



social care  
institute for excellence

# Embracing change: scaling innovation in social care in practice



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We are delighted to share in this report the wealth of learning emerging from an exciting and broad range of social care innovation happening on the ground. We know that to change the future of social care, greater collaboration and innovation are urgently needed. In our report we set out learnings to help future innovation, how to address barriers to adopting innovative practices and how to build capacity and capability.

Driving capacity and capability across local care services can be done by investing in helping health and social care systems to embrace change by understanding and scaling innovation. This is why the pipeline of scalable innovation stemming from the Accelerating Reform Fund, and its potential to improve the efficiency, integration and quality of care, is so valuable, both for the lessons that can be taken from SCIE's combined learnings on the ground from the broad-ranging projects and local authority experiences, and for the projects themselves.

While we wait for the Casey Commission recommendations in 2028, immediate action is needed to start to remedy the major problems facing the social care system. The good news is that many of these projects are delivering solutions aligned to the 10-Year Health Plan's three shifts. We urge these learnings to be applied in the immediate future, while innovation must be a core component of a future National Care Service in the longer term.

Our findings show how issues identified in healthcare innovation appear differently in social care, even though many of the barriers, such as workforce capacity, data sharing and procurement complexity, are common. They also demonstrate the power of local communities to overcome these obstacles and bring about significant change if given the proper assistance.

Co-production with people with lived experience of social care underpins and informs all we do at SCIE, so we welcomed co-production being positioned as a vital part of this programme. It was requested from the outset, so although timescale and funding delays did impact how this could be implemented, the programme has served to change and improve co-production approach and practice where possible. It is also beginning to demonstrate the worth of co-production in ensuring innovation is most effective.

It's great to see the range of projects from local authorities working in partnership with each other and wider sector organisations all over the country. Whether digital innovation or new ways to deliver support, local people who draw on care and the millions of amazing unpaid carers delivering care around the clock stand to benefit significantly from the projects underway.

**Innovation isn't always easy but we all need to embrace change - we're determined to support national and local leaders to find ways to overcome obstacles to innovation to improve lives, please join us!**



**Kathryn Marsden (formerly Kathryn Smith) OBE**  
Chief Executive, SCIE

# 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'**<sup>1</sup> 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<sup>2</sup> and the Health Foundation's Adopting Innovation programme<sup>3</sup>. The Care Policy and Evaluation Centre at LSE 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<sup>4</sup>. 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.

<sup>1</sup> HM Government (2024). Plan for change: Milestones for mission-led government ([https://assets.publishing.service.gov.uk/media/6751af4719e0c816d18d1df3/Plan\\_for\\_Change.pdf](https://assets.publishing.service.gov.uk/media/6751af4719e0c816d18d1df3/Plan_for_Change.pdf))

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

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

<sup>4</sup> 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
- 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
- enshrining 'home first' principles that enable people to live independently for longer, such as the Shared Lives service
- 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

For a comprehensive overview of our findings, please see [sections 1-3](#). 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.

##### **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.

##### **Communication and awareness**

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

# 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.

## ☆ 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.

### **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**

## Section 1: Overview

This report discusses the learnings and insights gained from SCIE's activities and provides recommendations. It is important to note that as this report is drawn from those projects who accessed our support, it is not a reflection of all the projects funded.

The learnings emerging from SCIE's work, and those we will share later generated through Ipsos' evaluation, will be invaluable to the wider sector in helping understand what works and what doesn't work in supporting innovation in social care.

The social care sector relies heavily on 4.7 million unpaid carers who often do not get the support and recognition they urgently need. Previously ADASS revealed carer burnout to be the number one reason Directors gave for the breakdown in unpaid carer arrangements<sup>5</sup>. Evidence and learning on unpaid carers and innovation at this scale in adult social care provide huge potential, so we urge that all learnings are used to drive forward future improvement.

### Innovation in social care

The ARF funded over 120 innovative projects across 42 Integrated Care Systems (ICS). LAs were required to submit joint bids as part of an ICS group (consortium), and then select two or more projects that met one of the 12 priorities set out by the DHSC, with at least one focused on an unpaid carer option.

It should be noted that the projects are a diverse blend of genuine innovations (new ideas intended to drive change) and initiatives that comprise established or overlooked approaches (but with a clear goal of improvement or transformation), which could be scaled or adapted.



### SCIE's support programme



<sup>5</sup> ADASS (2023) Spring survey 2023, (<https://www.adass.org.uk/wp-content/uploads/2024/06/ADASS-Spring-Survey-2023-Final-Report.pdf>) ADASS.

## Section 1: Overview

“ SCIE has really listened to the concerns of LAs and the guidance has been responsive and prompt to that feedback. ”

LA representative

DHSC appointed SCIE from October 2023 to March 2025. SCIE's support included:

- provision of support and communications to local areas to help them express interest for innovation grants in January 2024 (24 October 2023 - 8 January 2024)
- sharing of tools, resources, case studies and programme insights (April 2024 – March 2025)
- provision of support to the agreed innovation projects, via a mixture of peer learning, direct business support and sharing of key communications (April 2024 – March 25)
- provision of ongoing communications to ensure key stakeholders and the wider sector saw the innovations as a vital, progressive part of reform, fostering belief in their power to drive change.

Following the Expression of Interest (Eoi) process, the £42.6m in grants were made out in two relatively equal tranches. The first tranche in March 2024 (£20m) and the second in December 2024 (£22.6m, delayed from August 2024).

SCIE delivered support through various channels, including webinars, events (held at conferences like NCASC and the NHS England Carers' Conference), thematic and topic-specific workshops, bespoke targeted and general support, communities of practice, a dedicated webpage and email communications. SCIE has taken an adaptive approach, ensuring insights and learnings have been used to shape each phase of support:

“ There has been great value in sharing learning across ARF projects both through SCIE events organised last year, and more recently informally now that peer connections have been established. As our project progresses, we will continue to collaborate informally with authorities whose ARF programmes have shared or related goals. ”

Community of Practice (CoP) attendee

### Expressions of Interest (Eols) 24 October 2023 - 8 January 2024

SCIE successfully engaged with all 153 LAs, including strong webinar and event attendance, with 149 ultimately participating and 42 eligible Eols submitted. Post-webinar self-assessments showed a notable increase in understanding, confidence and knowledge.

### April – October 2024

Attendance and feedback was good across webinars and all 16 workshops provided, including agreement that:



**79%**

workshops facilitated connection to other areas or people delivering ARF



**74%**

workshops allowed them to receive and share relevant information



**68%**

workshops helped to increase their knowledge on the topic(s)



**68%**

they would put the learnings from the workshops into practice



The focus of the discussions were around service directories. It was interesting to hear other people's journey and challenges and comforting that we are not alone with our issues and thinking around the development/innovations in this area.



Information advice and guidance and service directories, workshop attendee

### November 2024 - March 2025

Many projects were still in early phases at the start of this support phase, such as design, scoping, testing, recruitment, and overall planning. Insights from mid-year reports, provider interviews and Ipsos interim findings as well as our work shaped our support, and we introduced:



#### Targeted support

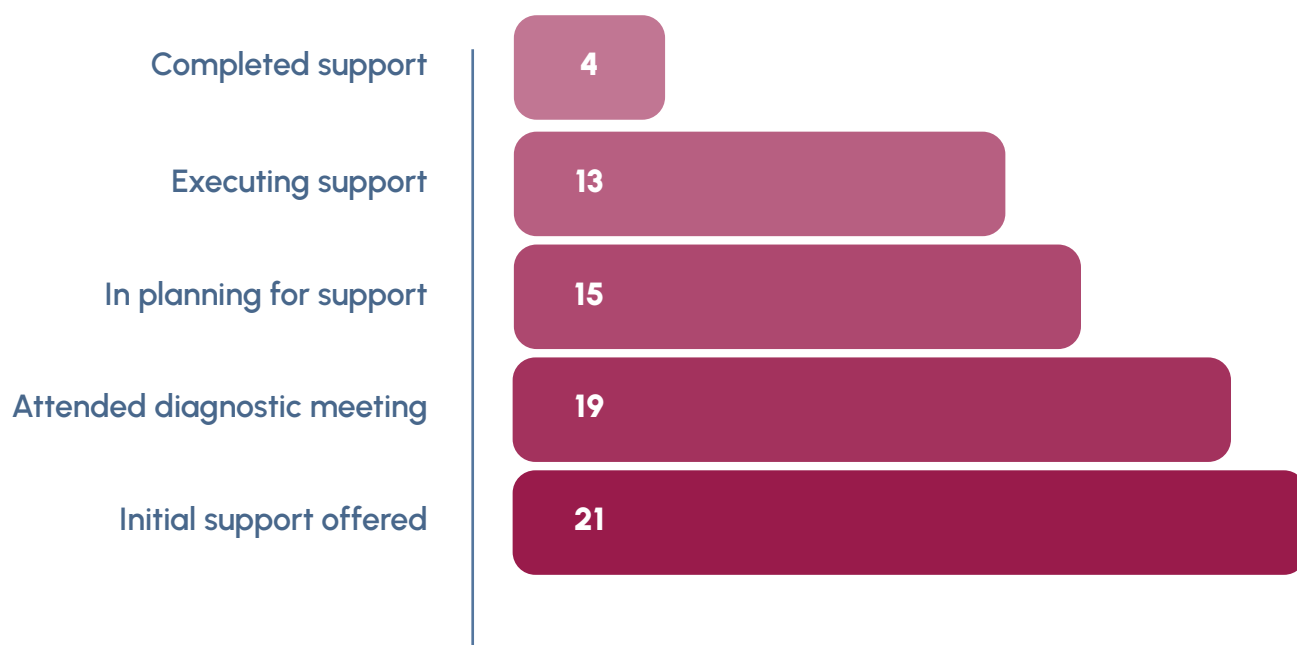
Based on common challenges and requirements identified, offering a mix of tools and resources, which received significant interest and uptake, almost all local areas responding.



