and providers.

Councils need to get better at listening to what matters to people and their histories. The potential role of arts and culture was identified as a potential way of bringing people together in 'a joint enterprise.'

“Co-production needs to be an open book, you cannot miss anyone out”, whilst recognising that it will never be perfect and what counts most is an honest transparent approach and the willingness to stick with it and learn as you go. There can be a positive link with the willingness for councils to try out new forms of citizen engagement and participation.

Councils should concentrate hard on keeping bureaucracy at bay and avoiding the tendency to overprescribe. A mantra of don't break the bank or the law and keeping people safe was seen by some as a pragmatic guiding principle to follow. Some councils have deliberately started small and used the learning to scale up.

There should be a plan which explains how resources (money and time) shift to support the changes identified for becoming an Asset-Based Area. This should have enough details so the implications for changes to systems, processes and ways of working are identified and acted upon. An agreed timescale for evaluation should be built in at the outset.

Establishing early on a rigorous but pragmatic approach to developing an evidence base for the changes being sought. There was thought to be the potential for developing links with nearby universities or other places of higher education to help with evidence and evaluation. The student population was also seen as a relatively untapped asset, capable of contributing to and

gaining from participating in community activity.

Producing and maintaining asset maps of local areas broken down into meaningful localities that are kept up to date and used to inform shared decision making on what are the most important things to invest time and money in. Communities know their assets best, but may require support to map them.

The experiences, insights and collective conversations from the Network generated a wealth of ideas on ways to make progress. Some of these were about ways of thinking: 'a state of mind' if you like, whilst others were closer to specific courses of action. Some came in the form of ideas which could be potentially tested out in phase two of the Network.

They have been divided into what can be done locally and what is best taken forward at the national strategic level, including through the Network itself. In reality this divide is not a neat separation, as maximum effect will be gained when both the national and local move in tandem.

“Citizens as the architects and councils as the builders”

5. WHAT CAN BE DONE LOCALLY TO SUPPORT THE GROWTH AND SPREAD OF INNOVATION?

Funding and investment – resources that support change

1. A willingness to commit resources to support change, which can include using innovation investment funds to pump prime shifts in provision. The use of short-term funding for pilots should be avoided, as the experience to date is that all too often they are not widely taken up and the benefits do not last. The shift towards more council money being raised locally, for example through greater local retention of business rates, may provide an opportunity for forwarding the agenda by creating a reason to have a local conversation on how and where to invest.
2. Trying out more inclusive forms of engagement with local people and organisations which reach out beyond formal committees and meetings. As part of this looking for ways to devolve decision making and power over spending decisions within an overarching vision and framework.
3. Take a coherent whole system and place-based view of the sorts of services and approaches that need to be commissioned by the council and involve citizens and innovative providers in agreeing what this should look like. A greater degree of shared ownership and buy-in should make it easier to decommission services that do not fit the bill.
4. An enabling approach should be adopted to encourage and support very local forms of support that may require some resources, but above all, should not be subject to disproportionate procurement and contracting requirements.
5. Councils make a commitment to weed out unnecessary processes and practices which unduly restrict people using their personal budgets to best effect. Agreeing the best form of 'minimum process' should be co-produced based on a 'trust-compact' with people accessing care and support and families. The option for people to pool their personal budgets was felt to be underdeveloped and this is an area for potential development.
6. The same discipline should be applied to identifying the least restrictive forms of procurement and contracting, consistent with social value, transparency and accountability. A by-product of the two points above should be to free up resources for investment.
7. Innovative providers should be prepared to work more closely together, based what they individually do best, whilst seeing themselves as part of a wider system for health and wellbeing.

8. Many places are seeing local housing growth in order to meet shortage of suitable housing. New housing developments should be seen as providing an opportunity to design in from scratch a commitment and support to develop resilient, supportive and inclusive communities.

6. WHAT REQUIRES NATIONAL ATTENTION?

The spread and growth of innovation will accelerate if the levers and incentives at a national and strategic level point in the same direction, without resort to command and control type approaches. A number of particular areas came from the Network's discussions.

1. There is a case for a **national transformation fund** to support the development of Asset-Based Areas through freeing up some resources and to help address the problem of 'double-running', whereby most funding is tied up in existing services. There should be a **strong citizen voice** in how and where any such money should be invested.
2. There is scope and benefit of carrying out work at a national level on a '**new economics of social care**' based on modelling the costs and benefits of creating and sustaining local systems for health

and wellbeing. A useful lead could also be set on establishing an evaluation framework to assist building the evidence base.

3. That at the national and strategic level organisations should model co-production in what they do and how they do it. Consideration should be given to the benefit of an agreed **shared definition of co-production** across the care and support sector, including local and national government. Getting organisations across the sector to use [Making it Real](#) would send a powerful signal⁷.
4. The role of regulation as we move to Asset-Based areas requires further consideration. The work that the CQC is undertaking on how best to regulate innovative forms of provision and debates over regulation of the workforce will be considered during the second phase of the Network.

⁷ Making it Real: How to do personalised care and support (TLAP, 2018)

7. NEXT STEPS

The continued focus of the Network will be on supporting the spread and growth of innovative approaches to care and support, and the system change required to create the conditions for such approaches to flourish. The discussion and ideas that came from the two workshops of the Network have been distilled into three broad themes for further work.

These are:

- **developing the Asset-Based area** model in more depth
- **re-designing commissioning** so that it supports innovation by becoming more citizen led
- **taking self-directed support back to its roots** so that it affords authentic choice and control and enables people to connect and contribute.

Three learning groups have been established, bringing together councils, providers, and locally engaged citizens and people with lived experience. The groups are working on the key issues that came from phase one with the intention of testing and moving things along in practice so there is 'visible change on the ground' and wider learning that can be shared.

The overarching framework is:

- **outcome orientated** – focused on helping people have a life
- **strengths-based** – building on people's skills, capabilities and networks
- **personalised** – care and support is built around a person's needs and goals
- **co-produced** with people at the heart of decisions
- **proportionate** – provide intensive support when it is needed.

The Network is not the only place where innovation is to be found, but it is an important catalyst for making sure that asset-based approaches take root and propagate in more and more places. At one of the workshops one participant with lived experience expressed the view that *"I would like to have some choice of innovation, but at present I cannot see much of that around where I live."* We hope that the next time of asking we get a different and more positive response.



Network Advisory Group

Academic Health Science Network
 ADASS
 Behavioural Insight Team
 Care City
 Care Quality Commission
 Coalition for Collaborative Care
 Community Circles
 Department for Health & Social Care
 (Chief social worker)
 Local Government Association

National Association of Care and
 Support Workers
 Nesta
 NHS Alliance
 NHS Providers
 Public Health England
 Race Equality Foundation
 Shared Lives Plus
 Skills for Care
 Stay up Late
 TEC Services Association

Network members

Councils	Providers
Barnsley	Altogether Better
Bexley	Bronze Lab
Camden	Buurtzorg
Central Bedfordshire	Community Catalysts
Coventry	Community Circles
Hammersmith and Fulham	Compassionate Neighbours
Hertfordshire	Creative MINDS
Leeds	Dance2Health
Liverpool	Good Gym
North Yorkshire	Grapevine
North East Lincolnshire	Gig Buddies
Norfolk	Heart n Soul
Oxfordshire	Homeshare
Somerset	KeyRing
Thurrock	Local Area Coordination
York	NEDcare
	Shared Lives Plus
	Tempo Time Credits
	Wellbeing Teams