



social care
institute for excellence

Embracing change: scaling innovation in social care in practice

Executive summary

July 2025



The Accelerating Reform Fund

The Department of Health and Social Care's (DHSC) Accelerating Reform Fund (ARF) was a first of its kind in England £42.6m grant fund, focused on identifying and scaling up innovations in adult social care to boost its quality and accessibility, with a particular emphasis on supporting unpaid carers.

Local authorities (LAs) registered local innovation projects in partnership with other LAs in their Integrated Care Systems (ICSs). LAs were advised to work collaboratively with others such as the NHS, care providers, voluntary and community sector groups, including unpaid carers.

The Social Care Institute for Excellence (SCIE) was appointed to provide hands-on support to local areas, supporting innovation through local partnerships and project development, and sharing key learnings and best practice for the benefit of the wider sector and future of adult social care.

SCIE's support role has been as a **learning and engagement partner**. Specifically, SCIE's overarching objectives were to:

- 1 identify enablers and barriers to innovation in social care
- 2 maximise enablers and overcome barriers to innovation
- 3 ensure LAs gain shared learnings, peer support and expert insights.

This report is an independent exit report produced by SCIE post our main support phase which ended March 2025. It sets out key learnings and best practice so far, to support the scaling of innovation across adult social care and underline the benefits to unpaid carers.








I wanted to extend our heartfelt gratitude for your invaluable contribution...Your expertise and passion shone through, enriching the conference experience for all attendees. The insights you shared were incredibly valuable and resonated deeply with our audience, furthering our collective commitment to the identification and supporting carers in our communities. Your dedication to the cause of carers' rights and well-being is truly inspiring, and we are immensely grateful for your ongoing support and collaboration. The positive feedback we received from attendees underscores the importance of your work in this field.

Steve Mbara, Organiser of NHS England, Carers' Conference 2024



Innovation in social care

The social care sector faces significant and critical challenges:

-  increasing unmet need, including demand for unpaid carer support increasing while provision is shrinking – 80% of local unpaid carer services report an increase in unmet need (Carers Trust)
-  unsustainable costs for those needing care, providers and local authorities
-  long waits for care assessments
-  de-prioritisation of investment in prevention and community services
-  a workforce in crisis.

People are also increasingly seeking flexible and accessible support. Scaling and investing in innovation and improvement, alongside funding, are crucial in helping the sector overcome the challenges it faces and delivering the support people need, as they can:



support the Government's missions as outlined in the **'Plan for Change'** ¹ while laying the foundations for the future National Care Service



drive better outcomes in building the capacity and capability of the workforce, resulting in system improvements such as reducing the backlog of hospital discharge and improved impact for people receiving care



support unpaid carers and unpaid caring initiatives which constitute such a significant proportion of the social care economy, resulting in increased awareness of support available and improved personal wellbeing.

Social care innovation has historically lacked the same infrastructure, funding and visibility as health innovation, which has long benefited from organised support mechanisms like the NHS Innovation Accelerator ² and the Health Foundation's Adopting Innovation programme ³. LSE's Care Policy and Evaluation Centre is leading the SASCI project (Supporting Adult Social Care Innovation), which has been crucial in drawing attention to this discrepancy and accumulating data on how to help the industry launch, execute, and disseminate cost-effective innovations ⁴. SASCI found a number of enduring obstacles in social care innovation, including the fragmented or inadequate infrastructure to support it, the frequent failure of promising ideas to gain traction, and the abandonment of many despite early success.

Crucially, this programme of work supports SASCI's focus on the necessity of a supportive ecosystem, by incorporating peer learning, co-production and adaptive support; and by embracing change through its mix of audacious new concepts and overlooked strategies, which likely might not have received priority or funding, given current cost pressures.

¹ HM Government (2024). Plan for change: Milestones for mission-led government (https://assets.publishing.service.gov.uk/media/6751af4719e0c816d18d1df3/Plan_for_Change.pdf).

² Health Innovation Network & NHS England (2025). NHS Innovation Accelerator (<https://nhsaccelerator.com/>).

³ The Health Foundation (2025). Adopting innovation (<https://www.health.org.uk/funding-and-partnerships/programmes/adopting-innovation>).

⁴ SASCI (2025). Supporting adult social care innovation project (<https://www.sasciproject.uk/>).

