TOM LING, EVANGELOS GKOUSIS AND JON SUSSEX

Transforming social care provision: first steps towards sustained innovation

Views from a round table discussion

Adult social care in the UK

Introduction

Long before the unprecedented pressures placed on adult social care by COVID-19, it was evident that the social care sector was at risk of being overwhelmed. Our targeted discussions on this topic predated COVID-19, but we believe that recent events have made the conclusions presented here even more relevant. We are not focused on how to get even more out of existing arrangements in response to growing demand but, rather, on how to innovate. COVID-19 has only reinforced the need for creative thinking on this.

Irrespective of COVID-19, the demand for adult social care in the UK is rising and will continue to rise. But the supply of such care is struggling to keep up (Age

RAND EUROPE

UK 2018). The result is that increasing numbers of people are being left without some of the support they need. Part of the answer to matching supply to demand undoubtedly requires increased public funding, as is being actively analysed and discussed (Bottery et al. 2018; Charlesworth et al. 2018; Charlesworth and Watt 2019). But another important contribution to more closely matching the provision of social care to the demand for it is innovation. In the view of the authors of this Perspective, innovation in social care can enable more and better care to be delivered more cost-effectively (i.e. delivering better care for each pound spent). **In this note we report on discussions hosted and funded by Power to Change and facilitated by RAND Europe to identify ways to encourage and sustain innovation to help support older people in need of care services.** In doing so, we recognise that social care also supports children and working age adults.

By 'social care', we mean help for people to pursue their lives safely and as independently as possible. This includes personal care, such as help with daily activities (washing, dressing, preparing food, etc.) that the care user is unable to carry out unaided, and can extend to wider support with staying active and engaging with other people in the community. This also contributes to the quality of community life. Care may be provided in the recipient's own home (domiciliary care), or in other settings including residential and nursing care homes. In this Perspective we are particularly focusing on people aged over 65 who are living in their own homes and need social care.

Our approach is focused on a round table discussion that took place in February 2020. The participants at the round table spanned a range of expertise in researching or delivering social care. To prime the discussion and prepare the participants we provided them in advance with a note illustrating the kinds of adult social care innovations that are currently being implemented in the UK (see following section, 'Examples of innovative approaches to social care delivery'). The innovations described were drawn from a recent rapid horizon-scanning exercise by Walton et al. (2019), supplemented by additional examples known to the authors. The key points and conclusions from the round table discussion are presented in the following pages.

In the following paragraphs, we commence with a recap on social care funding and provision as it is in the UK today, and on how continuation of current trends would lead to an ever-widening gap between the older population's care needs and the satisfaction of those needs. Increasing the tax funds that are available to spend on providing social care is part of the answer (Sussex et al. 2019 reported the public's preferences for how to achieve that). But we are certain that innovation to change the way that care is provided and to realise community resources that are currently under- or un-used to support older people in need of care, is also an important part of the answer.

The main focus of the remainder of this note, therefore, is on ideas to stimulate and sustain innovation in social care; and on research ideas for bringing about a system of sustainable social care innovation that were generated and discussed at the round table.

Meeting the need for social care

Much social care is paid for privately, by people out of their own pockets. A large amount of adult social care is provided unpaid by family members and friends of the individual needing the care. Globally (and the UK

is no exception) most of this care is provided by women (McKinsey 2015). Many people nevertheless rely on publicly funded social care (Charlesworth et al. 2018). Of public social care spending, about two thirds is allocated to children and younger adults, leaving approximately £10.5 billion per year for older adults, aged 65 or over (Charlesworth et al. 2018). Publicly funded social care is only available for individuals who meet certain criteria in terms of their needs and financial situation. In England, people with assets above £23,250 do not qualify for any public funding, and only those with assets below £14,250 can receive full funding (Bottery et al. 2018). Most recipients of publicly funded social care make additional contributions from their income for their care.

The majority of public social care funding comes from local authority budgets, which leads to variation in care provision across the country (Charlesworth and Watt 2019). There is, however, agreement that social care is generally underfunded in the UK, and that this situation can be expected to worsen in the face of steadily increasing demand from an ageing population (Bottery et al. 2018), and will not be helped by the implications of COVID-19 for the public finances. Public spending on adult social care has decreased in real terms in recent years despite the demand for it growing. Charlesworth and Watt (2019) reported that real government spending on adult social care in England fell from £339 per person in 2010/11 to £304 in 2016/17.[1] Thorlby et al. (2018) estimated that about 400,000 fewer adults of all ages received social care services in 2013/14 than in 2009/10, as local authorities prioritised people with more severe needs. These cuts in public-sector provision shift the costs from the public sector disproportionately onto women (Criado-Perez 2019).