#### Communities of Practice (CoP)

Bringing together projects and/or local areas sharing common areas of work to facilitate peer-to-peer learning, share practices, collaborate and focus on solving specific challenges. This well-received initiative aimed to ensure sustainability beyond the ARF funding period.

### SCIE ARF targeted support uptake from Oct 2024



“ I’ve learnt more about Shared Lives in this workshop than I have in 20 years of being in social work. ”

CoP attendee

“ The workshop was a great opportunity to meet, connect with and share ideas/experiences with other consortia working on similar challenges. ”

CoP attendee

“ I found both the digital self-assessment workshop and the Shared Lives workshop informative and beneficial to get a better understanding of the range of projects that the ARF covers and to be able to learn from the experiences of others. ”

CoP attendee



### Spotlight project: Rutland support snapshot



## NHS 10-year plan shift: hospital to community



Rutland is developing a bespoke Shared Lives service, learning from Shared Lives models in their neighbouring ICS area. The project will combine respite and day care services for older adults with flexible, community-based care, empowering carers and those they care for to prevent burnout. The project has the potential to prevent hospital admissions, support timely discharges, and build a community-led approach that strengthens local networks of support for both carers and those they care for, in line with the NHS 10-year plan priorities. SCIE have worked closely with Rutland to play an ongoing 'critical friend' role throughout project development, enabling them to overcome barriers at multiple stages.

We took a collaborative approach and identified emerging needs for support as the project progressed, working on areas such as co-production, project governance and risk management. Targeted knowledge-building sessions on specific themes were particularly impactful, in order to support the project lead in applying this to their project. This has enabled them to upskill and integrate this knowledge for the duration of the project and beyond, supporting sustainability.

As the project lead was new to social care, SCIE's expertise has been an important resource for the steady and successful progression of the project.



SCIE's Practice Development Consultant (PDC) and team have been such a wonderful help to the project. [PDC] has gone above and beyond in the support and reassurance she has given, no question has been too much. She has provided such knowledge and has been able to provide excellent practical resources to help with the running of the project. She has helped my confidence and has been so kind, I couldn't have asked for better support!



Rutland project lead

### Experts by Experience

Co-production with people with lived experience of social care underpins all we do at SCIE, enabling us to recommend best practice in social care. To support projects in embedding co-production, SCIE involved three Experts By Experience (EBEs), who have all been unpaid carers, as crucial members of our ARF delivery team. They played a key role throughout, shaping our approach and directly supporting projects to strengthen the voice of people with lived experience.



As Experts By Experience we have enjoyed co-producing presentations with the SCIE delivery team and participation in Communities of Practice. We have been welcomed into the team and been able to encourage providers in the formalisation of working agreements for integrated care, supporting the strengthening of their co-production activities to support innovation and personalised care.



**Kevin Minier, Expert By Experience**

### Stakeholder Advisory Group

SCIE hosted a workshop in March 2024 for key senior stakeholders with experience in innovation, with a particular focus on sustainability, impact and evaluation. This involved organisations such as the Health Foundation, NESTA, Social Finance, Rayne Foundation, King's Fund, Carers UK, Carers Trust and others, in recognition that we needed a joint cross-sector approach to secure success for the Fund and social care innovation.

We are hugely grateful to all our stakeholders. Suggestions arising from the workshop fed into designing our support. Communications were suspended from May – November 2024, due to the General Election, however the stakeholder group was convened again a year later in March 2025 to help shape the longer-term recommendations.

SCIE has played an essential role in gathering evidence through all our support methods to understand how to successfully tackle the barriers to and maximise enablers of scaling up innovation in social care, alongside the ARF's national evaluation partner, Ipsos. The next two sections set out our learnings and recommendations from them.

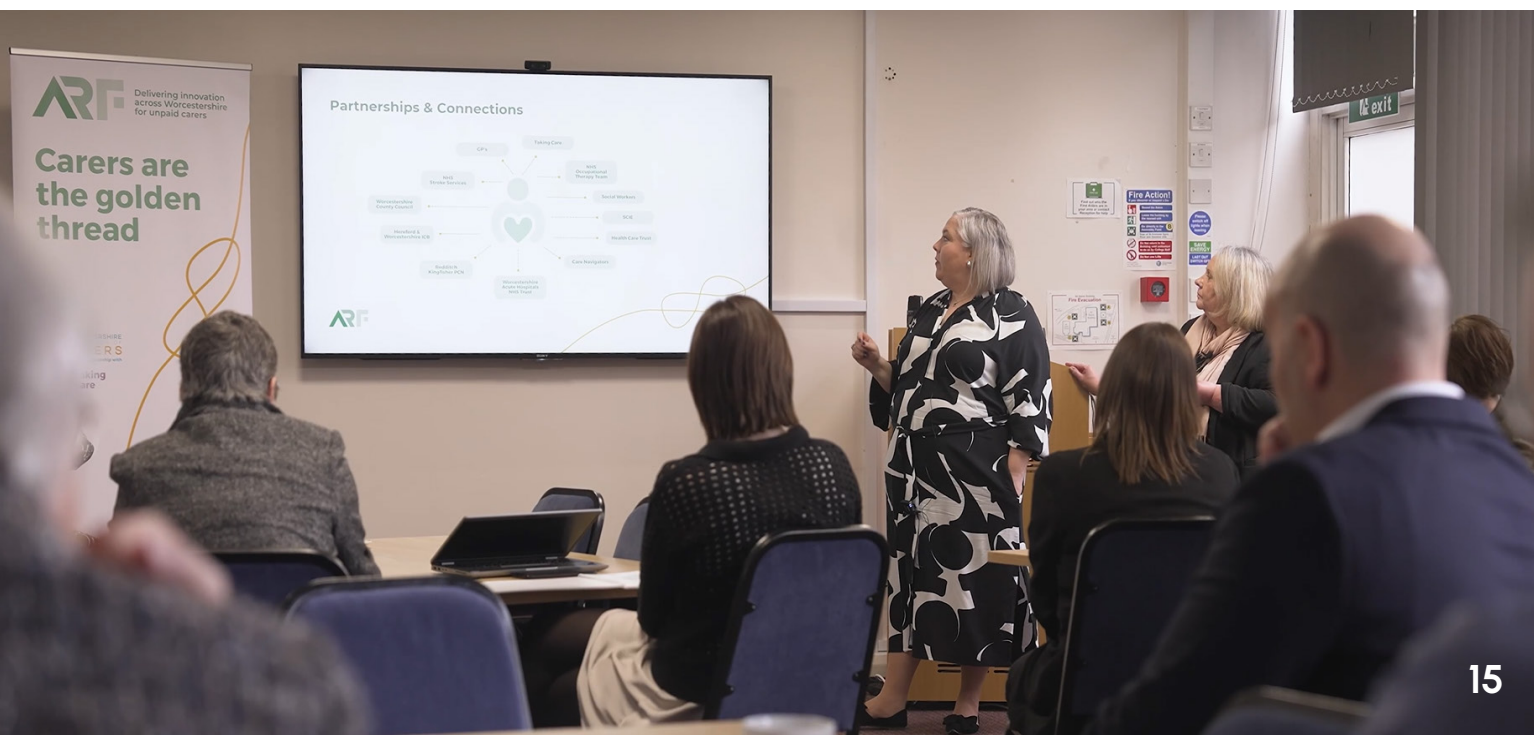
## Section 2: Designing the Fund

DHSC engaged with a diverse range of key sector stakeholders to form a framework for the Fund, including identifying 12 priority areas to help transform adult social care in England. The following key parameters were approved:

- ➔ **Inclusivity (not competition):** It was accessible to all LAs, eliminating the need for competition between them for funding. Grant amounts were allocated according to the Adult Social Care Relative Needs Formula.
- ➔ **Collaboration at the local level:** LA consortia were expected to collaborate with local NHS and VCSE partners.
- ➔ **Support for unpaid carers at the core of the Fund:** Each ICS was required to submit at least two separate projects in their proposal, one of which had to specifically support unpaid carers.
- ➔ **Non-ringfenced grants:** The grants were not restricted to specific timeframes, offering a high level of flexibility. This approach allowed funding to be used for internal resources, external support, technology and more, and could be spread across financial years. This flexibility was vital for long-term project planning, as innovation cycles do not align with the standard financial year.

## Fund design learnings

The following insights and recommendations have been formulated retrospectively, based on the experiences, learnings, and insights from implementation. These reflections highlight how the design of the fund could have influenced these outcomes.




### Fund design considerations

#### Project readiness

Analysis of project Eols and subsequent support revealed that start-up and established projects have distinct support needs.

##### **Recommendation #1 - for government/ DHSC**




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.

#### Project senior support

Some projects had senior support baked into governance from the outset, but many did not. This may be due to the level of funding provided (which varied widely across areas, as it was based on the Adult Social Care Relative Needs Formula, with some LAs receiving tens of thousands and some in the high hundreds of thousands). Successful projects require strong governance and senior stakeholder involvement from the outset, such as the Director of Adult Social Services (DASS) and a lead Commissioner.

##### **Recommendation #2 - for DHSC**



Future funding should be contingent on senior leader buy-in and active participation in governance meetings.

“ We’ve seen operational managers trying to take forward transformational change - not even senior managers. It’s really difficult when you’re working with big meaty issues, such as funding distribution and dementia services. Time and opportunity has been wasted on getting the right people around the table. ”

Suzi Clark, Head of Strategic Advice, Shared Lives

### Data sharing

Data sharing was restricted in that it wasn't possible to receive day-to-day, hands-on data, nor could it be shared regularly and freely between partners and projects, due to the application of GDPR in design. This impacted the rapidity and flexibility of SCIE's response and the ability to connect different projects, which should be reviewed in future programmes of a similar nature to support more direct inter consortia discussions.

