EUROPEAN POLICYBRIEF

SOCIAL INNOVATION IN HEALTH AND SOCIAL CARE

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.

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INTRODUCTION

Global demand for health and social care services is rising as a result of a number of factors including: an increasing world population; concerted efforts to increase health access and outcomes, particularly in low income countries; and significant regional increases in life expectancy and non-communicable diseases, particularly in high-income countries. Social innovation is presenting significant opportunities for providing services more efficiently and effectively and practice fields like task shifting and e health are emerging as key ways of providing services and meeting needs in the field of health and social care.

EVIDENCE AND ANALYSIS

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.
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 low-income 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 poorer 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.
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.
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 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 Implications and Recommandations

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 refuges 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.

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

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.

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.

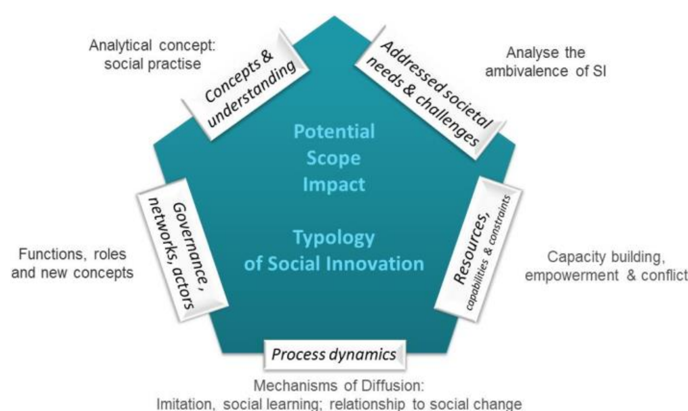
Promote the co-evolution and development of social and technological innovation, with input from private, public and third sectors. Many of the complex health challenges faced today, in a time of financial austerity, require greater collaboration to harness the opportunities available, release funding,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

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, 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.

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. 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.
The approach adopted ensures cyclical iteration between theory development, methodological improvements, and policy recommendations. Two mapping exercises at the European and the global level are carried out in the frame of SI-DRIVE: Initial mapping captures basic information of about 1000+ actual social innovations from a wide variety of sources worldwide, leading to a typology of social innovation. 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:



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.

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)
Applied Research and Communications Fund – ARCF -, Sofia, Bulgaria
Australian Centre for Innovation - ACIIC -, Sydney, Australia
Austrian Institute of Technology – AIT -, Vienna, Austria
Bertha Centre for Social Innovation and Entrepreneurship, University of Cape Town – UCT-, Rondebosch Cape Town, South Africa
Brunel University – UBRUN -, London, United Kingdom

Centre de recherche sur l'innovation sociale, Center for research on social innovation University of Quebec - CRISES -, Montreal, Canada
Corporation Somos Más - SOMOSMAS -, Bogota, Colombia
Heliopolis University - HU -, Cairo, Egypt
Instanbul Teknik Universitesi - ITU –, Istanbul, Turkey
Institut Arbeit und Technik / Institute for Work and Technology, Westfälische Fachhochschule Gelsenkirchen – IAT -, Gelsenkirchen, Germany
Institute of Socio-Economic Development of Territories of the Russian Academy of Sciences - ISEDT RAS -, Vologda, Russian Federation
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Ryerson University - RU -, Toronto, Canada
Tata Institute of Social Sciences - TISS -, Mumbai, India
The Young Foundation – YF -, London, United Kingdom
United Nations Economic Commission for Latin America and the Caribbean - ECLAC -, Santiago de Chile, Chile
Universidad de la Iglesia de Deusto / University of Deusto - UDEUSTO –, Bilbao, Spain
University Danubius Galati - UDG -, Galati, Romania
Zentrum für Soziale Innovation / Centre for Social Innovation Vienna – ZSI -, Vienna, Austria
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BUDGET

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WEBSITE

www.si-drive.eu.

FOR MORE INFORMATION

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FURTHER READING

SI-DRIVE Policy Briefs on Social Innovation in Employment, Environment, Energy Supply, Transport and Mobility, Health and Social Care, and Poverty Reduction and Sustainable Development http://www.si-drive.eu/?p=1934
Scoppetta, Anette: Compilation of State of the Art Reports on Policy Fields, SI-DRIVE Deliverable 3.4 (http://www.si-drive.eu/wp-content/uploads/2015/06/D3.4_Compilation-report_policy-fields_30062015.pdf)
SI-DRIVE Newsletter (http://www.si-drive.eu/?page_id=333)