The result is a growing number of people who need social care but do not receive what they need, and the burden of providing care falling especially upon women. Age UK (2018) estimated that 1.4 million people – nearly 1 in 7 of the population aged over 65 – are living with an unmet care need. More than 300,000 of those 1.4 million have a high degree of frailty, which is defined as needing help with three or more essential everyday tasks.

Even to maintain the current inadequate service levels would require large increases in public funding of adult social care over the coming years. Wittenberg et al. (2018) estimated that an average real-terms growth in expenditure of 3.9 per cent per annum would be required to maintain 2015 levels of publicly funded social care services for older people over the following 25 years. That rate of growth implies a need for public expenditure on social care services to double in real terms every 18 years (Wittenberg et al. 2018). Bottery et al. (2018) estimated a very similar requirement: for public spending on social care to grow in real terms by 3.7 per cent per annum over the period to 2030 just to prevent service levels being reduced further.

The ageing population is of concern not only because of current and expected future demand for social care, but also because it implies fewer working-age taxpayers relative to the population they are required to support (Bottery et al. 2018). By 2039, it is expected that there will be 370 people of pensionable age in the UK for every 1,000 working-age people, as opposed to 290 in 2019 (Office for National Statistics 2017).

Despite the rising demand, formal social care supply has not increased accordingly. The majority of providers of residential or domiciliary care are third sector, i.e. voluntary or not-for-profit organisations (The King's Fund 2018).

Can innovative approaches to care provision not only support more and better care … but also, at the same time, make better use of community and individual resources to contribute to that care?

There are approximately 5,500 providers of care homes for the elderly, operating a total of 11,300 homes. During 2018/19, providers continued to exit the market and local authorities often found themselves at risk of service disruption (Care Quality Commission 2019). Data from Care Quality Commission (2019) also reveals workforce issues, with vacancy rates in registered managers, registered nurses and care workers ranging from 9 per cent to 11 per cent in 2018/19. The domiciliary care market in the UK is also vulnerable, with the largest formal providers reporting losses or withdrawing from the publicly funded market in recent years (Jefferson et al. 2018).

New resources for providing social care are clearly called for. Can innovative approaches to care provision not only support more and better care for the growing number of people who need it, but also, at the same time, make better use of community and individual resources to contribute to that care?

Examples of innovative approaches to social care delivery

Our first step in exploring what innovation in adult social care might look like was to refer to the existing literature. We are interested in a 'full spectrum' approach, i.e. one that meets diverse needs through a variety of provision. Our work sought to identify ideas for new, cost-effective ways of delivering adult social care including, but not limited to, alternative future models of provision. While there may be various ways of dealing with the issues outlined above, we were particularly interested in ways to better exploit available resources (Figure 1).

Our primary source for current innovations in adult social care in the UK was Walton et al. (2019) for the National Institute for Health Research: 'Innovations in Adult Social Care and Social Work Report', which was co-authored by one of the researchers of the current paper. Walton et al. presented a long list of 158 innovations in adult social care and a reduced list of 20 innovations that the authors of the report considered to be possible priorities for further evaluation and research. In addition to those, we considered other innovations found in recent literature.

Figure 1. Where potential solutions may lie
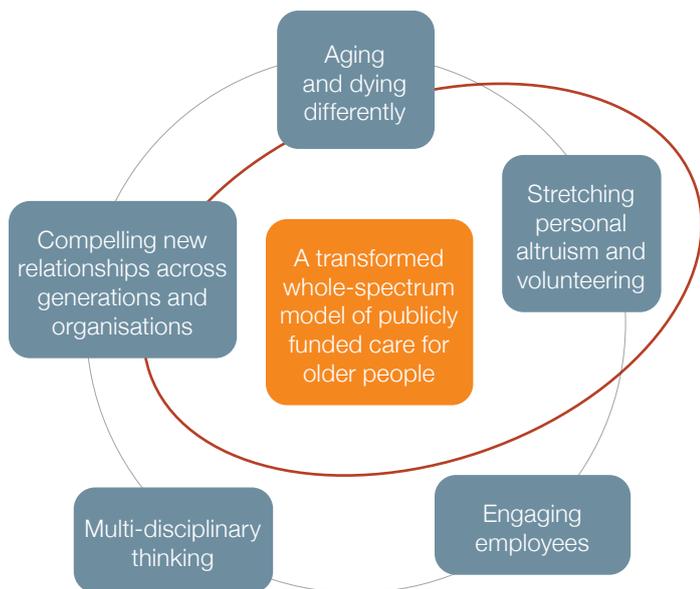
SOURCE: RAND EUROPE

