EUROPEAN

POLICYBRIEF

SOCIAL INNOVATION IN HEALTH AND SOCIAL CARE

This policy brief on Social Innovation in Health and Social Care is based on results of the EU-funded project "Social Innovation: Driving Force of Social Change" (SI-DRIVE). Highlights of this policy field are given from results of a quantitative mapping of 154 example, in-depth case studies of 15 social innovation initiatives, and policy workshops with external experts in Spring 2017.

Social innovation is an important tool for tackling some of the significant challenges facing health and social care across the world. However, there are also significant barriers to bringing about change in this way. The cultures around, and within, health and social care provision, and the habits and expectations of service users, can make change difficult.

There are a number of important 'innovation assets', which policy-makers can help to facilitate in order to enable innovation. Convening appropriate skill sets, capital, and buy-in can be difficult for innovators to do by themselves. For this reason, we find that cooperation is an important dimension to innovation in health and social care.

Policy recommendations include: facilitating understanding of contexts; creating innovation pathways and plugging gaps; removing barriers; and communicating value and building cultural change.

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INTRODUCTION

Across the world there are a number of challenges facing health and social care. Some are specific to regions and countries. In lower-income countries, for example, ensuring access to healthcare for rural, isolated or marginalised populations continues to be a challenge requiring both resources and new solutions[i]. In addition, infectious diseases continue to present challenges to public health. Whilst progress has been made on HIV/Aids and Malaria, these continue to have serious impacts upon health outcomes (ibid.) Furthermore, outbreaks of the Zika and Ebola viruses have highlighted severe limitations in health systems in low-income countries[ii].

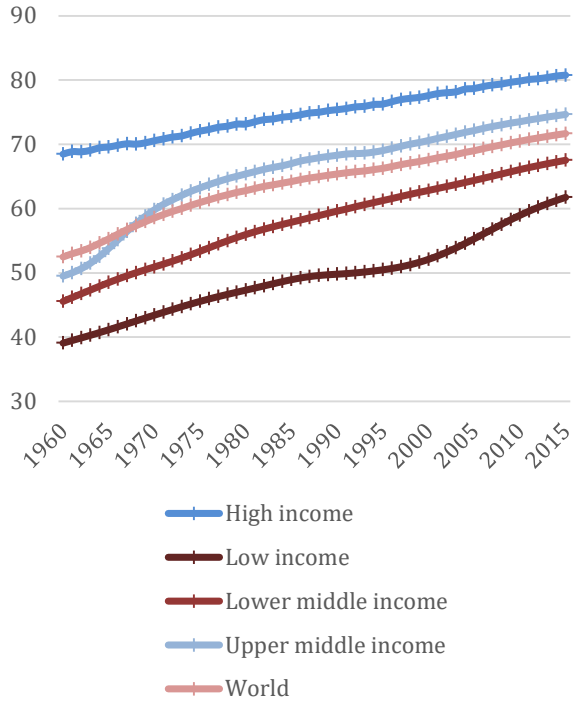


Figure 1: Life expectancy since 1960 (Source: World Bank)

Globally life expectancy is growing (see Figure 1)[iii]. This can be considered a success of health and social care systems, but it brings with it additional health and social care challenges associated with ageing. Non-communicable diseases are on the rise, in both high and low income countries, driven both by an ageing population and by changes in diets and lifestyles[iv]. In addition, health systems are having to manage the expectations that people and organisations increasingly have[v].

International organisations such as the World Health Organisation and the UN have, through frameworks such as the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs), driven a demand for universal healthcare and in doing so have reduced maternal and child mortality[vi]

Meanwhile among many patients, particularly where populations enjoy the provision of bespoke and increasingly convenient services, there is an expectation that care should be more patient-centred and personalised (Atkinson and Rubinelli, 2012). These rising expectations have to be seen in a global context where, in many countries, the cost of healthcare as a percentage of GDP is rising[vii]

As a result of the above challenges, we can see that global healthcare systems are in a position where they are consistently having to balance three key dimensions of healthcare:

- **Cost of care**
- **Access to care**
- **Quality of care**

Healthcare systems across the world are forced to balance these three competing priorities, which will differ in their importance according to the existing system and environment in question.

This balancing act is frequently the space in which social innovation operates: with a desire to provide new ways of creating solutions which change or improve one of more of these domains.