#### Recommendation #3 - for government/ DHSC

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.

### Enabler - funding and resource allocation

Dedicated funding and sustainable models supported long-term innovation.

Having funding dedicated to innovation projects, provided the opportunity to test new ideas and ways of working. It allowed local areas to embrace change, testing bold ideas without the constraints of competing budget pressures. When funding is protected and aligned with innovation goals, it enables local systems to plan with confidence, build partnerships, and focus on outcomes rather than short-term cost containment. Dedicated funding is increasingly recognised as a critical enabler of innovation and improvement in adult social care. In 2023, the UK Government announced a £600 million ringfenced fund for local authorities over two years, aimed at supporting the social care workforce and driving service transformation<sup>6</sup>. The National Care Forum welcomed this investment, highlighting that protected funding enables local authorities to plan with confidence and invest in long-term improvements such as digital innovation, workforce development, and new models of care<sup>7</sup>.

#### Recommendation #4 - for government/ DHSC

Future programmes should embrace the ARF's learning approach, allowing to learn from 'failure' as well as success, and encourage positive risk taking.

<sup>6</sup> DHSC (2023). £600 million social care winter workforce and capacity boost (press release) (<https://www.gov.uk/government/news/600-million-social-care-winter-workforce-and-capacity-boost>) DHSC.

<sup>7</sup> Inosanto, T.J. (2023). NCF response to government announcement of £600 million ringfenced funding for social care workforce (<https://www.ba-healthcare.org/news-and-updates/ncf-respons-to-government-announcement-of-600-million-ringfenced-funding-for-social-care-workforce>) BA Healthcare.

### Local area: Stoke-on-Trent

**Project:** Increasing support for unpaid carers via implementation of a new digital self-assessment platform, allowing coordination and communication between both the cared for and the carer.

#### NHS 10-year plan shift: analogue to digital

“ ARF funding helped us overcome the common challenge of needing to prove the value of digital tools before they're funded. It allowed us to get solutions in place and demonstrate their impact - something we couldn't have done through traditional council funding routes. ”

**Peter Ball**

Telecare and Rehabilitation Services Manager, Stoke-on-Trent City Council

### Local area: Cambridgeshire

**Project:** Producing training content to develop a consistent approach across health and care systems, empowering professionals to facilitate meaningful and supportive end-of-life conversations to aid unpaid carers.

#### NHS 10-year plan shift: analogue to digital

The training aims to increase practitioner skills, knowledge and confidence when dealing with difficult and distressing situations, ensuring that care is more holistic.

“ What the [ARF] did was offer us an opportunity to work out of our typical systems, where there may be more restrictions to being innovative, and because of that we have been able to develop this fantastic training opportunity that we hope will reach far and wide. ”

**Kirstin Clarke**

Service Director for Adult Social Care, Cambridgeshire County Council

### Local area: Somerset

**Project:** Local community grants fund to expand existing grassroots or volunteer-led services, helping them to accelerate their impact and increase sustainability.

#### NHS 10-year plan shift: hospital to community

“ The beauty of the ARF is that you haven't put excessive parameters, it's about learning. It allows us to test approaches, knowing it may not work in one area, it doesn't matter. But in some areas, it might, and then the next village might do the same... I've been on a real learning journey with it. It's been an absolute eye opener for me as a commissioner. ”

Rhys Davis

Service Manager - Community Enterprise and Workforce, Somerset Council

### Local area: Lincolnshire

**Project:** Broad community-based partnership approach to co-design arts and nature sessions with unpaid carers.

#### NHS 10-year plan shift: analogue to digital

Sessions are combined with supportive respite care options, using social impact evaluation to assess outcomes. This initiative is embedded in the shift from sickness to prevention by providing carers with structured opportunities for respite and self-care, ultimately reducing reliance on health and social care services.

“ The ARF funding has been so helpful for us for testing out ideas – the flexibility to experiment has been invaluable, and the amount of funding was so helpful – it has made it possible for us to support carers as much as we can to enable them to get involved and break down the barriers. Providing sufficient funding with flexibility, along with a strong partnership across the different sectors, is crucial for innovation and change. ”

Sarah Grundy

Senior Historic Environment Officer – Projects, Lincolnshire County Council

### Consortia considerations

Engagement with SCIE's support offer was strong across all consortia and LAs during the proposal and project development phase. However, this engagement declined as the support moved into project start-up and early implementation. This could be due to not needing support, less interest once funds were secured, project plans not being advanced enough to determine what kind of support was needed, engagement and information not reaching the required people (e.g. roles changing), lack of capacity or lack of permission to engage with support. The ARF grant was non-ringfenced with no formal conditions to allow for local flexibility, however this meant engagement with the support and evaluation partners was strongly encouraged rather than mandated. Future funds could consider options to strengthen engagement.



I actually wasn't aware that a support offer was available, that level of information wasn't filtered down to us.



LA strategic commissioner

#### Recommendation #5 - for government/ DHSC

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.



### Consortia collaboration

Consortia demonstrating robust collaboration and governance within and between LA social care teams exhibited greater confidence and advanced more rapidly. These consortia were among the first to access SCIE support. The programme, including in its provision of a support partner, SCIE, has provided an important opportunity for LAs to collaborate and connect, sharing learnings and developments and changing ways of working.

In some areas, LAs are not coterminous with ICSs, although legal responsibility to deliver social care sits with LAs. This meant funding organisation did not always work efficiently. Upcoming local government reform will mean continuing shifts both in devolution and in ICSs, with ICSs set to increase in size, so innovation at a local level will be important, and it may be far more difficult to get alignment at ICS level. It is therefore hard to predict the best approach for disbursement of funds - flexibility will be required to allow LAs to address different challenges. Innovators must be supported to continue to innovate and lead, while others may need more fundamental support.

## Section 2: Designing the Fund

### **Recommendation #6 - for government/ DHSC/ SCIE**

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.

### **Recommendation #7 - for government/ DHSC**

Innovation pots should be made available at various levels, from LA through to ICS.

### **Recommendation #8 – for LAs/ ICSs**

LAs need to integrate cross-council collaboration into their day-to-day operations, especially 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 of efforts.

The requirement for ICS consortia to work together with the NHS and other partners has seen some great examples already, fostering better joint partnership working.

### **Recommendation#9 – for LAs/ ICSs**

Collaboration, working across all sectors, with partners, providers, unpaid carer organisations and the NHS should be seen as a vital component for driving innovation and supporting people with lived experience e.g. unpaid carers.



What has made this project successful is the amazing and dedicated partners that have been involved, and the fact that everyone has brought different expertise, resources, contacts and knowledge to the table, and everyone is completely onboard with what we are trying to achieve.



**Sarah Grundy**

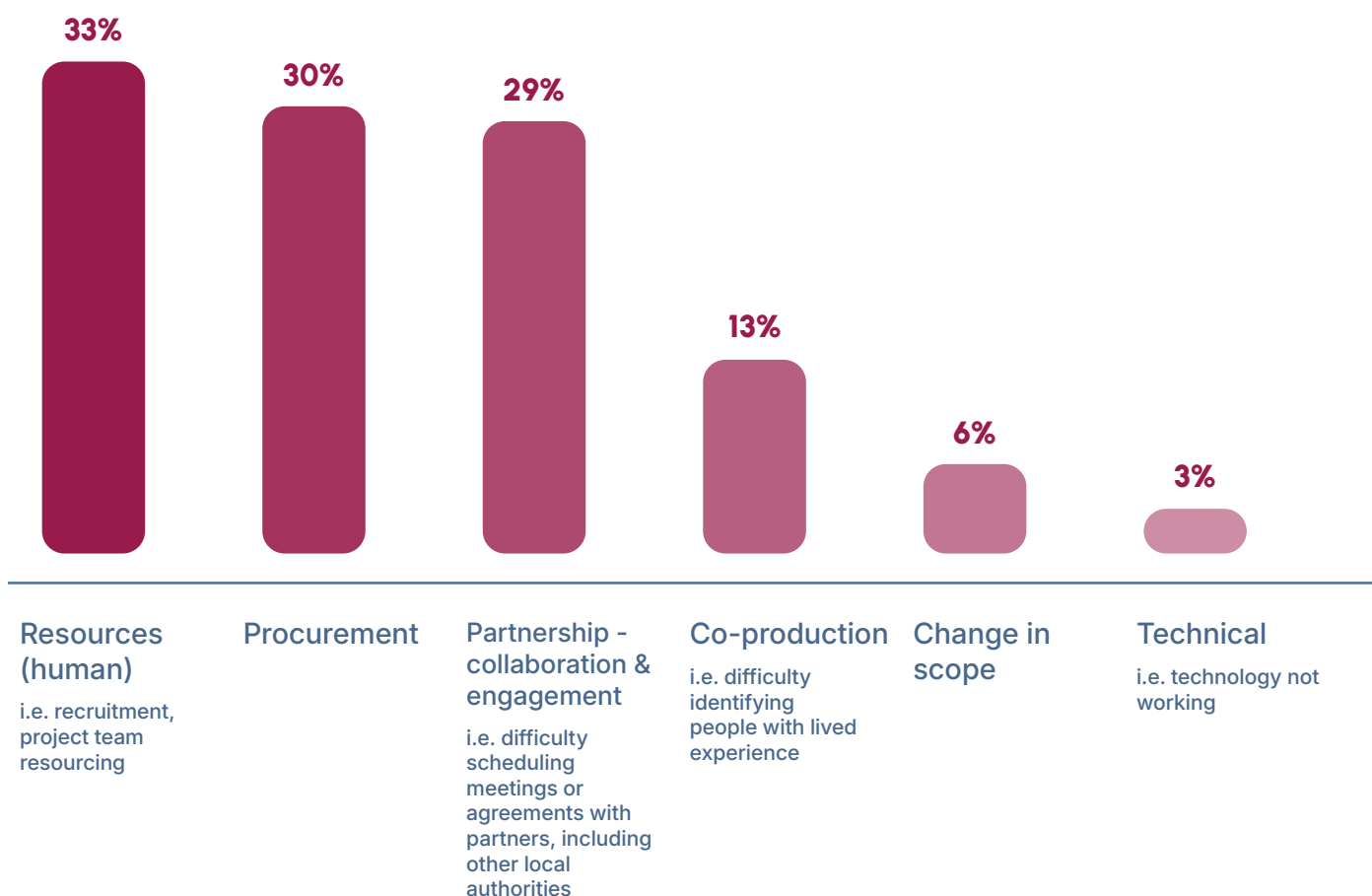
**Senior Historic Environment Officer, Lincolnshire County Council**