Figure 1 identifies areas that we might expect to produce innovations that support better social care. In the blue boxes are the specific things that might contribute to innovative approaches, but the reference to a 'transformed whole-spectrum model' at the centre of these is intended to convey the sense that any one innovation would most likely link to the others through a changed system of care. A 'whole spectrum' model is one in which the whole care pathway for older people is considered, ranging from accessing primary care and social support with minor ailments and modest social needs, through to intensive social support and end-of-life palliative care. The oval shape

indicates the particular focus of this Perspective on stretching personal altruism and volunteering. By this, we mean 'stretching' the altruism typically demonstrated towards immediate family members to wider social groups, and making volunteering easier and more personally rewarding.

In prioritising examples of innovation to consider, we drew upon the original set of criteria applied by Walton et al., which included: 1) fit within scope (i.e. any type of innovation); 2) focus on adults rather than children; 3) take place within the four nations of the UK; 4) provide enough detail to understand what the innovation is; 5) focus on social care and social work; 6) be amenable to evaluation; 7) be able to be rapidly evaluated; and 8) focus on a relevant outcome. We applied four additional criteria to refine the list of innovations, highlighting innovations that fulfil all of the following conditions: 1) either partly or wholly draw on community assets and/or voluntary inputs; 2) suitable for older care recipients (65+); 3) aimed at meeting demand cost-effectively; and 4) aimed at doing so in a novel way, rather than concerned with making existing ways of providing care more efficient. As a result, we shortlisted a total of 12 examples of innovations in adult social care. Together they can be thought of as falling within four categories of innovations in adult social care, which we have labelled Catalysts, Sensors, Environment and Shared Lives:

- 'Catalysts' are innovations that could help speed up and stimulate more, and more innovative, social care activity. This is the largest group of innovations identified. They involve raising awareness, signposting and coordinating potential carers and care services with the people in need of care, to improve access to appropriate care and support.

- 'Sensors' are digital technology innovations aimed at monitoring the behaviour and health of individuals automatically, which would enable them to live independently for longer without needing routine support from formal or informal carers.
- 'Environment' includes innovations that provide people with a safe and pleasant environment, where they could live better and be more engaged with their local community.
- A final innovation, known as 'Shared Lives' involves bringing people who need care within the family and community life of additional, non-traditional, carers.

Table 1 lists the 12 examples of innovations by category (see Annex A for concise descriptions of each innovation). Ten of the innovations and their descriptions are reproduced from Walton et al. (2019), to which we have added 'Combining Personalisation with Community Engagement' and 'PatchCare'. These innovations were used to inform our round table discussion, which is described below.

Round table and key propositions

The round table discussion invited experts in the field of social care to:

- Identify the potential for a plausible, practical and cost-effective 'full spectrum' approach to social care for older people.
- Assess the case for further research in this area.
- Assess interest in collaboration in such research.

Table 1. Examples of adult social care innovations

Catalysts	Sensors	Environment	Shared Lives
Age Care Advice Care Coordinators	MySense.ai	Dementia-Friendly Community	Shared Lives
Combining Personalisation with Community Engagement	Telecare	Harmonia Village	
Community Catalysts CIC			
Community Contacts			
Link Working			
Local Area Co-ordination (LAC)			
PatchCare			

SOURCE: RAND Europe searches and Walton et al. (2019). (For links to these examples, see Annex A.)

The discussion helped us identify some key areas that relate to innovating in the provision of care for older people so that they may have a better quality of life. As a result of the insights shared at the round table, we identified the following themes around which to build a grant proposal to take forward research into a full-spectrum approach to providing social care to older people:

- Promoting adoption of principles rather than specific models.
- Regulation that supports innovation in care.
- Recognising and harnessing reciprocity.
- Social care as part of the local economy (including community businesses and local accountability).
- Understanding the role of technology.