The SI-DRIVE project looks to explore how social innovation is contributing to tackling these challenges and what can be done to nurture innovative solutions to some of these most intractable problems.

We have done this by looking to the underlying practices that come to drive social innovation and the trends in innovative practices (practice fields) which have resulted, or are resulting, in new healthcare paradigms. We look at factors that allow innovation to take root and flourish, and we look at barriers which can stand in the way. This has allowed us to formulate policy recommendations which we believe can help to build more innovative health and social care systems, equipped with the tools and frameworks to make progress against some of their most entrenched problems.

Evidence and Analysis

The SI-DRIVE project mapped 154 health and social care cases of social innovation from around the globe. When considering these cases we looked not just to the specific initiative, but to the processes and practices that lie at the root of these innovations. Using an approach which incorporated analysis of the data with input from experts we found that we were able to group the innovations into what we refer to as 'practice fields'. These are groups of innovations which are driven by similar changes in social practices. This was an iterative process as it became clear that innovations can frequently be considered to be part of multiple 'practice fields'. However we found that the initiatives mapped as part of this first empirical phase could be grouped into 11 practice fields, summarised in Table 1.

Table 1: Definitions of practice fields mapped during phase 1 and number of cases.

Practice Field	Definition	# of cases
New models of care	*Responding to new social expectations and/or social values by developing models of care that are entirely new in their context.*	44
Electronic/ mobile health	*Using or creating an increased dispersal of technological capacity and capability among the population in order to increase the efficiency and/or effectiveness of engagement with/ of patients.*	21
Shift in care location	*An approach to care where tasks which are frequently performed in one location are performed in another in order to improve, quality of, access to, or cost-effectiveness of care.*	16
Integrated care delivery	*A new approach to providing health and social care which integrates aspects of healthcare provision.*	15
Peer support	*An approach to care in which people with experience of a health or social issue provide support to others who are facing similar situations.*	8
Self-management	*An approach to care in which service users are empowered through education, technology or other forms of support to manage aspects of their own care.*	7
Health Promotion	*An approach focuses at the societal level and aims involving the development of social and environmental interventions which change behaviours.*	6
Movement building	*The process of building movements of people at a grassroots level in order to effect change in people's health.*	4
Task-shifting	*The process of delegation whereby specific tasks are moved, where appropriate, to less specialized health workers.*	3
Gamification	*An approach which uses game or game-like elements in order to drive and reward behaviours which have a positive impact upon health*.	2
Incentivising wellness	*An approach to encouraging healthy lifestyles in which patients or service users are encouraged in certain behaviours through incentives.*	2

In health and social care there is considerable variation within practice fields, both in terms of the motivations behind them, whether they seek to address cost, quality and/or access and the way in which they seek to bring about change. Within some practice fields we can identify 'sub practice fields'. In E/M (electronic and mobile) health the practice field is so well developed that it is possible to identify sub-practice fields including: telemedicine, self-management apps, and ambient healthcare technologies.

Our analysis has shown that health and social care initiatives must frequently engage with a complex **innovation context** when they develop initiatives. This is usually made up of a number of different factors which all influence one another, and therefore influence the initiative. These factors include:

- The **social values** of the communities and the norms in place.
- **The level and nature of public expectations** around what health and social care should be provided, to whom and by whom and how this should be provided.
- The **priorities of policy-makers,** the focuses of government action and the constraints that governments face.
- The extent to which there is **policy-maker buy-in**. This is distinct from policy priorities which tend to be strategic and across governments. This is often a more personal drive or personal motivation among government actors which causes them to push forward an initiative.
- The level of **funding availability**, which differs considerably from country to country and also within countries. For example, between different income groups, insurance companies, or local authorities. In some cases it can differ between different health problems if, for instance, there is particular impetus among policy-makers to try and reduce the burden of particular diseases.
- The level of **available capacity** which includes the number and expertise of practitioners, the state of infrastructure, and other aspects of the capacity to provide services.
- The level of **competition** in place between providers.
- The type of **healthcare system and level of bureaucracy** which is very strongly determined by the above factors.

