

Policy Brief Health and Social Care, December 2015

Social Innovation in Health and Social Care

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This policy brief appraises the state of social innovation in Health and Social Care and looks at current and future challenges and opportunities in the policy field. This document is based on the Policy Field Report for Health and Social Care as well as policy field workshops held in London (30.09.2015) and Vienna (20.11.2015) together with a review of critical literature.

There are significant regional variations in health and social care challenges, covering the spectrum of communicable and non-communicable diseases, and from access to basic healthcare to the integration of health and social care

A high degree of risk aversion in health and social care can be a major barrier to social innovation, particularly if attempting to create systemic change

European and Global Challenges in the policy field

Challenges in health and social care differ significantly according to context. In the **global North** challenges predominantly centre on responding to an ageing population, a rise in non-communicable chronic disease and lifestyle-related conditions such as Type-2 diabetes, and how best to integrate health and social care. In the **global South** there are still many challenges relating to communicable diseases such as HIV/AIDs and increasing access to essential healthcare. Nonetheless, some challenges transcend regional classifications, for example shortages of skilled social care workers are reported in Germany, South Africa, and Oman. However, overall the level of global demand for quality healthcare is rising.

At the same time economic constraints such as the Global Financial Crisis have had an impact upon health systems and social care provision. The **EU** is witnessing increases in life expectancy and decreases in health spending in real terms with cuts in health workforce and salaries. This challenge has been a key driver of innovations such as 'task shifting', which seek to maintain or increase the quality of care while saving money by moving the remit specific tasks from one professional group to another (typically less expensive) professional group.



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Major challenges in Europe include managing the increasing demands on health and social care, particularly as a result of an ageing population, in times of financial constraint. Outside Europe tackling major health inequalities is a primary challenge

New possibilities in ICT are a major driver of social innovation, giving rise to many new approaches broadly identified as e-/m-health

Alongside a need to tackle societal challenges in health and social care, increasing demands by patients for empowerment and choice are also driving social innovation

A high degree of risk aversion in health and social care can be a major barrier to social innovation, particularly if attempting to create systemic change

Beyond Europe, and particularly in 'developing' countries and emerging markets, **health inequalities** continue to be a major challenge to health and social care. These countries often experience: disproportionately high levels of communicable disease, such as TB and HIV/AIDS; higher rates of death related to injury and violence; higher infant mortality rates; and less access to safe water and sanitary conditions. Countries with large rural populations can find it difficult to provide care to isolated groups and this has influenced the kinds of innovations that have been implemented, leading to a focus on finding new ways to provide care through, for example mobile health units and technological developments (like e-health). At the same time, many countries are also starting to experience increasing levels of lifestyle related illnesses and rising levels of other non-communicable diseases.

Foresight Results

A first round of 'policy foresight workshops' have been held on the social innovation policy domains of SI-DRIVE. In the workshop of the policy domain of health and social care drivers and barriers related to social innovation in employment were discussed.

Drivers for social innovation in health and social care

In the European context issues such as demographic changes and fiscal austerity are core drivers for social innovation. However in other contexts like, for example, Sub Saharan Africa, Latin America or India, issues related to ageing are not so important and spending on health is, in some cases, increasing. Along with population changes, come changes in the disease burden of care.

New possibilities in ICT and the greater penetration of mobile technologies are also major drivers of social innovation across the world. These are giving rise to many innovations in the fields of e-/m-health, such as apps which enable people to better manage long-term health conditions, to enable people with disabilities to participate more fully in everyday life, platforms for online peer support, and increased opportunities for delivering healthcare to isolated populations.

Connected to these drivers are others, such as increasing demands for patient empowerment and choice, which in turn are giving rise to new models of care and shifts between formal and informal options, integration of health and social care, and rising levels of expectations for new and innovative approaches.

Whilst drivers and motivators may be common across different contexts these can result in different approaches to innovation, according to the needs and opportunities of the society in which it is implemented. Similarly it may be that the same practice fields are operational in each country but that these have different motivators.

At the level of the individual innovator, a number of motivations are identified including a 'sense of civic or professional duty', a 'sense of solidarity' and 'personal experiences'; all of which inspire change. Another kind of motivation exists which could be termed 'the recognition of possibilities'; examples of this include being inspired by an innovation or solution that is implemented elsewhere or recognising the possibilities now afforded by technological advancements.