We discuss each of these interrelated themes below, before considering next steps.

Promoting adoption of principles rather than specific models

The round table discussion highlighted the importance of establishing and propagating a set of principles to stimulate and support local innovation, and implementation of those innovations. It may be that principles can spread more successfully than models, as a way of supporting innovation. That could be an important focus for research. Focusing on principles, rather than particular models of care, allows for the non-linear nature of innovation and implementation. It also supports local flexibility while identifying legitimate expectations and retaining some direction over the system as a whole. The workshop participants were especially interested in principles that might underpin successful

It may be that principles can spread more successfully than models, as a way of supporting innovation.

innovation across the spectrum of social-care provision for older people. The authors of this perspective piece wish to explore how a framework can be established, so that principles of supporting local innovation are able to spread, as distinct from taking the approach of attempting to copy specific models of care from one location to another.

Regulation that supports innovation

We also discussed the question of regulation, most typically as a deterrent or barrier to innovation, but we also touched on whether 'smart' regulation and inspection can support innovation. For example, inviting providers to demonstrate how they apply principles to their work might reinforce the idea of moving away from a focus on checklists and compliance.

The Care Quality Commission (CQC) is committed to strengthening innovation but, it seems, struggles to find ways to do so (see for example CQC 2018 for its commitment to encouraging innovation through its Regulators' Pioneer Fund). In 2016 the CQC published its 'Innovation

Care innovations may be commercially based… but there may also be great scope… to tap into the benefits that volunteering bring to both the care/service recipient and the volunteer provider.

plan for 2016', which was a strategy intended to cover 2016–2021 for both health and social care (CQC 2016). This strategy was to deliver:

- 'A supportive environment for providers to explore new ways of providing care or organising how it is delivered.
- Responsive regulation that makes it easy for people and partners to share their views with us.
- A more efficient organisation that is easier for providers and the public to interact with.'

It aimed to achieve this by building relationships with service providers that deliver innovative models of care; by sharing best practice; and by developing principles to guide regulation of new models of care. This might be an opportune moment to review the strategy in relation to social care. It should also be noted that in 2018 CQC was awarded £500,000 to explore how to work with providers to encourage good models of innovation (CQC 2018).

Recognising and harnessing reciprocity

Reciprocity featured at numerous points in the round table discussion. Care innovations may be commercially based (i.e. where the provider is primarily rewarded by payment), but there may also be great scope – particularly via local, modestly scaled initiatives – to tap into the benefits that volunteering bring to both the care/service recipient and the volunteer provider. Volunteering and reciprocity are in many ways cross-cutting themes from the round table discussion, in that we might be interested in how they might be technology-assisted, or supported by better regulation, and what principles (not models) might helpfully stimulate mutually beneficial volunteering. This could be further reinforced by research into place-based approaches to volunteering in relation to the other insights.

Social care as part of the local economy (including community businesses and local accountability)

In the round table discussion we identified benefits in thinking about how social care contributes to the economy – primarily at a local level, but also nationally – as well as how it enables good lives for older people in need of care. This would include being a source of valued jobs (see the reciprocity point), as well as making a contribution to productivity gain by freeing up people's time that would otherwise be committed to providing informal care for a family member. It would also support routes into good employment with not only financial benefits for employees but also health and social benefits. Care provider organisations could also contribute to labour market training, by enabling older people to make better use of technology, for example. The discussions reflected findings from a recent New Economics Foundation (2020) report that such an approach might (among other things) foster better recruitment and retention of staff, improve social connectedness and benefit a wider range of people. This would be particularly relevant where these approaches involved community businesses. Community businesses are led by local people, they trade to benefit their communities and are accountable to them. Any profits they generate are reinvested to deliver positive local impact. Some are already delivering home care and reinvesting any surplus into the local economy and creating better local places.

Thinking about social care for older people and its impact on local and national economies, and not only as a set of services to respond to individuals' care needs, may also enable us to interest a broader set of potential research funders. The Department for Business, Energy and Industrial Strategy (2017) policy paper *Industrial Strategy: building a Britain fit for the future* includes as one of its 'grand challenges': 'harnessing the power of innovation to help meet the needs of an ageing society'. BEIS's overall concern is clear: 'Innovation in age-related products and services can make a significant difference to UK productivity and individuals' wellbeing, and will find a growing global market. Ageing also presents significant challenges to the economy, including greater caring demands on those of working age and increased health and social care costs. Without action, an ageing population could reduce the size of our workforce and lead to lower productivity' (p. 53). Thus, a whole-spectrum approach to social care for older people, and the role of innovation to enable that, is consistent with BEIS's strategy. This perspective also fits well with the overall aim of Power to Change to support and develop community businesses in England.