Our quantitative analysis suggests that funding challenges presented a particularly significant barrier with 66.3% of health and social care initiatives identifying this as a barrier[1]. In addition, a lack of particular types of funding can inhibit successful innovation. For example, 'pilotitis', the proliferation of pilots which do not result in long running interventions, is fairly common in some areas, especially among E/M health innovation, due to a lack of follow on funding opportunities[viii]. However our case study analysis suggested that availability of funding, like the other above factors, is strongly associated with other contextual factors. For example public expectations about what should be available can help to increase funding availability because people can exert influence on policy-makers who may decide to spend more or less on certain services or initiatives. Therefore these contextual factors are strongly interlinked. It is likely that in-depth knowledge of how these contextual factors manifest in certain environments will enable uptake of innovations.

Key Innovation Assets

We also found that in order to work with the environment, or confront barriers to innovation, initiatives frequently need to develop 'innovation assets': skills, competencies, forms of capital which help them to deal with their environment. We identify six key innovation assets: financial capital; political capital; knowledge capital; human capital and cultural capital (see Figure 2).

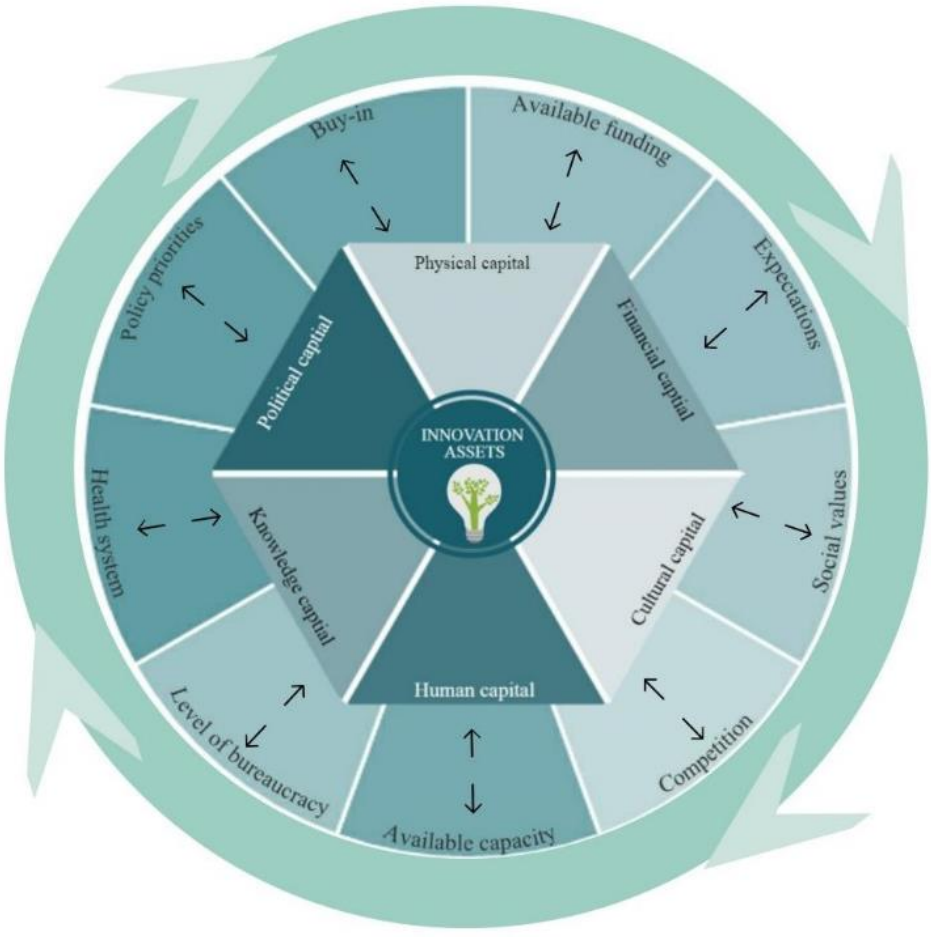
- **Financial capital** are those financial assets that facilitate or enable innovation. It often enables operationalisation, because it can be easily translated into necessary human and other kinds of capital, and is therefore often a vital dimension of health and social care innovation.

