

SOCIAL CARE INNOVATION NETWORK

EXPLORATION AND DISCOVERY - GETTING UNDER
THE SKIN OF IT

Phase II Summary Report

June 2020



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Phase II – Summary Report

‘The Social Care Innovation Network, of which I am a member, is offering the sector a great opportunity to generate more clarity around innovation, so that we scratch beneath the surface of a buzz word and apply a theory with big feet right from the start.’

Clenton Farquharson, Chair of Think Local Act Personal

WHAT IS THE SOCIAL CARE INNOVATION NETWORK?

The Social Care Innovation Network (SCIN) 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 can flourish and develop. The network has brought together councils and organisations which provide care and support to people, citizens and national bodies to work collaboratively and creatively, in order to push the boundaries of what is possible in growing innovation.

The values of the work are in line with TLAP’s [Making It Real approach](#), such as the ‘I’ statement which describes how social care support should be about supporting a person’s life not the services being provided. *“I can live the life I want and do the things that are important to me as independently as possible”*

Phase I of the project focused on exploration – to explore in depth the challenges and barriers to sharing and scaling up innovation across the adult social care sector. The outcomes were summarised in a report [Getting under the skin of it](#).

WHAT DID THE NETWORK FOCUS ON IN PHASE II?

Phase II of the project moved onto a discovery phase – to develop, through learning groups, practical lessons on how we can develop the conditions in which innovations can flourish or proliferate. Three learning groups were set up in late 2019 with the intention of meeting three times in January, March and May 2020. Due to Covid-19 the third round of meetings did not take place.

The three groups focused on:

1. Developing the **asset-based areas** model in more depth. We describe what we mean by asset-based areas later in this report.
2. Re-designing **commissioning** so that it supports innovation by becoming more citizen led. Commissioning is a process that public sector organisations use to plan, procure, deliver and evaluate services for local residents.
3. Taking **self-directed support** back to its roots so it affords authentic choice and control and enables people to connect and contribute. Self-directed support is an approach that puts people at the centre of the support planning process and enables them to make choices to about the services they receive.

The leads for each of the learning groups were supported by people with lived experience, from either the National Co-production Advisory Group or the Coalition for Collaborative Care.

In total, phase II involved 24 organisations which consisted of local authorities, innovative organisations and locally engaged citizens of people with lived experience. All the providers involved in the work are featured in the TLAP directory of [innovations in community-centred support](#), colloquially known as the *rainbow*.

The learning groups were asked to work on:

1. Describing the challenge clearly and draft a theory of change for participants to try, offer support and peer support. A theory of change is a visual picture which describes how we believe a policy, programme or initiative makes a difference to outcomes.
2. Identifying useful, practical, tangible activities for participants to try.
3. Capturing what people do, what worked well and what didn't work so well.
4. Creating recommendations and identifying unmet needs and future work required.

From the outset the three main themes – asset-based areas, commissioning and self-directed support have been viewed as intrinsically linked and mutually reinforcing. In short, you cannot achieve the outcome of more people benefitting from innovative models of care without considering all three themes together:

- asset-based areas are the overarching vision for a citizen-led, person-centred and relational approach to care and support which improves wellbeing.
- citizen-led and asset-based commissioning is one of the mechanisms through which this vision is translated into investment in the right models of care and ways of working.
- self-directed support ensures that citizens have influence and power to ensure that the vision of an area works for them and is truly reflected in outcomes and experience of care.

WHAT WERE THE DRIVERS FOR CHANGE?

Asset-based approaches were a core theme for each of the learning groups. As described in the TLAP paper '[The asset-based area](#)', the approach has two core aims:

- to make visible and value the skills, knowledge, connections and potential in the community
- to redress the balance between meeting needs and nurturing the strengths and resources of people.

All groups thought it was important to value a compelling vision of an asset-based area in language which people can relate to in order to inspire 'coalitions of the willing' to emerge and turn the vision into a reality. There was acceptance that an asset-based area requires many changes, including bold and brave decisions. Statutory partners need to be willing to let go and take some risks by ceding more autonomy to individuals, communities and local organisations, some of which provide services.

Whilst the overarching vision for change was the vision of the asset-based areas, four other areas were particularly highlighted for being important drivers for change:

- workforce
- digitally enabled care
- co-production
- equalities.

The issue of equalities has underpinned many of the discussions in the learning groups. There was agreement that this must become a much more prominent objective in future innovation work.

'We live in an unequal society. We must be alert to the risk that innovation might benefit some more than others and risk widening existing inequalities.' Clenton Farquharson MBE, Chair of Think Local Act Personal

These themes were considered throughout phase II of the project, as well as ensuring the use of plain language in communicating the work of the network.