Understanding the role of technology

Our round table discussion also considered technology in innovation. Discussion of technological innovation in social care has tended to have a lower profile hitherto than it does in discussion of healthcare, but this may now be changing. It should be noted that there is a social care digital innovation programme through which the Local Government Association (LGA), in collaboration with NHS Digital, has funded digital innovation in social care (Local Government Association 2020). In January 2020 the evaluation of the discovery stage of this programme was published (Local Government Association et al. 2020).

We should actively keep in mind the scope of technology to support and facilitate innovation in social care for older people, while recognising that the role of technology is dependent on the associated inputs of carers (both formal and informal) and/or service users.

Looking forward

As befits a project interested in innovation, the organisers of the workshop had no preconceived idea of what should come out of the round table. Cutting across the discussion was a sense that the current disposition and structure of social care were not well-suited to supporting innovation. The authors heard of examples where leadership and a refreshingly new mindset had helped local innovation, and even examples of where this had spread. However, achieving a system predisposed to delivering socially responsible innovation across the social care system seemed elusive for the participants. Before suggesting possible next steps, it might be worth reflecting on why the sector is not as conducive as it could be to innovation (despite enormous pressure suggesting that it needs to change). In the opinion of the authors, there are at least five main reasons for this:

1. First, social care as a system was designed with the intention that it should be safe rather than innovative. It is the case that innovation can often be risky – in the context of supporting vulnerable people this can be understandably off-putting. Developing a model of socially responsible innovation is a necessary part of achieving change.
2. Second, innovating in manufacturing has generally been easier than innovation in services.

Cutting across the discussion was a sense that the current disposition and structure of social care were not well-suited to supporting innovation.

3. Third, a driver of innovation is a model of 'winner takes all'; entrepreneurs will invest heavily where rewards for successful innovation are visible and substantial. This sits uncomfortably with a sector where collaboration and fairness are valued highly.
4. Fourth, technology has too often been decontextualized, with service users allowed too weak a role in its design. Consequently, in discussions what is technically feasible is privileged over what is useful
5. Fifth, research is a major driver of innovation, and yet there has in general been less research interest in social care than healthcare.

The round table discussion highlighted the need for research to understand the principles that need to be propagated to promote socially responsible innovation, harness reciprocity and contribute to local and national innovation systems and economies. However, the roundtable also highlighted reasons to think that while further research is necessary, this can build upon experiences from a variety

of examples where practitioners and social innovators have already begun to identify what is possible. We (provisionally) recommend more attention be given to:

- Driving innovation by working at the interface between the people in need of care and potential care providers helping to articulate those needs and to better inform service providers who may then find new ways to improve access to care.
- Exploring technology to allow quicker and more relevant information to better prioritise and make more timely the use of resources, including the use of sensors in people's homes and thereby allow more people to live more independently for longer.
- Focusing beyond formal services, to provide people with a safe and pleasant environment, with the intention of reducing some of the burdens of isolation and inaccessible services to enhance community life and better manage the need for formal support.
- Encouraging wider participation beyond 'traditional' (often female) carers and close family members to encourage wider kinship and friendship groups to participate in supporting those who need care.

Notes

[1] All expenditure figures have been converted to 2018/19 prices, using the ONS GDP deflator (Gov.uk 2020).

References

Age UK. 2018. '1.4 million older people aren't getting the care and support they need – a staggering increase of almost 20% in just two years.' Age UK. As of 26 November 2019:
https://www.ageuk.org.uk/latest-news/articles/2018/july/1.4-million-older-people-arent-getting-the-care-and-support-they-need--a-staggering-increase-of-almost-20-in-just-two-years/

Bottery, S., M. Varrow, R. Thorlby & D. Wellings. 2018. 'A fork in the road: Next steps for social care funding reform.' The Health Foundation. As of 2 January 2020:
https://www.health.org.uk/sites/default/files/upload/publications/2018/Fork-in-the-road-Next-steps-for-social-care-funding-reform.pdf