Why this programme matters

The consequences of inaction on social care reform are readily apparent after many years of reduced funding for the sector. Urgent action required on social care reform cannot wait for the Casey Commission final report; immediate solutions are necessary to deliver for unpaid carers and stabilise the sector. The projects funded by the ARF have potential to achieve this, as they are:

- creating a pipeline of scalable innovation to improve the efficiency, integration and quality of care
- enshrining 'home first' principles that enable people to live independently for longer, such as the Shared Lives service
- in line with the Government's missions, delivering learning to solutions that address the Secretary of State for Health and Social Care's three shifts:
 - hospital to community
 - analogue to digital
 - sickness to prevention
- ready to be deployed now.

By combining structured, iterative support from SCIE with flexible non-competitive DHSC funding, the Fund directly addresses the problems raised by SASCI. It has created a rare, extensive practice-based testbed for social care innovation by allowing over 120 projects across 42 ICSs to test, adapt and scale innovations in real-world settings.

This was positioned as a learning programme – a first step in gathering learning on what works (and what does not) in scaling innovations. This is important as it gave permission to change and to consider brave and bold initiatives and ways of working.

Through this report we are sharing learnings emerging from SCIE's work that are invaluable for the wider sector. They provide a clearer understanding of what approaches people use, and what works in practice. Given the limited evidence and learning on this topic at this scale in adult social care, these findings should be seen as the beginning of a significant journey towards improvement.

In summary, with lessons that can hasten sector-wide advancement and help integrate innovation as a fundamental component of business-as-usual, the projects offer a diverse and exciting evolution of innovation in adult social care, with particular potential to support unpaid carers, who are so urgently in need.

Limitations and successes

We have faced our own challenges in supporting this programme, particularly due to short timescales at the start and delays generating from last year's General Election. The insights and evidence shared in the report represent early learnings, rather than definitive outcomes. Despite this limitation, the consistency of the findings with other evidence about innovation in public services, their range and their 'real-practice', supports sharing these findings at this stage. They point towards important changes that need to be embraced and put into place for innovation in social care to succeed in the long term.

Key findings

Below is a summary of key insights, categorised into barriers to and enablers of innovation.

Barriers

Resourcing and capacity challenges

Limited resources and funding delays hindered proposal development and recruitment, including areas watering down plans. Staff juggling multiple roles also slowed progress.

Procurement

Procurement processes, especially at ICS level, led to delays and inconsistent experiences, highlighting the need for more streamlined practices.

Wider council priorities and context

Misalignment of project goals with broader council priorities, and external factors affected project support and outcomes.

Data sharing

General Data Protection Regulation (GDPR) compliance and integrating new digital solutions with existing systems posed significant barriers.

Enablers

Collaboration and partnership

Partnerships with voluntary sectors, universities, and charities enabled innovation, particularly through collaboration.

Strategic leadership and governance

Transformative leadership and strong governance fostered change, collaboration and innovation.

Co-production

Understanding what good co-production looks like and incorporating the voice of lived experience in the design and implementation process was vital.

Stakeholder engagement

Engaging stakeholders effectively through clear communication, trust-building and ongoing collaboration was key to improving services.

Communication and awareness

Strong communication networks and ongoing marketing efforts raised awareness and gained support.

Digital literacy

Varied digital literacy levels created barriers to adopting new technology, requiring user-friendly solutions and internal support.

Stakeholder engagement and co-production

Tight timelines and budget protectionism limited stakeholder (including delivery partner) engagement and co-production, complicating feedback collection.

Project complexity

Regulatory compliance and lack of project clarity slowed progress, with some projects needing further refinement.

Innovation and digital solutions

Collaboration with Information and Communication Technology (ICT) and digital providers boosted digital project success and impact.

Project management and planning

Effective management, combining technical and leadership skills, ensured well-coordinated projects despite funding uncertainty.

Outcome focus and impact measurement

Clear impact frameworks demonstrated value and secured continued support.

Funding and resource allocation

Dedicated funding and sustainable models supported long-term innovation.

Recommendations

By implementing the recommendations below, government, DHSC, SCIE, ICSs, LAs and wider sector organisations can drive meaningful improvements in social care and support sustainable project development.

Note: the recommendation numbers used equate to main report numbers and are therefore not in order.