[1] N=89. 66.3% is compared to 51.4% average across policy fields (N=570)

- **Physical capital** often comes in the form assets such as buildings, tools and machines which provide the infrastructural components for an innovation operating. Within health and social care innovation like this can amount to the building that houses operation, to the machinery or technology (such as computers) necessary for the innovation to function.
- **Political capital** is the ability of a person or a group to influence political decision making, or to leverage political relationships and priorities to the benefit of the innovation. It can allow for the influence of important dimensions of the healthcare environment such as regulation, policy or risk appetite.
- **Knowledge capital** is the expertise and understanding of the initiator(s) which is crucial to the success of the innovation. For an E/M (electronic and mobile) health innovation, for example, it has to be possible for the innovators to access the knowledge to develop the solution. Knowledge capital is broad and can range from a clear understanding of medical procedures to an understanding of how patients would like to interact with their doctor. It can also include an ability to evidence the impacts of the initiative or knowledge of the political and policy-making process and landscape.
- **Human capital** describes the personnel and human resources necessary in order to be able to build the innovative solution. It means the ability to be able to bring together teams with the correct skills and competencies in order for them to be able to serve their functions.
- **Cultural capital** concerns the extent to which the initiative can influence culture or address needs determined by culture that otherwise have not been addressed. It can also describe the extent to which an innovative initiative can shape itself to certain cultures. As already discussed, health and social care is a field in which there are clear and entrenched cultures which innovations either need to effectively work with or change to be successful.

These assets are key factors determining the ability of initiatives to interact successfully with their environments, and the contextual factors outlined above.

Figure 2: Innovation assets and contextual factors



Key Innovation Actors

Social innovation in health and social care often incorporates many different **actors**, from the private to the public sector and it is also a sector with significant cooperation. Cooperation is a clear way in which initiatives and the innovators who develop them can increase their access to certain forms of capital.

Our quantitative mapping and the case study analysis offered many indications that health and social care innovation is driven by or features cooperation and this often appears to be cross sector collaboration. We find that in health and social care it can be useful to consider innovation actors from the perspective of the competencies and the knowledge that they bring to innovation. As such we define **four different roles for actors** in this sector:

1. **The health and social care professional**: When we consider the 'professional' we consider those who specifically have a role in health and social care delivery. This includes the doctors, nurses, social workers and carers who deliver treatment and care on a day-to-day basis. They have an understanding of the internal cultures of health and social care systems. They understand the challenges of working within the system and of engaging with patients. They are frequently able to provide clear professional knowledge not only of the medical aspects of health and social care social innovation, but also of the relational aspects of providing healthcare, the ways in which their environment functions and the culture among professionals. They can also provide insight into their interactions with patients.

2. **The external technician**: Technicians are those actors who have technical knowledge from outside of the health and social care system. They might be experts in developing new organisational models or have ICT capabilities which allow for the development of new forms of E/M health technology. They provide important forms of knowledge and also provide input into new networks.

3. **The policy-maker**: Policy-makers operate at multiple levels from central government to local commissioning or particular policies of specific health insurance companies. They determine, to a greater or lesser degree, how funds are spent. They are likely to have insight into the workings of the health service and into the priorities that might be present. They can, amongst other roles, help to create funding streams for innovative initiatives, increase or decrease regulation and expectations of evidence of impact and also help to create buy-in.

4. **The citizen**: All people who use health services have some insight into how they use them, and what they expect. Those who have more experience of using them, for example if they suffer from a chronic condition, may have more experienced than those who rarely interact with health or social care services, albeit it is often people who may most need health and social care support who are not accessing services. Nevertheless, citizens can provide crucial insight into whether and how initiatives can or should work, as their interaction with services so often determines their effectiveness.

We consider that actors discussed above have a **level of fluidity** when they contribute to the development of innovation. People can move between these actor categories according to the assets and motivations that they happen to bring at that moment. For instance, a person who works in government can inhabit the role of policy-maker, but they are also clearly a 'citizen' in their own right who is likely to access health and social care services themselves.

In addition to this fluidity between actors, innovation in health and social care can frequently include a **diverse set of actors**. This is particularly important since our policy and foresight workshops demonstrated that innovation uptake requires that cultures change to meet innovations, and that innovations change to meet cultures. Having a diverse set of actors can help to combine a range of competencies which are more likely to enable culture change and subsequently increase the chances of a successful innovation uptake.

POLICY IMPLICATIONS AND RECOMMENDATIONS

Health and social care will require social innovation in order to deal effectively with the current and future challenges faced by the sector and by societies.

Through targeted and context-sensitive actions by policy-makers, and by other stakeholders in the sector, we can help innovation to flourish. Through our empirical work we define six key 'assets' that initiatives frequently need in order to be successful. These are often needed in order to help negotiate the contextual factors that interact with assets to determine the success of initiatives.