Bristol Ageing Better. 2020. 'Combining Personalisation with Community Empowerment (CPCE).' As of 30 July 2020:
http://bristolageingbetter.org.uk/cpce/

Care Quality Commission. 2016. 'CQC innovation plan 2016: Shaping the future: CQC's strategy for 2016 to 2021.' As of 7 May 2020:
https://www.cqc.org.uk/sites/default/files/20170327_cqc_innovationplan_2016.pdf

————. 2018. 'CQC awarded funding to support and encourage innovation.' As of 30 July 2020:
https://www.cqc.org.uk/news/stories/cqc-awarded-funding-support-encourage-innovation

————. 2019. 'The state of health care and adult social care in England 2018/19.' As of 26 November 2019:
https://www.cqc.org.uk/sites/default/files/20191015b_stateofcare1819_fullreport.pdf

Charlesworth, A., Z. Firth, B. Gershlick, T. Watt, P. Johnson, E. Kelly, T. Lee, G. Stoye & B. Zaranko. 2018. 'Securing the future: funding health and social care to the 2030s.' The Institute for Fiscal Studies. As of 26 November 2019:
https://www.health.org.uk/publications/reports/securing-the-future-funding-health-and-social-care-to-the-2030s?gclid=EAIaIQobChMIy52RqN6H5gIVyh-tBh0Qjg3jEAAYASAAEgIl-vD_BwE

Charlesworth, A., & T. Watt. 2019. 'The real cost of a fair adult social care system.' The Health Foundation. As of 2 January 2020:
https://www.health.org.uk/news-and-comment/blogs/the-real-cost-of-a-fair-adult-social-care-system

Criado-Perez, C. 2019. *Invisible women: Exposing data bias in a world designed for men*. London: Random House.

Department for Business, Energy and Industrial Strategy. 2017. 'Industrial Strategy: Building a Britain fit for the future.' HM Government. As of 7 May 2020:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730043/industrial-strategy-white-paper-print-ready-a4-version.pdf

Gov.uk. 2020. 'GDP deflators at market prices, and money GDP March 2020 (Budget).' As of 30 July 2020:
https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-march-2020-budget

Jefferson, L., L. Bennett, P. Hall, J. Cream, V. Dale, M. Honeyman, Y. Birks, K. Bloor & R. Murray. 2018. 'Home care in England: Views from commissioners and providers.' The King's Fund. As of 6 February 2020:
https://www.kingsfund.org.uk/sites/default/files/2018-12/Home-care-in-England-report.pdf

Local Government Association. 2020. 'Social Care Digital Innovation Programme.' Local Government Association. As of 7 May 2020:
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/informatics/local-investment-programme

Local Government Association, NHS Digital & RSM. 2020. 'Social Care Digital Innovation Programme 19–21: Discovery Phase Review Report.' Local Government Association. As of 7 May 2020:
https://www.local.gov.uk/sites/default/files/documents/SCDIP%202019-21%20Discovery%20phase%20report.pdf

McKinsey. 2015. 'The power of parity: how advancing women's equality can add $12 trillion to global growth.' As of 23 July 2020
https://www.mckinsey.com/featured-insights/employment-and-growth/the-power-of-parity-advancing-womens-equality-in-the-united-states

New Economics Foundation. 2020. 'Community Micro-Enterprise as a Driver of Local Economic Development in Social Care.' New Economics Foundation. As of 29 July 2020:
https://neweconomics.org/uploads/files/Community-micro-enterprise2.pdf

Office for National Statistics. 2017. 'National Population Projections: 2014-based Statistical Bulletin.' London: ONS. As of 19 May 2020:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2015-10-29

Sussex, J., P. Burge, H. Lu, J. Exley & S. King. 2019. 'Public acceptability of health and social care funding options.' London: The Health Foundation. As of 20 May 2020:
https://www.health.org.uk/publications/public-acceptability-of-health-and-social-care-funding-options

The King's Fund. 2018. 'Key challenges facing the adult social care sector in England.' The King's Fund. As of 9 January 2020:
https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf

Thorlby, R., A. Starling, C. Broadbent & T. Watt. 2018. 'What's the problem with social care, and why do we need to do better?' The Health Foundation, the Institute for Fiscal Studies, The King's Fund and the Nuffield Trust. As of 26 November 2019:
https://www.health.org.uk/sites/default/files/NHS-70-What-Can-We-Do-About-Social-Care.pdf