☆ Government/DHSC recommendations

- 1 Funds should be provided to one type of innovation (new, being trialled) or the other (existing, being scaled), or if both, then two discrete workstreams with different support approaches and aims should be maintained, as the support needs and chances of success are very different.
- 2 Future funding should be contingent on senior leader buy-in and active participation in governance meetings.
- 3 Fund programmes would benefit from clear data-sharing agreements agreed from the start, so that all parties (including support) receive detailed information in a timely manner.
- 4 Future programmes should embrace the ARF's learning approach, allowing to learn from 'failure' as well as success, and encourage positive risk-taking.
- 5 Engagement with the fund, support partner and evaluator should be mandatory for all projects, even if no support is needed, to collect key evidence explaining why (the Fund was non-ringfenced without formal conditions to allow for local flexibility, so engagement was not mandated).
- 6 Varying ICS maturity should be acknowledged in future funding, and extra funding and/or support offered to those with less mature infrastructure and experience of joint working.
- 7 Innovation pots should be made available at various levels, from LA through to ICS.
- 12 Central government funders should consider multi-year innovation and accelerator funds with phases for learning and testing.
- 13 Future funding for scaling innovation or supporting unpaid carers should incorporate ARF learnings to ensure a clearer, more focused scope.
- 14 Future funds directed at ICS level should mandate no more than 1x project per ICS to be supported. Alternatively, other sub-national collaborations could be considered such as ADASS regions.
- 15 Future funding should build in longer timescales for each phase, including targeted support and opportunities for reflection, e.g. breaking down expression of interest processes into manageable steps timewise, with capacity building support and quality assurance checks provided at every step (as per SCIE's support and final quality checks conducted on Fund submissions).
- 23 A national campaign should be considered, with the intention of making Shared Lives in adult social care as well known as fostering is in children's social care.

☆ LA/ ICS recommendations

- 8 LAs need to integrate cross-council collaboration into day-to-day operations, given the trend towards devolution deals and ICS level collaboration. Knowledge-sharing through communities of practice and joint working are crucial for leveraging existing innovations and preventing duplication.
- 9 Collaboration, working across all sectors, with partners, providers, unpaid carer organisations and the NHS, as the Fund has shown, should be seen as a vital component for driving innovation and supporting people with lived experience e.g. unpaid carers.
- 11 Simplifying procurement processes to reduce delays and ensure consistency across ICS areas will support innovation goals.
- 16 Establishing clear impact frameworks or theories of change will help assess project effectiveness and justify future investment.
- 18 Embedding co-production early in the project development process is essential for better outcomes.
- 19 Innovation projects should have a clear, agreed-upon stakeholder engagement and communications plan from the start. This plan should be regularly reviewed, with feedback mechanisms to ensure ongoing effectiveness.
- 22 Sustainability plans should be developed to ensure projects can continue regardless of financial uncertainties.

SCIE recommendations

- 17 Research should be commissioned into in-house versus external delivery, including Shared Lives arrangements and digital projects.
- 10 Guidance for commissioners on procuring for innovation across multi-LA ICS areas should be developed, based on Fund and sector experiences, including providers.
- 21 There should be investment in a substantial digital support package, ranging from basic information and case studies to more in-depth training and ongoing capacity-building.

Wider sector recommendations

- 24 Infrastructure bodies and charities need to continue to raise the profile of innovation in social care, and, with providers, can support councils in working differently to deliver better outcomes.
- 25 Longer term, SCIE needs to consider what a good innovation system should look like, working with other interested parties to map out innovation journeys, share learnings and develop support to help make innovation part of business as usual.

Worcestershire support snapshot

NHS 10-year plan shift: sickness to prevention



Across Worcestershire, unpaid carers have long voiced concerns around the hospital discharge process, which has left them distressed and unsure of how to support loved ones coming home. To address this, Worcestershire County Council set up a guiding coalition of partners. Local carers organisation Worcestershire Association of Carers (WAC) took the lead, joined by technology provider Taking Care, ICB representatives, carers and hospital staff. Together, they explored how assistive technology could better support carers through and beyond hospital discharge, leading to safe, confident care at home and reducing the risk of readmission, in line with preventive and community measures encouraged by the NHS 10-year plan. SCIE and WAC held regular meetings on various areas of support. A key aspect included a 'what good looks like' model, making sure that key stakeholders had input in this framework to increase partner investment and accountability.

“ Worcestershire maximised on their opportunity to strengthen partnership work across their consortia during the ARF. This joined-up working approach across social care, health, local authority, voluntary sector and technology has made their project more meaningful and sustainable, helping to build a stronger and more connected support system for carers in Worcestershire. ”

SCIE Practice Development Consultant

“ It's really difficult to learn how to become a social care expert, a technology-enabled care expert, and a carers expert. When you've got all of those partnerships coming together to collaborate you get a much better outcome. ”

Mitch Hyde, Taking Care (Technology Enabled Care Provider)

As a continuation of this work, stakeholders are building on the new culture of collaboration, working together to develop a bespoke carers dashboard and virtual carers centre. These will identify needs and inform future service development.

“ This work is going to leave a legacy of improved connectivity across the system. ”

Mel Smith, Deputy Chief Executive at Worcestershire Association of Carers



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Please get in touch
to find out more:



Read the full
report here:



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