Barriers to social innovation in health and social care

Importantly the manifestations of innovation are shaped not just by drivers and motivators but also by barriers. Barriers to innovation are often institutional: 'regulation' and - often in the case of insurance based systems - a 'desire to limit risk' amount to serious barriers within existing

The health and social care professions are also identified as often lacking some of the necessary innovation skills and at times being resistant to change

Other barriers include a need for a greater evidence base around innovation in health and social care, questions over the role of the private sector, and a lack of funding

EU policies and strategies are an important driver and enabler of social innovation in health and social care across Europe

Within Europe, there is very little evidence that social innovation has been explicitly or implicitly embedded in health and social care policies in most countries. Only a handful of countries show substantive integration of social innovation in policy.

Current policy landscapes and political priorities are major determinants of the role of innovation in social policy. Similarly, in some countries geopolitical issues may play a greater role in coming years.

A growing priority is to address how the impact of social innovation is measured as this is foreseen to change the way it is incorporated in policy, funded and implemented

structures that can prevent innovations from having the space to experiment or pilot. Health is a field in which safety is a major priority and so health innovation must sit within the framework of regulation and legal frameworks. On the flip side, when these barriers are removed, for example changes to regulation, the same factor can serve as an enabler for new innovations. In this way, innovations such as task shifting and e-health have been legitimised.

However barriers are not always institutional and factors like a 'lack of public trust' can also hinder successful innovation where the public are asked to engage with new ways of delivering care or managing health. Others include: a lack of evidence and knowledge around new innovations and the processes of innovation; defensiveness and intransigence among certain professional groups resulting in a resistance to change; skills shortages (including innovation skills); questions over the role of the private sector (which can vary significantly depending on the health system in place); the potential power and the risks of big data; and a lack of funding.

Policy Issues

At the EU level, there are several strategies and policies of note from a social innovation perspective: The EU Health Strategy "Together for Health" (European Commission, 2007); the April 2012 Communication "Towards a job rich recovery" ('Employment Package') which proposed to mobilise EU funds to boost jobs in three key economic sectors, including healthcare; and the EC staff working document "Investing in Health" published in 2013 as part of the Social Investment Package. The implicit importance of social innovation in health is also seen in the EU Cohesion Policy and ERDFs.

The majority of the countries, however, report having **no specific, or explicit social innovation policies or structures** in place at the national level for health and social care, although typically the environment is well suited for promotion and implementation of social innovations. There are, however, some countries (e.g. Brazil, Germany, and Sweden) where social innovation is being more explicitly identified as an approach to issues such as reaching vulnerable populations, or engaging communities, or fostering patient empowerment. There are then a few countries, such as the UK, Netherlands, and Austria where a more substantive integration of social innovation in health and social care policy and practice is evident.

Current policy landscapes inevitably have a significant impact upon the shape of current and future innovation. Political priorities are dependent upon context and political realities and these can be shaped by 'emergencies' or stresses, both real and perceived. The belief that, for example, it is right to tackle health inequalities is based upon shared values and political perceptions. Should those values change or should political perceptions change then so too might the prioritisation of such issues. Geopolitical issues, too, can impact upon how policy is shaped and implemented. Current debates around the rights of migrants and refugees to health care are illustrative of this. At a broader level, the UK's EU referendum pushes for greater regional devolution in countries like Spain, and potential EU harmonisation policies could have considerable repercussions to public policy.

There are also important policy issues related to the measurement of impact and outcomes from social innovation. Increasingly these are more of a priority for funders and commissioners and it is anticipated that this trend will continue. It is foreseen that **changes in the way outcomes from social innovation are measured will impact on how social innovations are funded, implemented and resourced.**

In Europe, particularly, the role of the private sector is also foreseen to be an area of likely change with implications for policy. The increasing burden of care versus decreasing resources is leading to new models of working, collaboration and systemic change. Multi-stakeholder working may well impact the role of the private sector and change the degree to which private and CSO actors are involved in service design and delivery.