Walton, H., A. Harshfield, S. M. Tomini, P. L. Ng, K. Cowan, J. Sussex & N. J. Fulop. 2019. 'Innovations in Adult Social Care and Social Work Report.' BRACE Rapid Evaluation Centre and RSET. As of 26 November 2019:
https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/BRACE/innovations-in-adult-social-care-and-social-work-report.pdf

Wittenberg, R., B. Hu & R. Hancock. 2018. 'Projections of Demand and Expenditure on Adult Social Care 2015 to 2040.' PSSRU, London School of Economics. As of 2 January 2020:
http://eprints.lse.ac.uk/88376/1/Wittenberg_Adult%20Social%20Care_Published.pdf

Wylie, I. 2012. 'New models could change the shape of social care.' *The Guardian*. As of 3 January 2020:
https://www.theguardian.com/social-care-network/2012/oct/24/work-practices-social-care

Annex A. Short descriptions of selected innovations

Ten of the innovations and their descriptions are reproduced from Walton et al. (2019). We added descriptions of 'Combining Personalisation with Community Engagement' and 'PatchCare'.

Catalysts

Age Care Advice Care Coordinators

Age Care Advice carries out a comprehensive assessment to identify needs. Service users are allocated one local coordinator. The coordinator is available to the person and anyone in their network seven days a week, 12 hours a day. The service includes: care coordination, support and advocacy when attending appointments, capacity assessments, finding the right care home or live-in care, finding tradesmen, personal budget and benefit support, discharge plan from hospital and being the first point of contact on a carer's emergency plan.
Reference: https://agecareadvice.co.uk/

Combining Personalisation with Community Engagement (CPCE)

CPCE is a project that addresses social care needs by empowering people in the local community to support each other. Through CPCE volunteers are recruited to provide support, such as taking an older person to community events, which can save local authorities money. Additionally, Accident & Emergency attendances and admissions could be reduced as a result of the community looking out for vulnerable people. Thus, over time, the involvement of social enterprises and volunteers could reduce the cost of social support for an individual (Bristol Ageing Better 2020). The money saved through volunteers would be split between the local authority and the social enterprise, which would invest its share in the community (Wylie 2012).
References: Bristol Ageing Better. 2020. 'Combining Personalisation with Community Empowerment (CPCE).' http://bristolageingbetter.org.uk/cpce/
Wylie, I. 2012. 'New models could change the shape of social care.' The Guardian. As of 3 January 2020: https://www.theguardian.com/social-care-network/2012/oct/24/work-practices-social-care

Community Catalysts CIC

Community Catalysts CIC designs and manages projects to provide services, delivers programmes of work, facilitates events and workshops, and writes practical guidance and toolkits. It collaborates with community groups, local councils, local NHS organisations (healthcare providers and commissioners), policymakers, and other voluntary and private-sector organisations. Services include homecare, day centres, day services, friendship agencies and meals-on-wheels programmes.
Reference: https://www.communitycatalysts.co.uk/

Community Contacts

Community Contacts is a project that aims to help people to design and manage their own support in a confident and informed manner. Working with the local social work department and local community organisations, it can help to reduce feelings of loneliness and uncertainty by

providing opportunities for people to make connections with specialist organisations or groups who can offer support, e.g. local carers' organisations.
Reference: https://www.carrgomm.org/community-contacts

Community Link Working

Community link working offers non-clinical one-to-one support to people in contact with GP practices. It is based on person-centred values and a human-rights based approach. Community Link workers take time to understand concerns impacting on people's health and wellbeing and help them to identify problems and issues that they are experiencing. They then co-create a bespoke outcomes-focused action plan that reflects the person's priorities and concerns. Community link workers support people to achieve their goals by enabling them to identify and access relevant resources and services in their local community.
Reference:
https://www.carrgomm.org/community-link-working

Local Area Coordination (LAC)

Local Area Coordination is a preventative, community-asset-based approach that facilitates self-supporting communities for social care. A local area coordinator works embedded in a defined neighbourhood of 8,000–12,000 people. The premise of LAC practice is based on 'what does a good life look like?'. The co-ordinator asks this question of the person and helps create opportunities for them to begin to progress towards personal goals and ambitions.