Below we outline recommendations designed to help ensure that social innovation is enabled in health and social care systems in a way which brings about positive change.

1. Facilitating understanding of contexts

Each context has a unique health and social care system. However some policy-makers are not aware of what is standing in the way of developing social innovation in the sector.

- Policy-makers and other key stakeholders should invest in research and consultation within their sector to understand what the barriers and enablers to innovation are in order to build specific enabling frameworks for innovators within those health and social care systems. This is particularly significant since many policy-makers were unaware of the barriers to social innovation in the sector.

2. Creating innovation pathways and plugging the gaps

Innovation in health and social care requires clear pathways for progression, both within and outside of the field.

- **Diverse funding mechanisms** should be available for health and social care social innovation, and should reflect the variety and diversity within health and social care innovation and the needs of innovators at different stages of innovation development.
    - This means funding should be available both in the forms of 'seed funds' for early ventures and 'follow on funding forms' for those innovations which are not in the start-up phase, but still need help refining the business model.
    - Another funding mechanism can be grant funds which can be administered through mechanisms like challenge funds or straight forward grant making.
    - Many health and social care contexts still require development of the social investment market. In some funding environments this may mean the development of mechanisms like social impact bonds and in others this may come in the form of tax incentives for social investment.
- Other forms of support are necessary in order to foster social innovation. Programmes designed to help **nurture 'innovation assets'**, such as incubator programmes, accelerators, and labs must be created in order to offer innovators the space for experimentation.
- Health and social care systems should create **clear pathways of institutionalisation** which focus on their own strategic challenges and look to foster innovation from the seed of an idea right through to scaling. However health and social care systems should also be open to incorporating innovations from outside of the system. Such pathways could involve:
    - Access to assets necessary for experimentation including human resources
    - Access to professionals and patients for the purposes of consultation
    - Structured roll-outs incorporating feedback mechanisms

3. Removing barriers

With an understanding of the needs of innovators, it is important to begin removing the barriers that they face.

- Health systems should adopt an approach to **regulation which can be more flexible and bespoke to innovation**. Regulation frequently stands in the way of health and social care social innovation. However, it is often in place to keep people safe and therefore simply

removing it is often not advisable. 'Regulatory Sandboxes' present in the energy and finance sectors of the UK can offer insights into how to navigate this dilemma. Such 'sandboxes' offer selected innovations the opportunity to be released from certain regulation on the condition that they are closely monitored and evaluated. This approach can help to create a space for innovators who otherwise may not be able to test their solutions due to regulatory barriers.

- We would advise the creation of **flexible or 'smart' evidence frameworks** which take into account the fact that many early stage innovations find it difficult to evidence their impacts. This has serious implications for the ability of innovators to access resources, especially where commissioners and funders are seeking to make 'evidence based' decisions. We recommend that (a) a proportionate level of evidence is required, related to the size and longevity of an initiative, (b) resources are made available that help innovators to evidence their impacts, and (c) that innovators are given the time that they need in order to be able to build a robust evidence base for their innovation.

4. **Communicating value and building cultural change**

A considerable barrier to social innovation in health and social care are the embedded cultural values of societies and the cultures within health systems and among policy-makers. The sector tends to be risk averse and this can make change difficult.

- Health and social care actors, whether policy-makers, practitioners or other stakeholders need to build networks of awareness around social innovation, to advocate for it within the field and to advise on best practice.
- Health and social care systems need to foster, both formally and informally, the role of 'change agents'. People with a passion for innovation need to be enabled to advocate for new practices in their community and for social innovation generally. Such 'change agents' may be supported in their role through mechanisms such as fellowships which can offer them the resources and time to take this role on.

Research Parameters

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:

- 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 initiatives, thereby addressing different social, economic, cultural and historical contexts in twelve 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.