Policy Recommendations

During the policy and foresight workshops a number of possible EU policy recommendations were formulated. These include:

Embed health and innovation in all policies through greater dialogue between DGs and ministries

1. **Create a dialogue across all EU DGs and ministries to embed both health and innovation in all policies.** Health is a cross-cutting issue with outcomes affected by many policy areas from education to the environment and more innovative, collaborative approaches are required to address the complex health challenges faced in Europe.

Increase the sustainability of funding for social innovations to enable better impact and outcomes measurement

2. **The funding of social innovation in health and social care must be made more sustainable** and be of sufficient duration to enable impact and outcomes measurement over an appropriate period. Currently too many innovations receive only short pilot funding and are not able to achieve scale or impact in the time available, leading to limited data about the outcomes of the approach.

Promote the co-evolution of social and technological innovation with cross-sectoral involvement

3. **Promote the co-evolution and development of social and technological innovation**, with input from private, public and third sectors. Many of the complex health challenges faced today, in a time of financial austerity, require greater collaboration to harness the opportunities available, release funding, and create and implement new and innovative models of care.

Conclusions

Social innovation in health and social care is happening in two ways – outside the current systems and regulatory frameworks, and within them, although there are many examples of those which have been initiated at the grassroots and become adopted and formalised into mainstream practice. It is also a huge and diverse field with social innovations tackling a wide range of interconnected social challenges and needs. It is clear that **it is a policy field ripe for innovation** and increasingly governments are open to such approaches as potential solutions to the need to do ever more with decreasing resources.

Health and social care is a policy area ripe for social innovation in the face of current challenges. To enable effective new approaches it is essential that the institutional, regulatory and legislative barriers are addressed, that cross-sectoral collaboration from both social and technological fields is fostered, and that more sustainable funding models are developed.

However, there is still significant work to be done at a policy level to facilitate and enable greater social innovation in the field. Crucially this includes **addressing many of the institutional, regulatory and legislative barriers**. It also involves creating the space, funding and legitimacy for experimentation in an area which, in many countries, is highly risk averse. New technologies are also offering huge opportunities for innovation in health and social care across the globe. Thus policy efforts should also be directed towards **fostering greater cross-sectoral collaboration and bridging the gap between technological and social innovation**.

About SI-Drive

“**Social Innovation – Driving Force of Social Change**”, in short **SI-DRIVE**, is a research project aimed at extending knowledge about social innovation (SI) in three major directions:

Research objectives

- Integrating theories and research methodologies to advance understanding of social innovation leading to a comprehensive new paradigm of innovation.
- Undertaking European and global mapping of social innovation, thereby addressing different social, economic, cultural, historical and religious contexts in eight major world regions.
- Ensuring relevance for policy makers and practitioners through in-depth analyses and case studies in seven policy fields, with cross European and world region comparisons, foresight and policy round tables.

Global partnership

SI-DRIVE involves 15 partners from 12 EU Member States and 10 partners from all continents, accompanied by 13 advisory board members, all in all covering 30 countries all over the world.

Seven policy fields

Research is dedicated to seven major policy fields: (1) Education (2) Employment (3) Environment and climate change (4) Energy (5) Transport and mobility (6) Health and social care (7) Poverty reduction and sustainable development.

Iterative research approach

The approach adopted ensures cyclical iteration between theory development, methodological improvements, and policy recommendations. Two mapping exercises at the European and the global level will be carried out in the frame of SI-DRIVE: Initial mapping will capture basic information of about 1000+ actual social innovations from a wide variety of sources worldwide, leading to a typology of social innovation. This will be the basis to examine the global social innovation distribution. Subsequent mapping will use the typology to focus on well documented social innovation, leading to the selection of 70 cases for in-depth analysis in the seven SI-DRIVE policy areas. These case studies will be further analysed, used in stakeholder dialogues in seven policy field platforms and in analysis of cross-cutting dimensions (e.g. gender, diversity, ICT), carefully taking into account cross-sector relevance (private, public, civil sectors), and future impact.

Up to now five key dimensions (summarised in the following figure) are mainly structuring the theoretical and empirical work:

Five key dimensions



Outcomes

The outcomes of SI-DRIVE will cover a broad range of research dimensions, impacting particularly in terms of changing society and empowerment, and contributing to the objectives of the Europe 2020 Strategy.

More information: www.si-drive.eu