References:
https://lacnetwork.org/local-area-coordination/
https://www.enable.org.uk/lac/

PatchCare

PatchCare has been designed to simplify care at home. Full-time PatchCare Assistants are appointed to a patch that consists of no more than ten clients who live close to one another. Usually two PatchCare Assistants, communicating through a messaging app called Slack, are allocated to each small patch and provide responsive visits based on people's changing needs. All PatchCare Assistants are employed on a full-time contract and are permanently allocated to an area (or patch), so that clients know they will see the same person at each care visit. PatchCare is not only about connecting carers to individuals, but also helping clients to socialise with each other, based on their interests.
Reference:
https://www.caremark.co.uk/home-care-services/patchcare

Sensors

MySense.ai

MySense is a health analytics platform. It monitors an individual's health, wellbeing and behaviour patterns and flags changes, which can be used to alert family, friends and other carers. Information from fixed and wearable sensors is gathered by a secure platform. MySense learns behaviour patterns and identifies declining health or other immediate care needs.
Reference: https://www.mysense.ai/

Telecare

Telecare systems include automatic and passive monitoring of a person's functional status as well as their home environment. Telecare devices include medication dispensers, pendant alarms, falls detectors, PIR (passive infrared sensor)-based lighting and teleconsultation software to connect the individual with their formal and informal care support network. Telecare detects when there is a prob-lem and sends alerts to a call centre, from which help is organised.

References:

https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/personal-alarms-security-systems-and-keysafes/
https://www.ageuk.org.uk/information-advice/care/housing-options/adapting-home/telecare/

Environment

Dementia-Friendly Community

The dementia-friendly communities programme encourages everyone to share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community. The group's services improve confidence and motivation, provide reassurance and allow people affected by dementia to obtain advice and information from staff.

References:

https://www.dementiafriends.org.uk
https://www.alzheimers.org.uk/

Harmonia Village

The Harmonia Village provides an opportunity to support people living with dementia that compliments and enhances existing services and organisations in Dover. It uses sound and motion technology to monitor residents' movements and safety.

Reference:

https://www.ekhuft.nhs.uk/patients-and-visitors/news-centre/the-harmonia-village-at-dover/

Shared Lives

Shared Lives

This innovation aims to support people to live independently and improve their physical and mental wellbeing by connecting them with accredited carers. The scheme involves linking up adults in need of social care with a carer. As well as the carer offering support for day-to-day tasks, such as dressing and cooking, they also integrate the person in need into their lives. This helps the individual to develop relationships within their local community with the aim of supporting them to live more independently.

Reference: https://sharedlivesplus.org.uk/

About This Perspective

This document draws on work prompted and funded by Power to Change, an independent charitable trust that supports and develops community businesses in England. Power to Change is interested in the role and potential of community-owned and led businesses in social care provision that is locally rooted.

The authors of this Perspective were approached by Power to Change to review the state of demand and supply for social care for elderly adults in England and to explore opportunities to innovate in providing that care, with a view to identifying where value might be added through further research. At the heart of the work that has stimulated this Perspective was a round table discussion held at Power to Change's offices in London in February 2020 with a range of independent experts in researching or delivering innovative social care.

In this Perspective we report and reflect on the ideas generated by that discussion – ideas about ways to encourage and sustain innovation to help support older people in need of care services.

About the Authors

Tom Ling is Head of Evaluation and a senior research leader at RAND Europe. He leads evaluations of complex interventions that typically focus on the key challenges facing organisations in health and social care, wellbeing and development, using theory-based, mixed-methods evaluation approaches. He is a professor (emeritus) at Anglia Ruskin University, a Board member of the European Evaluation Society and an honorary senior visiting research fellow at the University of Cambridge.

Evangelos (Akis) Gkousis is an analyst in the area of health and social care at RAND Europe. He holds an MSc in Health Economics (University of Leeds) and a BSc in Economics (University of York). His research includes evaluation of the impact of housing quality on health, assessment of digital health technologies and evaluation of the Liaison and Diversion scheme to reduce re-offending by addressing health and social care needs of people entering the criminal justice system.

Jon Sussex is Chief Economist at RAND Europe and Co-Director of the Cambridge Centre for Health Services Research (a collaboration between the University of Cambridge and RAND Europe). He is an honorary senior visiting fellow at the University of Cambridge. His research interests include the organisation and financing of health and social care, including the impact of incentives and markets; and the evaluation of health and social care innovations.

Acknowledgements

RAND EUROPE

www.randeurope.org