### Consortia procurement challenges

Findings from the DHSC mid-grant reports analysis that SCIE conducted showed that 30% of projects faced delays due to procurement. The complexity of procurement processes, especially at ICS level across multiple LAs, led to delays and varied experiences among providers - some ICS areas managed procurement smoothly, while others faced significant challenges. This highlighted the need for practices that are not only streamlined and consistent but also flexible and responsive. There were examples where having to go through a complex tender process didn't make sense, suggesting that procurement should respond to reality and need rather than rigid rules. Provider feedback also raised challenges associated with formal procurement processes, which can take a lot of resources with no guarantee of winning the tender. These findings echo SASCI's emphasis on the need for more flexible, innovation-friendly models<sup>8</sup>.

### Reasons for project delays (n=109)

August 2024



<sup>8</sup> SASCI (2025). Supporting adult social care innovation project (<https://www.sasciproject.uk/>).

## Section 2: Designing the Fund

### Recommendation #10 - for SCIE

Guidance for commissioners on procuring for innovation across multi-LA ICS areas should be developed, including sharing what good looks like, based on Fund and sector experiences, including providers.

### Recommendation #11 - for LAs/ ICSs

Simplifying procurement processes to reduce delays and ensure consistency across ICS areas will support innovation goals.

## Local area: Cornwall

**Project:** Increasing breaks for unpaid carers by offering empty hotel rooms at a highly subsidised cost.

### NHS 10-year plan shift: Sickness to prevention

“ When you’re working at speed, to work to a procurement timetable and follow all that governance can be difficult. But we worked it in different ways, so we set up grants and worked with contract variation. We just used different elements of procurement rules to go the easiest way for each [ARF] project. ”

Strategic Commissioner, Cornwall County Council



### Local area: Cheshire and Merseyside

**Project:** Launching a regional digital carers service via an online platform that helps local areas identify unpaid carers and then allows them to self-serve '24/7'. This empowers unpaid carers to access information and support when they need it.

### NHS 10-year plan shift: analogue to digital

“ The beauty of technology is that you invest a lot at first, then use it, customise it, adapt it a hundred times. However, when it comes to procurement, there is usually just one bullet point, and this limits the tech... Rather than commissioning from scratch every time, it would be good to have an established framework [for innovation] in place. ”

James Townsend, Chief Executive, Mobilise

## Fund-level considerations

### Fund phasing

While non-ringfenced grants were appreciated, the design and deployment process was too fast. Longer timescales with guaranteed longer-term support and key phases right from the start would have allowed for better collaboration, problem definition, solution design and small-scale testing before wider rollout. General Election delays also resulted in the main SCIE support concluding while many projects were still in early stages. A small amount of support has been extended into 25-26, but this can only support a handful of projects.


#### Recommendation #12 - for government/ DHSC

Central government funders should consider multi-year innovation and accelerator funds with phases for learning and testing.

### Fund scope

The Fund's broad scope, covering 12 priority areas, was useful for inclusivity but led to projects at different readiness levels and varying expectations of success.

#### **Recommendation #13 - for government/ DHSC**




Future funding for scaling innovation or supporting unpaid carers should incorporate ARF learnings to ensure a clearer, more focused scope.

### Fund scale

Over an 18-month period, providing hands-on bespoke support to maximise impact over 120 projects was never going to be possible, as this was an unmanageably large number. This issue, combined with data-sharing issues, also meant it was very difficult to identify which projects would most benefit from such support. Additionally, in ICSs with more projects, LAs tended to press ahead with their own project rather than working collaboratively at ICS level. If each ICS area had submitted one project, the fund would have supported 42 projects, each receiving approximately £1million instead of being spread too thinly. This would have allowed for better resource allocation and clearer delivery. The "let a thousand flowers bloom" approach potentially risked many projects failing due to not receiving the right targeted support at the right time, had they all sought it.

#### **Recommendation #14 - for government/ DHSC**



Future funds directed at ICS level should mandate no more than 1x project per ICS to be supported. While this is still a high number (42), it is more manageable from an ICS delivery perspective and from a support partner perspective. Alternatively, other sub-national collaborations could be considered such as ADASS regions.



### Expressions of Interest

ICS consortia were required to develop proposals (announced 24 October 2023) in order to submit Eols 8 January 2024. The short Eol submission timeframe led to an intense initiation phase and rapid delivery of phase one support. Tight timescales did impact the process, so SCIE support couldn't involve problem definition and solution design, and collaboration and the opportunity for co-production was limited during this stage, focusing more on informing people with lived experience. SCIE conducted quality assurance checks on final submissions.

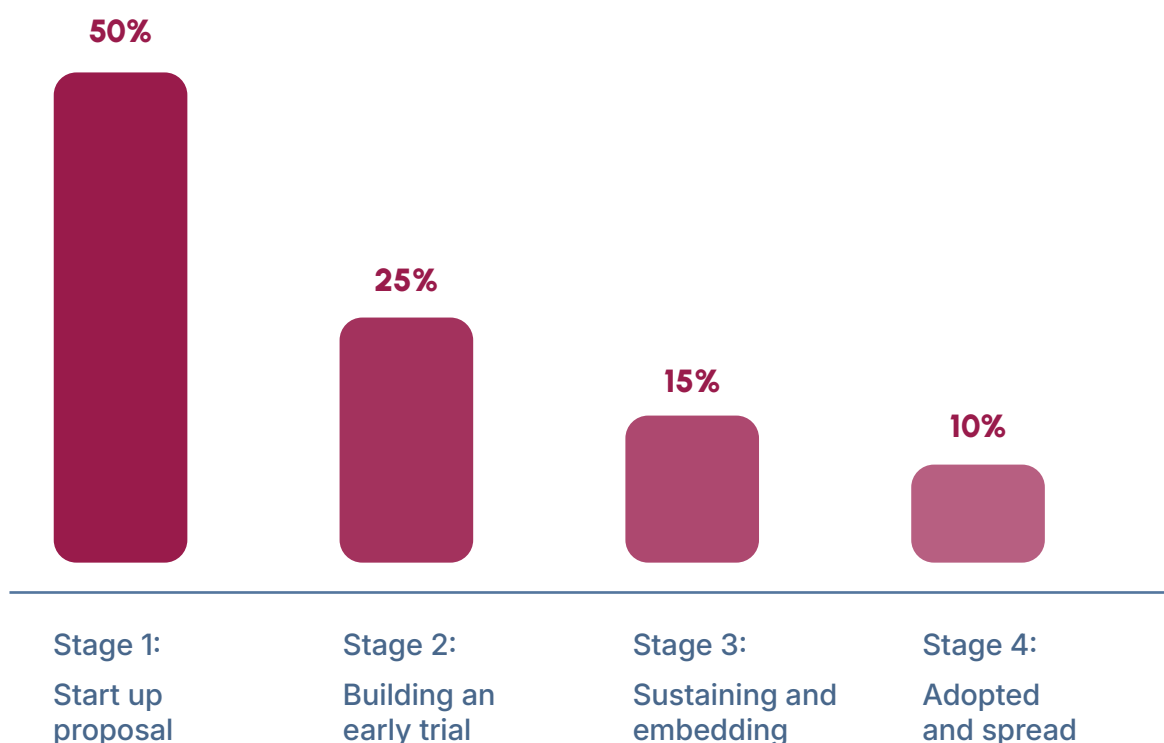
#### Recommendation #15 – for DHSC

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.

SCIE conducted an analysis of the Eols which informed the development of a comprehensive support plan addressing critical challenges, risks and support needs. We categorised these based on two primary dimensions:

#### Project maturity levels: from early-stage ideas through to more tried and tested models

Eol project maturity stage (n=122)



## Section 3: Proposal and project learnings

Half (50%) of projects fell within the stage one maturity level, meaning that they intended to undertake an area of work not yet being implemented in any part of their ICS. About 25% of projects were in stage two, meaning that they were already implementing at a small scale within their ICS, but now had the opportunity to scale, most likely to one or more new LAs. The 15% of projects falling into stage three already had strong evidence of what works across their ICS and were looking to scale fully or further embed, promoting sustainability. The 10% of projects in stage four had successfully adopted and spread the initiative across their whole ICS footprint but were now looking to explore innovative ways of delivering the service to further meet need.

### Implementation categories

Eleven types of common implementation characteristics that we found across challenges, risks and support needs, were grouped into three top level categories to classify our learnings and insights: project delivery, engagement and evaluation, and cultural change.

Implementation area	Category
A. Project delivery	Project complexity
	Project management
	Governance
	Budget and resource
	Impact evaluation
B. Engagement and evaluation	Value for money
	Co-production
	Stakeholders and communications
C. Cultural change	Digital
	Sustainability
	Leadership

### A. Project delivery

This section sets out our learnings and insights, including barriers, enablers and recommendations, falling into the 'Project delivery' category.