WHAT WERE THE OUTPUTS FROM THE THREE LEARNING GROUPS?

LEARNING PLATFORM

We have been working together to create a web-page and platform for communication during the project [Social Care Innovation Network](#)

BLOGS

We have written a number of thought-provoking blogs explaining our aspirations for the future:

- [Social Care and where do we go from here](#) written by Martin Routledge, Social Care Futures. 'It must be about transformation not marginalised change'.
- [The idea of the asset-based area \(ABA\)](#) by Alex Fox from Shared Lives Plus and Clenton Farquharson, National Co-production Advisory Group. 'We need whole areas to take up the challenge of becoming asset-based, resetting their relationship with local citizens, as Wigan Council and a few others have attempted, with local priorities defined and put into a community plan which is built on local knowledge'.
- [Taking self-directed support back to its roots](#) written by Anna Severwright, Coalition for Collaborative Care and Martin Walker, Think Local Act Personal. 'Social Care should be an enabler to allow people to live their lives the way they want to, making it possible to reach their aspirations, but also get on with the normal things that most people take for granted, like popping to the shops or meeting up with friends'.
- [Commissioning to enable asset-based area](#) written by Martin Routledge 'The primary models of service have changed little in decades and are increasingly out of sync with what people and communities should be able to expect in the twenty-first century'.
- [Commissioning: If you always do what you've always done](#) by Kate Sibthorp, National Co-production Advisory Group. 'Commissioning for outcomes leads us to measure the wrong things that don't make a positive difference to people's lives. We need to nurture co-production, this approach takes guts, leadership, collaboration and heaps of trust'.
- [How would we know that an area had become asset based?](#) written by Alex Fox, and Clenton Farquharson. 'Three years after the original thinking, we are developing the

ABA model in more detail with the Social Care Innovation Network'. 'Many areas and organisations have key performance indicators (KPIs) but perhaps every area needs key human indicators (KHIs)'.

- [Innovation but not for innovation's sake](#) by Clenton Farquharson. 'I believe at its core, an innovation must be about moving people closer to what they say they want, which is having a life and not a service – about thriving and not just surviving'.
- [Self-directed support - life in the driving seat](#) written by Liz Murphy Leach, Director at Imagineer and member of the self-directed support group. 'The evolution of thinking around how people are supported as equal citizens within our society has been a long journey, reaching back over decades of campaigning, activism, and people daring to try to do things differently'.

LEARNING GROUP REPORTS

Reports for each of the learning groups are available on the [SCIE website](#).

1. Asset-based areas

The asset-based areas learning group has co-produced version 2.0 of the asset-based areas model. The model can act as a self-awareness tool and offers ten points and behaviour changes which encourage asset-based approaches in a local area. It details behavioural changes for people with power, workers/volunteers and citizens with different statements which we can locally assess against.

The original asset-based area model had ten actions. These have been updated into ten broad commitments which invite local areas to discuss and adapt into a local shared commitment to change:

1. We have a clear, shared story about how we work and what we want to change.
2. We are always looking for, connecting up and investing in community assets.
3. We co-design with people who use services and groups who miss out.
4. At work we can be ourselves, connect, be creative and act.
5. We make systems and services simple and human, so that people stay in control and can make choices.
6. Wherever we can we plan and act early, assess later.
7. We co-commission a wide range of local enterprises and back entrepreneurs and innovators.
8. We plan and organise with the neighbourhoods, communities and groups that people feel they belong to.
9. We share power, resources and risks fairly and openly, learning when we get things wrong.
10. We use shared measures of wellbeing, resilience and equality.

Key learning themes:

- Co-produce, work in partnership and share the power by building and valuing community capacity, and community organisations and tackling inequalities.

- Take a strategic approach by enabling a clear story to be translated into shared outcomes, asset-based approaches to commissioning, grant-giving and provider market development.
- Diversify the workforce and build local enterprises by investing in volunteers and social entrepreneurs, valuing lived experience in how services are designed, commissioned and delivered; and growing co-operatives and mutual aid.

2. Commissioning

The commissioning learning group has developed two reports. The first document is a “starter for ten” framework for commissioning for the future that sets out how commissioning can practically support the development of asset-based areas.