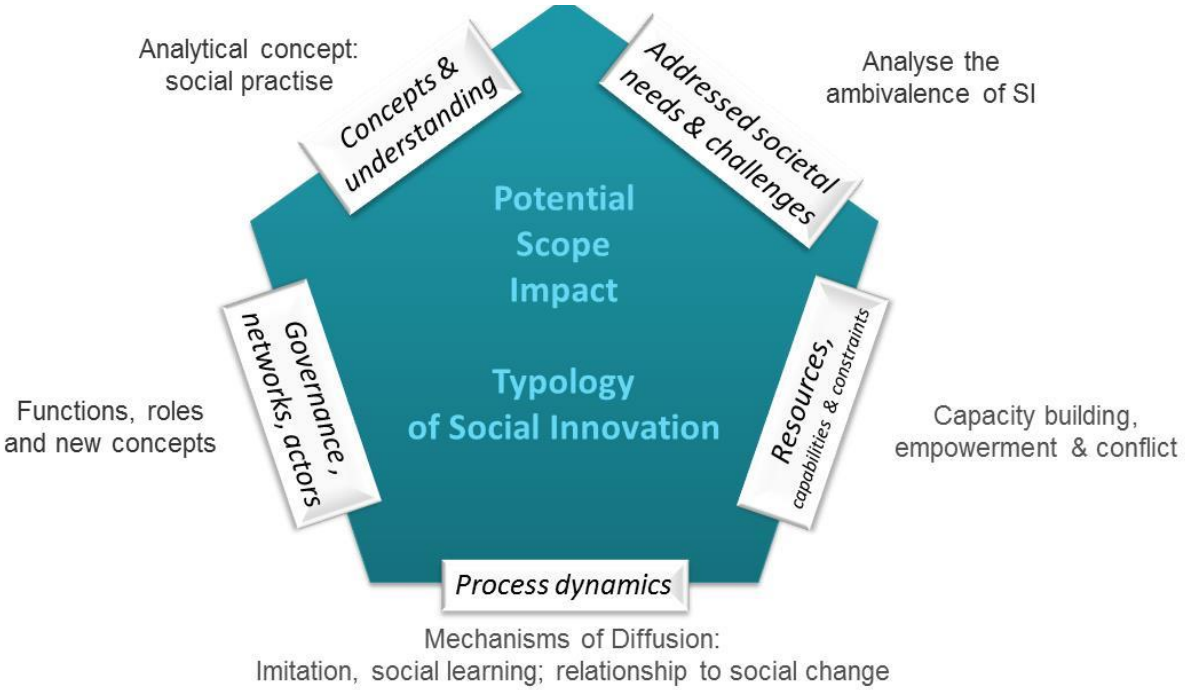
SI-DRIVE involves 14 partners from 11 EU Member States and 11 partners from other states of all continents, accompanied by 13 advisory board members, all in all covering 30 countries globally. Research is dedicated to seven major policy fields: (1) Education and Lifelong Learning (2) Employment (3) Environment and Climate Change (4) Energy Supply (5) Transport and Mobility (6) Health and Social Care (7) Poverty Reduction and Sustainable Development.

The approach adopted ensures cyclical iteration between theory development, methodological improvements, and policy recommendations. Two mapping exercises at the European and the global level were carried out in the frame of SI-DRIVE: Initial mapping captures basic information of more than 1,000 actual social innovations from a wide variety of sources worldwide, leading to a typology of social innovation. Subsequent mapping focused on well documented social innovation, leading to the selection of 82 cases for in-depth analysis in the seven SI-DRIVE policy areas. The results of the global mapping and the in-depth case studies were analysed on the ground of the developed theoretical framework. The discussions in policy and foresight workshops and stakeholder dialogues carefully considered cross-cutting dimensions (e.g. gender, diversity, technology), cross-sector relevance (private, public, civil sectors) and future impact.

Beneath the comprehensive definition of

Social Innovation and defined practice fields, five key dimensions (see Figure 3) are mainly structuring the theoretical and empirical work.
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.

Figure 3: Key dimensions of Social Innovation



PROJECT IDENTITY

PROJECT NAME SI-DRIVE - Social Innovation: Driving Force of Social Change.

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CONSORTIUM Technische Universität Dortmund – Sozialforschungsstelle (Social Research Centre) - TUDO -, Dortmund, Germany (Coordinator)
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The Young Foundation – YF -, London, United Kingdom
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Zentrum für Soziale Innovation / Centre for Social Innovation Vienna – ZSI -, Vienna, Austria
Zhejiang University Hangzhou - ZJU -, Hangzhou, China (People's Republic of)

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DURATION

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BUDGET

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WEBSITE

www.si-drive.eu.

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FURTHER READING

SI-DRIVE Policy Briefs. 2016: Social Innovation in Education, Employment, Environment, Energy Supply, Transport and Mobility, Health and Social Care, and Poverty Reduction and Sustainable Development. http://www.si-drive.eu/?p=1934
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