#### Project complexity

The large number of projects with different priorities risked LAs creating and procuring different solutions for the same problem. Working together could increase impact and reduce fragmentation.

Regulatory compliance with the **Care Act** and other regulatory requirements posed additional challenges.

Projects had to ensure they met all legal and regulatory standards, which sometimes took longer than anticipated. Additionally, the varying stages of project maturity meant that some projects were well-established with strong governance, while others needed further refinement before broader implementation. Support needs therefore differed widely, with early-stage innovations often needing more intensive guidance on regulatory alignment. These challenges are echoed in findings from a 2023 systematic review noting that while structural factors like staffing and funding are often cited in regulatory compliance, the deeper complexities of aligning innovation with legal frameworks are under-explored and under-supported. It highlights that compliance processes can become a barrier to innovation when they are not accompanied by clear guidance or adaptive support<sup>9</sup>.

### Community of Practice:

#### Care Act compliance in digital solutions – support snapshot

During our analysis of midpoint project reports, Care Act compliance emerged as a common challenge. In response, SCIE's Practice Development Consultants (PDCs) brought together 13 project leads from across England to collectively explore these issues and learn. The group included projects focused on digital self-serve solutions, self-assessment tools and carers' assessments. Attendees gained insights from SCIE experts on key Care Act 2014 principles, safeguarding in digital tools and strength-based practices. Additional perspectives came from a national provider experienced in compliance, and the ARF project manager in South West London, who shared their development journey and hurdles.

<sup>9</sup> Dunbar P., Keyes L.M. & Browne J.P. (2023). Determinants of regulatory compliance in health and social care services: A systematic review using the consolidated framework for implementation research (<https://doi.org/10.1371/journal.pone.0278007>) PLOS One.

## Section 3: Proposal and project learnings



One of the biggest challenges that emerged was the complexity of aligning innovative digital approaches with the regulatory requirements of the Care Act. Many projects were navigating uncharted territory and trying to balance creativity with compliance. The Community of Practice gave them space to unpack those tensions, share practical concerns, and start to find ways through the complexity without losing sight of statutory duties.



SCIE Practice Development Consultant



### Project management



Projects were at varying stages, with some showing gaps in capacity and skills. Overlapping project timelines impacted project capacity and created uncertainty around meeting deadlines, also affecting resource alignment.



There were challenges in recruiting skilled project managers and delivering projects due to competing priorities, lack of experience and timescales. Innovation in resource-constrained environments requires well-resourced teams.



Challenges included process and documentation problems, unclear direction and a lack of understanding of co-production, emerging through LA reports and SCIE observations. Some LAs had ineffective project management templates and experienced conflict over misalignment both within their LAs and at ICS level, affecting collaboration, which further complicated the situation.



### Enabler

Enhancing both hard (specific technical knowledge and training) and soft (leadership, communication, and time management) project management skills and sustainable planning for both funded and non-funded scenarios were essential for effective project delivery.

## Section 3: Proposal and project learnings

Effective project management and planning were essential enablers. Increasing hard and soft skills ensured that projects were well-coordinated and could navigate complexities. These findings are echoed in wider literature. The King's Fund highlights that successful innovation in health and social care requires not only visionary leadership but also strong operational planning and delivery mechanisms, particularly within integrated care systems where coordination across organisational boundaries is essential<sup>10</sup>. Similarly, the Health Foundation notes that many innovation efforts fail not because of poor ideas, but due to weak implementation planning and a lack of capacity to manage change effectively<sup>11</sup>. Both organisations stress that project management in social care must be agile, inclusive, and grounded in real-world constraints.



### Governance

Some projects were well-established with strong governance, while others, particularly in early planning stages, needed further refinement before broader implementation.



#### Enabler

**Strategic leadership and robust governance support** were key, with a shift from governance-focused roles to transformative roles fostering collaboration and learning across the system.

These were particularly key during the design and early implementation phases. Leaders who adopted transformative roles drove innovation by promoting a culture of collaboration, learning, and continuous improvement. This aligns closely with the King's Fund's research, which identifies leadership as the most influential factor in shaping organisational culture and enabling innovation. The King's Fund advocates for a shift from traditional, hierarchical leadership to collective and system-wide leadership, where influence is shared across boundaries and grounded in collaboration, trust, and shared purpose. This approach is seen as essential for fostering a culture of continuous improvement and for navigating the complexity of integrated care systems<sup>12</sup>.

<sup>10</sup> McKenna H. (2021). The health and social care white paper explained (<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-social-care-white-paper-explained>) The King's Fund.

<sup>11</sup> Hardie T. et al. (2025). Digitising the NHS and adult social care: What would it cost? (<https://www.health.org.uk/reports-and-analysis/analysis/digitising-the-nhs-and-adult-social-care-what-could-it-cost>) The Health Foundation.

<sup>12</sup> West M. et al. (2015). Leadership and leadership development in health care: The evidence base (<https://www.kingsfund.org.uk/insight-and-analysis/reports/leadership-development-health-care>) The King's Fund.

## Section 3: Proposal and project learnings

### Spotlight project: **Cambridgeshire**



## NHS 10-year plan shift: sickness to prevention

In Cambridgeshire, a learning gap was identified among social care and health professionals who have limited confidence in having conversations with carers during palliative care. To address this, Cambridgeshire have produced learning content to develop a consistent approach across health and care systems, empowering professionals to facilitate meaningful conversations to support unpaid carers.

A strong partnership existed between Cambridgeshire County Council and Arthur Rank Hospice Charity, who is a key community health partner for the LA and ICS. This includes a dedicated Palliative Social Worker employed by the Council being seconded to work with the charity, who led on the training development. The project was, importantly, fully endorsed by senior representatives throughout both organisations, including the Service Director for Adult Social Care, Head of Commissioning and CEO of the Hospice, which helped to ensure project success, visibility and sustainability by embedding the training across various systems.

“ Through this training we are raising skill, knowledge and confidence so [practitioners] are better able to support unpaid family carers... We know that carers first and foremost need to be recognised, and then offered support for themselves. ”

**Sharon Allen, Chief Executive Officer, Arthur Rank Hospice**

Learning from this project is being shared with wider partners, including Sue Ryder Thorpe Hall Hospice and the voluntary sector. Training is being translated into multiple formats, for example e-learning, and for various audiences, such as care providers and newly qualified social workers.

“ What today did was bring those two languages together, it was almost like a translation. It really felt like that bridge was crossed, and in the room you could see health and social care coming together. ”

**Becka Avery,**  
**Head of Wellbeing and Community Support, Sue Ryder Thorpe Hall Hospice**

### £ Budget and resources

- ➔ Resourcing and capacity challenges were more common in the proposal stage, where limited capacity and financial constraints affected the ability of around half of LAs to develop robust proposals.
- ➔ Ongoing capacity and resource constraints and recruitment difficulties made it challenging to align resources effectively, giving limited capacity for partnership working and collaboration.
- ➔ Limited funding/financial concerns were a recurring issue, with projects expressing worries about the continuation of initiatives due to financial constraints. Sustainable funding is essential to ensure the long-term viability of these projects.
- ➔ Seasonal pressures affected project implementation and success measurement.

The delay in the second tranche of funding caused anxiety and uncertainty, leading some areas to pause their work or adopt alternative, sometimes watered down plans, and individuals earmarked to lead work were sometimes reassigned. The common challenge of recruitment left existing staff juggling multiple roles, affecting their ability to focus on innovation projects. These findings align with literature, which highlights that organisational changes and staff shortages can significantly impede the adoption of innovations in primary health care. Given the significant issues facing social care workforce recruitment it further emphasises the importance of assessing staff expectations and ensuring that innovations are compatible with existing routines to facilitate adoption.

## B. Engagement and evaluation

This section sets out our learnings and insights, including barriers, enablers and recommendations, falling into the 'Engagement and evaluation' category.

A national evaluation partner, Ipsos, is evaluating whether the Fund and SCIE's support offer have been successful at overcoming barriers and supporting local areas to create conditions for embedding and scaling innovation. Ipsos will also assess the outcomes and impacts that have been achieved from innovative approaches delivered in local areas, and the contextual factors that influence successful implementation. LAs were encouraged to deliver local assessments of impact and Ipsos were available to provide support with this.

## Section 3: Proposal and project learnings



### Impact evaluation

Unclear ways of measuring project success was a prevalent issue, with many projects lacking impact frameworks to assess effectiveness.



#### Enabler

Being **outcome-focused** and confident in the impact of progress made drove projects forward.



#### Enabler

Seeking support from universities for evaluation and **recognising social impact as an important measure** ensured that the benefits of innovation were well-documented and understood.

Demonstrating the value and effectiveness of initiatives through clear theories of change and impact frameworks was essential to ensure a focus on outcomes. Where support was sought from universities for evaluation and social impact recognised as an important measure, the benefits of innovation could then be well-documented with clearer metrics increasing understanding and buy-in when projects reach a stage of demonstrating impact.



#### Recommendation #16 – for LAs/ ICSs/ providers

Establishing clear impact frameworks or theories of change will help assess project effectiveness and justify future investment.



### Value for money

More than half of the Eols demonstrated challenges around ability to cost up and measure the benefits of the innovations proposed.

Concerns were raised about post-launch maintenance costs, the value of in-house versus external delivery and the need for ongoing funding to ensure sustainability.

An innovation may come from a Council, a care provider, a digital company, a local charity or some or all of these in collaboration. It's unclear whether in-house delivery provides better value or outcomes compared to external partners. Through SCIE's wider recent digital maturity work, we have observed that

## Section 3: Proposal and project learnings

the balance between in-house and externally commissioned delivery models is rarely straightforward and is shaped by a range of local factors — the size and capacity of the organisation, available budgets, risk appetite, digital maturity and existing commissioning practice.