Key learning themes:

- Establish a clear strategic direction starting from the goal of playing a part in improving lives and communities. The focus should be in relation to redesigning services to maximise wellbeing and sustainability including enabling community and individual self-help. This is a shift from a narrow focus on only improving specific service responses to perceived need within public service resources and silo delivery areas - towards a broader and more sustainable vision and direction.
- A determination to release all local assets – public services (specialist and universal), citizen, community, commercial etc. With a broader strategic vision, it is necessary and desirable to look much wider than existing public service resources, exploring a wide range of assets and considering how synergy and alignment can be achieved. How can public service capacity support and help unlock other assets?
- A starting aim to use public service resources to support, enable, build from and add to citizen and community initiative and action. Shifting from the ‘professional gift model’ to add to community action rather than replace it, use professional skills in support of it and to play appropriate roles.
- Co-produce and deliver a range of activity to support wellbeing and sustainability. Including action at all commissioning levels with communities, citizens, professionals/workers and support providers. This includes desired results, how to achieve them, making them happen, learning. Building from the broad strategy and using a wider range of assets to take specific co-produced actions at different levels to achieve positive change.

The second report is a summary of key trends in commissioning with reviews and links to material in a range of categories. It covers materials in relation to areas such as:

- integration and alignment between health and social care
- co-production, person centred and asset-based approaches
- commissioning needing to reflect complex systems
- new contexts for collaboration
- evidence-based investment and decommissioning
- developing and sustaining the right kind of workforce and recognising people's motivation for working in social care
- commissioning closer to communities and people
- moving away from rules-based approaches to a focus on the quality of relationships, sharing power and devolved commissioning to providers, alliances, communities and individuals
- commissioning levels and cycles
- evidence approaches to outcomes-based commissioning.

3. Self-directed support

The self-directed support learning group has developed a detailed report which describes how to take self-directed support back to its roots.

The report explores:

- learning from phase II of the Social Care Innovation Network
- why self-directed support and asset-based areas are so important
- the reasons why we need to take self-directed support back to its roots
- some reasons why self-directed support isn't working
- examples of practice, what we've tried, what we learned, what we are pleased about and what we are concerned about
- a force-field analysis of change needed (a model that identifies forces that may help or hinder change)
- a theory of change.

Key learning themes:

- Build trust and transparency, be clear about the money.
- Ensure clear accountability for example, who do any issues or challenges ultimately land with?
- Ensure processes are flexible, easy to understand and don't add complexity.
- Ensure self-directed support is driven through positive practice and leadership and a focus on achieving what matters most to people.
- Consider using [Making It Real](#) as a basis to inform good conversations around care and support planning.

WHAT WERE THE CHALLENGES DURING COVID-19?

The learning groups were due to meet face to face in April/May but this was not possible due to Covid-19. We have continued to communicate via other methods to ensure thoughts and ideas were taken into consideration in developing the final outputs.

During the Covid-19 pandemic, TLAP has collated information from organisations on the directory of innovations in community-centred support to explore how they are working differently to adapt and respond to Covid-19. [Provider responses to Covid-19](#)

WHAT NEXT?

A bid has been submitted to the Department of Health and Social Care for a three-year programme of work following on from phases I and II. Phase III will focus on in-depth work in local areas to test and scale up innovations in a number of local areas, and evaluate their impact on outcomes. We also want phase III to provide early learning to inform DHSC's plans for social care reform. It will involve on-site peer-to-peer support from experts in the field.

Phase III has four main areas to explore:

1. Identify and encourage local areas to create the conditions in which the best of social care can thrive.
2. Build the evidence base further to support the impact of innovation delivered at scale.
3. Develop practical solutions to support a step change in scaling of innovation in social care.
4. Identify areas which assist the Government long-term plan for adult social care.

Now, more than any other time, learning from Covid-19 is key. There is recognition that we should learn from the positive changes and approaches across the sector to ensure these can be absorbed and sustained in the future. The first stage of the work will be to kick start with this.

Appendix 1

A special thanks to local authorities, innovative organisation and people with lived experience who have contributed their time to Phase II of the Social Care Innovation Network project. We would also like to acknowledge contribution from [Social Care Future](#); [SharedLivesPlus](#); and HomeShare.

Local authorities	Innovative organisations
Camden	Imagineer - Independent Support Brokerage
Bexley	Altogether Better - Health services and local people finding new ways of working together
Bristol	Community Catalysts - Community solutions that help people to live well at home
York	Creative Minds - Using arts to support better health and wellbeing
Thurrock	NEDcare - Community led homecare organisation
Oxfordshire	Buurtzorg - A pioneering approach to delivering health and social care
Hammersmith and Fulham	Compassionate Neighbours - Building compassionate communities to reduce isolation
Norfolk	Dance to Health - Falls prevention through dance
Central Bedfordshire	Good Gym - Combining getting fit and doing good
Hertfordshire	Stay Up Late (Gig Buddies) - Connecting people to share social activities
North Yorkshire	Bronzelabs (The Tribe Project) - Skilling up care entrepreneurs
Somerset	KeyRing - Creative approaches to supporting people in the community