A research project could play a vital role in surfacing insights into the strengths and limitations of each approach, especially when applied in diverse contexts such as large metropolitan authorities, small unitary councils, or mixed models involving ICS collaboration. Strategic support from an organisation like SCIE would add value by ensuring that this work is grounded in lived experience from the sector and results in practical, usable outputs. This could lead to the publication of useful case studies showing what has worked in different local authority contexts and/or a decision-making tool/framework for when to build versus buy digital solutions.

### **Recommendation #17 – for SCIE**

Research should be commissioned into in-house versus external delivery, including in Shared Lives arrangements and digital projects (which make up majority of ARF projects).

## **Co-production**

- ➔ Due to tight application timelines, complex geographies and later, funding release changes, LAs had limited ability to include meaningful co-production and make it useful for service development, lacking a dedicated co-production group. We have heard anecdotally that in some places co-production was watered down initially, though LAs were encouraged to continue co-production in design and delivery. Embedding co-production early is crucial for better outcomes.
- ➔ Projects struggled to identify and engage unpaid carers, since many use systems anonymously and aren't compensated for their input. While engaging carers from vulnerable groups was key, it was hindered by cultural barriers and mistrust. In certain cultures a caring role may not be seen as such and is kept within the family, resulting in limited representation of diversity. Projects needed to shift a greater focus to diverse communication and co-production frameworks.
- ➔ Mistrust can also stem from initial involvement that isn't seen to change anything on the ground including change that isn't communicated and/or may take longer.

### **Recommendation #18 – for LAs/ ICSs/ providers**

Embedding co-production early in the project development process is essential for better outcomes.

## Section 3: Proposal and project learnings

Support snapshot:

### Northwest London

#### NHS 10-year plan shift: analogue to digital, hospital to community

Northwest London has eight local authorities sitting within its integrated care system (ICS). The consortia are collaborating on two project streams, one being an online support service for carers and those cared for, and the other developing an aligned strategic vision for Shared Lives across the ICS area. The project lead for the consortia initially approached SCIE for support with co-production, in which we were able to offer guidance from one of our Experts by Experience.

Following this, there were also challenges identified with partnership working across the consortia. SCIE was able to facilitate meetings with leads across the different local authorities, to help understand what the barriers currently are and agree on a call to action.



SCIE has provided tailored advice and scoping support to NW London, helping ensure the project remains aligned with good practice across the consortium. A key area of support involved facilitating a session with our Expert by Experience, attended by consortium leads, Shared Lives Plus and practitioners. This session explored each borough's position on Shared Lives, creating a space for ideas and solutions so the consortia could progress with a joined-up approach. It was a valuable partnership exercise that has led to strengthened cross-borough collaboration, sustained by ongoing peer-to-peer learning across their ICS area.

**SCIE Practice Development Consultant**



SCIE's contributions in our ARF projects included co-facilitating workshops and creating a shared sense of learning across the ARF network, especially in the development of the communities of practice and of co-production initiatives, which enabled us to identify common challenges and promote good practice.

**Project Lead**



## Section 3: Proposal and project learnings

### Stakeholders and communications

At EoI stage, while internal stakeholders were engaged, external stakeholder involvement was minimal, often only at a high level. Protectionism of budgets and projects in some areas meant collaboration with stakeholders and delivery partners occurred late or once the project had already been designed. VCSE and other 'non system' partners could be seen as secondary contact points, especially if there might be crossover with existing contracts of service provision.

Mapping stakeholders was challenging, especially in under-represented groups.

A lack of awareness of the Shared Lives model also affected Shared Lives carer recruitment.

Effective data sharing and partner collaboration was complex due to GDPR and practical issues.

Communication strategies generally needed improvement.

#### Enabler

**Understanding good co-production** and incorporating the voice of lived experience were vital for **stakeholder engagement**. Regular meetings with local authorities, people drawing on care and carers helped to understand their pain points and improve service development.

#### Enabler

**Innovative** use of **marketing and communications channels** were important for effective collaboration.

**Project snapshot:**

**Westmorland and Furness**



### NHS 10-year plan shift: hospital to community

Westmorland and Furness invested their ARF grant entirely into a recruitment campaign to increase their number of local Shared Lives carers. The Westmorland and Furness Shared Lives team have been working closely alongside the internal council communications team to improve marketing collateral, streamline website applications and implement Facebook ads.



This has felt very different, as it has been more joint working, with both teams using their areas of expertise.



**Philippa Fox**

**Manager Shared Lives, Westmorland and Furness Council.**

The teams have used previously conducted Acorn demographic profiling, which has provided nuanced insight on their target audiences (where they do their weekly food shop and what they watch on TV, etc.), based on those currently enlisted. This has helped to shape messaging, define target areas for leaflet drops, and provide best locations for in-person recruitment stands. Other recruitment methods include radio and Facebook adverts, sponsoring the local rugby team and attending community events, such as open days at SEN colleges.

By timing leaflet drops with boosted Facebook and radio adverts, Westmorland and Furness went from an average of none or one enquiry a month before the project began, to 60 new enquiries in September 2024. At the start of the programme they had 23 carers enrolled, and in the next three months this is expected to increase to 42. They are projecting that by the end of 25/26, they will have 50 carers enlisted.



As a result of the ARF, we've had a few people that we have now been able to accommodate that we couldn't help before... We've been able to respond to a couple of potential breakdowns at home, identifying respite care to avoid traditional care systems.



**Philippa Fox**

**Manager Shared Lives, Westmorland and Furness Council.**

## Section 3: Proposal and project learnings

Understanding what good co-production looks like is essential for programmes like this. For partnership working to be effective, engaging wider stakeholders early through clear communication and trust-building was also crucial. This included involving people who draw on care and support, carers, and other partners in the design and implementation process. Promoting awareness and understanding of innovative approaches through continuous communication and marketing efforts helped raise the profile of innovative approaches, gaining support and buy-in from stakeholders.

### ✓ Enabler

**Strong collaboration and partnerships** with voluntary sectors, universities, partner organisations and charities were crucial.

The challenges faced are consistent with findings from the literature on Shared Lives schemes, which highlight the need for collaborative working with social workers, leadership at different levels, and investment in the workforce to scale up such innovations<sup>13</sup>. However, there were also several examples where co-production had been done well and/or where existing co-production groups and strong partnership cultures were in place. Good engagement with wider consortia and strong community support bolstered efforts to collaborate and set up partnerships, and the programme has stimulated co-production processes. **The benefits of co-production to innovation** across the whole range of involvement that was possible have been clear.

Some great examples of collaboration with other organisations also allowed for participation in pilots and industry research, driving innovation forward. These findings are echoed by the Health Foundation's work on innovation in health and care, particularly through its 'Adopting Innovation' programme and 'The Spread Challenge report', highlighting that successful innovation depends on strong cross-sector collaboration. It emphasises that partnerships between health and social care, commissioners and providers, and public and voluntary sectors are essential for aligning goals, sharing risk, and building trust. They also stress the importance of distributed leadership and shared accountability, noting that innovation is more likely to succeed when it is co-owned by multiple stakeholders and embedded in a culture of continuous learning and improvement<sup>14 15</sup>.

At SCIE, we've observed from our wider work with projects that establishing effective communication channels and engagement plans from the outset can significantly contribute to the longevity and sustainability of innovation initiatives, as it fosters continuous collaboration, stakeholder buy-in and

<sup>13</sup> Purcell C., Manthorpe J. & Malley J. (2025). The challenge of scaling-up social work innovations: A case study of Shared Lives schemes in England, *The British Journal of Social Work*, Volume 55, Issue 2, March 2025, pp.725–743, (<https://doi.org/10.1093/bjsw/bcae206>).

<sup>14</sup> The Health Foundation (2025). Adopting innovation (<https://www.health.org.uk/funding-and-partnerships/programmes/adopting-innovation>).

<sup>15</sup> Horton T., Illingworth J. & Warburton W. (2018). The spread challenge: How to support the successful uptake of innovations and improvements in health care (<https://www.health.org.uk/reports-and-analysis/reports/the-spread-challenge>) The Health Foundation.

## Section 3: Proposal and project learnings

adaptability throughout the project's lifecycle. We've seen time and again that co-production and stakeholder engagement are not just good practice—they are essential to successful innovation. Our 2023 Co-production Survey highlighted that while awareness of co-production is increasing, many people with lived experience still feel excluded from shaping the services they use<sup>16</sup>. That's why we continue to advocate **for co-production that is embedded—not bolted on**. Similarly, Bristol City Council's Adult Social Care Co-Production Policy has shown how embedding co-production into governance and planning can help avoid implementation pitfalls and build trust<sup>17</sup>.

“ Partnership work takes time – to develop trust, rapport, relationships. This has led (I think) to work being delayed as a lot of time was required to invest in relationship building etc to enable positive joint working. ”

CEO of local carers organisation

### Recommendation #19 - for LAs/ICSs

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 like surveys to ensure ongoing effectiveness.

<sup>16</sup> SCIE (2023). Experiences and understandings of co-production in adult social care: Findings from SCIE's Co-production Survey 2023 (<https://www.scie.org.uk/co-production/supporting/breaking-down-barriers/>) SCIE.

<sup>17</sup> Bristol City Council (2025). Adult social care co-production policy (<https://www.bristol.gov.uk/council/policies-plans-and-strategies/social-care-and-health/co-production>) Bristol City Council.

Support snapshot:

**Stoke-on-Trent**



### NHS 10-year plan shift: hospital to community

Supporting older people to maintain their independence and wellbeing is a priority for Stoke. The Shared Lives service in Stoke is established as a core element of the provider offer for people with a learning disability. It was recognised that Shared Lives could provide a person-centred support option for other groups of adults such as people with dementia, increasing local support networks and offering a preventive service that looks to community before crisis point is reached, embedded in the aims of the NHS 10-year plan. Two project leads, the Head of Service and Service Manager, met with SCIE to discuss how they could approach diversifying the service. SCIE was able to work with Stoke to make sure that key steps of project development were not missed.



The views of stakeholders were currently unknown. It became clear that engagement was needed, to avoid going into service expansion with assumptions.



**SCIE Practice Development Consultant**

SCIE worked with Stoke to identify and map key stakeholders in their area, including Shared Lives carers, and plan and design multiple forms of engagement to gather their views and opinions to help shape service delivery. This engagement included a mixture of in person drop-in sessions and various online surveys. From this engagement, SCIE was able to produce a report to pull out key themes and trends for Stoke, providing a rationale for them to map out the service. This report also included recommendations for next steps, considering key aspects such as governance and co-production.

### C. Cultural change

This section sets out our learnings and insights, including barriers, enablers and recommendations, falling into the 'Cultural change' category.



#### Digital

Many projects referenced digital solutions initially without adequate context on available options or the internal capability to support them. Barriers included staff buy-in, access, skills and connectivity, hindering adoption. There were concerns about transitioning to digital, balancing self-service with human support, how to best empower users, system integration, ethical concerns with artificial intelligence (AI) and the feasibility of digital solutions in social care.

Data sharing issues, including ensuring compliance with GDPR, were major barriers - projects had to navigate complex data-sharing agreements – as was the lack of digital expertise generally. Significant concerns were noted about digital project leadership, internal digital capacity, managing external providers, and digital literacy among communities, including carers and service users, and at implementation stage, issues with accessibility, data interoperability, AI usage and a lack of skills and knowledge on effective digital use. Integrating new digital solutions with existing systems posed significant challenges, requiring interoperability and managing data migration from legacy systems. Projects had to ensure that digital solutions were accessible and user-friendly for all demographics.

These challenges are well documented in both health and social care innovation literature, but findings from the ARF suggest that **digital transformation in social care is more fragmented than in health**, requiring tailored support and capacity building.

Digital transformation in healthcare has been more methodically aided by national strategies and funding, especially within the NHS. Staff members' digital skills are still uneven, though, and many frontline employees complain about not having enough time or training to become proficient with new technologies. Challenges aren't just about skills on the frontline, they are also about digital confidence and leadership at all levels. Senior leaders may not always champion digital change effectively due to uncertainty or competing priorities, which can result in a lack of strategic alignment, investment or clear communication.

The social care industry, marked by its underfunding and fragmentation, faces more pressing difficulties. A large number of care providers are small businesses or private carers with little access to IT support, training, or digital infrastructure. Digital exclusion is also more common among social care service users, who are frequently elderly or disabled.

In a 2022 evidence review commissioned by Social Care Wales, SCIE identified digital literacy as a dual challenge: not only do many social care staff lack basic digital skills, but even those with some

## Section 3: Proposal and project learnings

experience often lack the confidence to engage with digital learning platforms. This lack of confidence can stem from poorly designed systems that prioritise performance tracking over user experience, leading to frustration and disengagement. SCIE emphasises that improving digital literacy in social care requires both technical training and tailored support to build confidence, such as coaching and intuitive, user-friendly platforms<sup>18</sup>. Communities of practice and local digital champions can offer ongoing, culturally relevant support that complements formal training. The NHS benefits from national digital strategies like What Good Looks Like, but people have been slow to extend this approach to adult social care.

When reflecting on the broader projects that SCIE has supported, leveraging digital expertise offers an opportunity to explore how digital tools can be more seamlessly integrated into adult social care practices. Solutions should range from providing useful guidance to low-level training and more intensive capacity-building support, with initiatives focused on increasing digital capability within the workforce. In SCIE's recent work delivering the national digital maturity programme on behalf of DHSC, we have established an approach to mapping these issues and working with stakeholders to develop bespoke project and action plans to ensure that responses to individual issues are connected and managed strategically.



There were capacity issues when funds were approved and then handed down directly to operational teams unfamiliar with transformation. [ARF projects] should have been run with significant input from innovation, digital or transformation teams.



**Dom Taylor, Head of Partnerships, Mobilise**



### Enabler

High levels of collaboration across different organisations, especially with ICT for **digital** projects, enabled **innovative solutions**.

Where there were strong relationships and cross-working with ICT, digital projects flourished, particularly during the project start-up and early implementation phases. Feedback from the Oxford work on ethics of AI in adult social care suggested that frontline care providers were generally frequently excluded from the development stages of new solutions, with the focus being on the views of commissioners, policy makers and people who draw on care and support. In this programme, facilitating

<sup>18</sup> Kina D.J. (2022). Wales: Improving access to digital learning and addressing digital literacy in social care (<https://www.scie.org.uk/wales-improving-access-to-digital-learning-and-addressing-digital-literacy-in-social-care/>) SCIE.

## Section 3: Proposal and project learnings

connections with digital providers and offering advice on digital strategy and execution helped projects leverage technology effectively. This support enhanced the efficiency and impact of the initiatives through innovative digital solutions.

### **Recommendation #20 - for LAs/ ICSs**



Projects need to be well-resourced with teams that have the right skills and capacity from the start and throughout delivery. For digital, this could include appointing a team member with digital expertise or involving a digital partner for training and knowledge transfer.

### **Recommendation #21 - for SCIE**



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.



## **Sustainability**



Projects faced challenges in receiving tailored support, highlighting the importance of a clear critical path to coordinate resources efficiently and maintain momentum post-funding.



Sustaining information resources was challenging, including maintaining up-to-date digital assessments, which were costly and resource-intensive.



Many projects struggled to secure long-term local investment, underlining the need for stronger business case development and earlier engagement with decision-makers.



Teams reported difficulties in embedding new models of care or technology without clear post-project ownership or integration into core commissioning plans.



The short programme timeframe limited opportunities to fully test or refine innovations, which in turn affected long-term planning and sustainability. Despite this, some areas used SCIE support to develop sustainability plans and explore alternative funding models, including blended finance and social investment.



Relationships built between SCIE and LAs helped some sites transition towards more embedded support structures, with a few projects progressing into ongoing partnership discussions or wider system plans.

### Recommendation #22 – for LAs/ ICSs

Sustainability plans should be developed to ensure projects can continue regardless of financial uncertainties.



### Leadership



While leadership roles were mentioned, internal engagement was not explicitly identified as a barrier or enabler to successful adoption of the projects, which in turn identified it as a potential area for support and focus.



Balancing rational and emotional motivators was key, with focus needed on engagement of early adopters and future generations to guide change.



Organisational and structural changes presented challenges, due to constant restructuring of senior leadership teams and shifting priorities.



### Enabler

**Visible and consistent leadership support** - projects that benefited from senior leaders who were visibly engaged and consistently supportive saw stronger alignment across teams and greater momentum in implementation.



### Enabler

**Empowered early adopters** - when early adopters were given autonomy, recognition and resources, they became powerful champions of change, helping to build trust and influence peers.

### Wider council priorities and context

Varying local authority priorities influenced the focus and impact of innovation projects, particularly during the proposal and project development phases. Some areas struggled to align their project goals with broader council objectives, affecting the support and resources available for innovation. The broader context within which councils operate, including political, economic, and social factors, also played a role in shaping the success of innovation projects. These observations align with the previous Government's Integration and Innovation publication (2021) which acknowledges that while collaboration across health and social care has accelerated, aligning innovation with local priorities remains complex. The paper stresses that reducing bureaucracy and improving accountability are essential to enabling local systems to innovate effectively<sup>19</sup>. It also recognises that local political and economic contexts can either support or hinder the implementation of new models of care.



The ARF grant gave us the opportunity to have money we wouldn't have normally had. It absolutely was the catalyst for this [project] happening regionally.



Kerry Topping, Policy and Projects Manager, NE ADASS

### Recommendations to the wider system

#### Shared Lives schemes:


It was frequently highlighted in the Shared Lives-themed workshops and Community of Practice that Shared Lives is not well understood by the public. As a result, many projects have been investing time and effort into exploring new ways to reach, support, and recruit Shared Lives carers.

#### Recommendation #23 - for government/ DHSC/ Shared Lives Plus/ SCIE




A national campaign (comprising communications, marketing and advertising activities) 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.

<sup>19</sup> DHSC (2021). Integration and Innovation: working together to improve health and social care for all (<https://assets.publishing.service.gov.uk/media/60251afb8fa8f5037e13c418/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf>) DHSC.



### **Recommendation #24 - for infrastructure bodies (SCIE/ LGA/ ADASS/ Skills for Care) and charities**

Infrastructure bodies and charities need to continue to raise the profile of innovation in social care, and can support councils in working differently to deliver better outcomes.



### **Recommendation #25 - for infrastructure bodies (SCIE/ LGA/ ADASS/ Skills for Care) and charities**

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

## Section 4: Why does this programme matter?

The social care system faces deep and critical challenges. The Health and Social Care Committee's inquiry 'Adult social care reform: The cost of inaction', recently described it as 'broken'—highlighting soaring levels of unmet need, unsustainable costs for individuals, providers, and local authorities, and mounting pressure on the workforce and unpaid carers. With demand for unpaid carer support increasing while provision is shrinking (Carers Trust), it has also never been more important to recognise the worth of investing in helping England's 4.7 million unpaid carers continue their vital role.

People are also increasingly seeking flexible, accessible, and innovative support. Scaling and investing in innovation and improvement are crucial to enable this. To do this, we must create a dedicated capacity for leading long-term health and care transformation, facilitating learning across and within local systems, and overcoming barriers to innovation.

The King's Fund in 'Building capacity and capability for improvement in adult social care' found that adult social care has not had the capacity, capability or infrastructure to support continuous quality improvement effectively. Care providers are struggling to deliver quality care, there are many delayed discharges from hospitals and there is a workforce crisis. As such, the capacity that is available in the system for innovation and improvement is diverted to tackle these challenges.

We need not wait for the final report of the Casey Commission, due 2028, to take actions that will drive the capacity and capability across local health and care to deliver personalised, high quality and financially sustainable services that meet the needs of local people. We can take the learning from these innovative projects and the emerging literature about innovation in social care to lift the barriers and accelerate the enablers of innovation.

We can also continue to extract learning as the ARF projects progress, building a body of evidence about how investments in social care innovation can be structured to deliver the benefits expected – to people who draw on care and support, unpaid carers and local care systems. This is critical work in the immediate term that will pave the way for a longer-term innovation strategy. With ongoing support, we can extend our understanding of how innovation supports critical issues like productivity through early support schemes and preventive models of community-based care, as well as the use of digital tools to improve hospital discharges, carer identification, and support for unpaid carers.

### **The essential role of co-production in innovation**

The programme requested all projects to consider co-production right from the start, and, as such, it serves both to improve co-production approach and practice right across the country, and to demonstrate the worth of co-production to ensure innovation is its most effective. Innovation must be more than new tech tools – it must be systemic learning, adaptation and improvement, and to be effective in social care, it must be designed and delivered with the people it affects, through co-production that ensures change is grounded in real-life experiences.

By designing solutions from the outset with people who use them, innovation is more likely to succeed, more likely to scale, and more likely to deliver, both socially and economically. It also creates a feedback loop allowing for necessary continuous learning and adaptation.

Crucially it also builds enduring relationships, capabilities, and trust that extend far beyond individual projects. Co-production lays the groundwork for continuous learning and adaptation – not just within innovation cycles, but as a long-term asset that strengthens the whole system's ability to respond to future challenges.

## Section 4: Why does this programme matter?

### Project snapshot: **Lincolnshire**



### NHS 10-year plan shift: sickness to prevention

Lincolnshire County Council set out to improve support for unpaid carers by co-producing wellbeing activities rooted in arts, nature, and heritage. Working closely with carers, cultural organisations, and a local co-production partner, they have co-designed monthly activity sessions and provided alternative care for loved ones via Age UK, tailored to overcome any barriers unpaid carers faced when it came to attendance. This initiative is embedded in the shift from sickness to prevention by providing carers with structured opportunities for respite and self-care, ultimately reducing reliance on health and social care services. Integrating nature and arts into care provision, fosters resilience, reduces isolation, and empowers carers with sustainable tools for wellbeing.

The co-production process was central from the start, helping to shape both the content and the support structure around each activity. Carers' voices directly influenced what was delivered, ensuring the programme meets emotional and practical needs.

To understand the impact, the Council partnered with the University of Lincoln, who developed a bespoke, qualitative evaluation approach. This included reflective letters and ethnographic observation to capture deep, personal insights from participants.



In terms of the evaluation what we've developed is a bespoke approach that has evolved organically from the co-production focus groups and continued throughout the delivery of the project... One example has been asking participants to write and post letters reflecting on their experiences. This was new for us, but it's proven to be incredibly powerful, offering real nuance, emotional depth, and personal reflection that goes far beyond standard feedback.



**Dr. Robert Dean**

**Associate Professor of Interdisciplinary Arts & Health, University of Lincoln**

## Section 4: Why does this programme matter?

The outcome-focused design allowed the team to adapt in real time. Training for support workers and the creation of online resources has been an additional development that increased the impact-reach and embedded sustainability. Lincolnshire are keen to share their model as a blueprint for embedding arts and nature into existing care systems, and SCIE is working collaboratively with them to capture this and share with wider networks. The model will be represented as a visual process flow, highlighting key steps taken, partners and stakeholders to collaborate with, and how to embed co-production and social impact measures.



Working with the team at SCIE has been a real pleasure - they have been so friendly, supportive and encouraging. They have come up with innovative ideas about how to share the learning from our project and helped us to make those ideas a reality.



**Sarah Grundy**

**Senior Historic Environment Officer, Lincolnshire County Council**

## What problems can innovation help solve?

While innovation is not a silver bullet, we believe it has distinct value in its potential to address major concerns facing the social care system:

- Workforce pressures, by enabling new models of delivery and supporting unpaid carers. Chronic workforce shortages, unmet care needs, and geographic disparities in quality have left those who need social care without adequate support, while unpaid carers face significant economic and personal sacrifices.
- Fragmented service delivery, by assisting better integration and person-centred design. Currently, inequalities are worsening, with marginalised groups and those in deprived areas disproportionately affected. People are being left without the support they need to live safely and independently.
- Reactive rather than preventive systems, by supporting early intervention through technology and proactive outreach. Prevention reduces long-term dependency, improves health outcomes, and generates significant return on investment. However, financial constraints often limit investment in prevention, perpetuating reactive care models.

<sup>20</sup> Health Innovation Network & NHS England (2025). NHS Innovation Accelerator (<https://nhsaccelerator.com/>); The Health Foundation (2025). Adopting innovation (<https://www.health.org.uk/funding-and-partnerships/programmes/adopting-innovation>).

<sup>21</sup> SASCI (2025). Supporting adult social care innovation project (<https://www.sasciproject.uk/>).

## Section 4: Why does this programme matter?

- ➔ Exclusion from care, particularly for digitally excluded or underserved communities, by fostering inclusive design through co-production. Better data and digital infrastructure will enable a move to more personalised services that meet people's needs, improving user satisfaction and efficiency.
- ➔ System inflexibility, as traditional models often struggle to respond quickly to changing needs, crises, or demographic shifts. Innovation introduces a test-and-learn culture, allowing for rapid prototyping, real-time feedback, and continuous improvement.

## How does this contribute to the wider context of social care innovation learnings?

The ARF is an important and well-timed intervention in the field of adult social care innovation. Social care 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<sup>20</sup>. The Care Policy and Evaluation Centre at LSE 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<sup>21</sup>.

According to SASCI's research, there are a number of enduring obstacles in social care innovation, including the fragmented or inadequate infrastructure to support innovation, the frequent failure of promising ideas to gain traction, and the abandonment of many despite early success. By combining structured, iterative support from SCIE with flexible non-competitive DHSC funding, the ARF directly addresses these problems. This has created a unique, extensive testbed for social care innovation by allowing 122 projects across 42 ICSs to test, adapt, and scale innovations in real-world settings.

Crucially, the ARF supports SASCI's focus on the necessity of a supportive ecosystem. The infrastructure that supports innovation, including leadership, assessment, and knowledge-sharing systems, needs to be better understood, according to SASCI. By incorporating peer learning, co-production, and adaptive support into its architecture, the ARF helps achieve this. It also reveals a typology of innovation in practice, ranging from audacious, new concepts to underutilised or disregarded strategies, which might not have received funding or priority without this programme.

The ARF has shown how these issues appear differently in social care, even though many of the barriers that have been identified—such as workforce capacity, data sharing, and procurement complexity—reflect those in health. For instance, fragmented IT systems and lower baseline digital literacy frequently make digital transformation more challenging. However, the programme has also demonstrated that local communities can overcome these obstacles and bring about significant change if given the proper assistance.

All things considered, by providing a comprehensive, practice-based learning programme, the ARF enhances and expands the work of programmes like SASCI and the Health Foundation. It offers a stream of new and rediscovered innovations that can be scaled more successfully and sustainably with ongoing support. With lessons that can hasten sector-wide advancement and help integrate innovation as a fundamental component of business-as-usual, this programme offers a vastly diverse and exciting evolution of innovation in adult social care.

## Section 5: Conclusions and next steps

We encourage all stakeholders to view this report and its findings as the start of a broader initiative, rather than the conclusion of a single funding pot.

This section sets out our conclusions, taking into account the fact that many of the projects are still in early stages, therefore findings are weighted towards those. We hope many will continue beyond the end of the funded period, so any conclusions need to be considered as interim and will require review and update a year hence. A next stage report on progress and learning will be made public post 2025-2026.

### **Conclusions**

The programme of work stemming from the Accelerating Reform Fund (ARF) initiative, spearheaded by DHSC, has the potential to make significant strides in enhancing the quality and accessibility of adult social care across England. SCIE played a pivotal role in supporting this initiative, providing hands-on assistance to many of the projects, and gathering important information about barriers and enablers to innovation in practice.

Our support has facilitated capacity building within LAs and ICSs, enhancing their ability to manage and implement innovative projects. Projects were encouraged to develop clear impact frameworks and sustainability plans, ensuring that the innovations could continue to deliver benefits beyond the funding period. The collaboration with Ipsos on impact evaluation will further strengthen the evidence base for these innovations.

The initiative is beginning to lay a strong foundation for innovation in adult social care. By addressing the identified barriers and leveraging the enablers, future initiatives can build on this foundation to drive meaningful improvements in social care.

The learnings emerging from SCIE's work, alongside the evaluation insights from Ipsos, are invaluable for the wider sector. They provide a clearer understanding of what works and what does not in supporting innovation in social care. 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. They will be crucial in shaping future policies and practices, demonstrating the worth of investment in supporting unpaid carers and ensuring that adult social care in England continues to evolve and improve.

There are clear considerations for different stakeholder groups as set out in our recommendations.

## Section 5: Conclusions and next steps

### ✓ Next steps

SCIE has a small amount of funding to continue support over 2025-2026. Our focus is directed by all the learnings captured to date, and we are therefore planning to work through some of the recommendations as follow:

1

**Bespoke 1:1 support** will continue to focus on building good **partnership working** and ensuring full **stakeholder engagement including co-production**. SCIE will help projects build a strong consensus across project participants and the key stakeholders contributing to success.

2

**SCIE support** will be provided around **cultural change**. It is likely that as those relevant projects enter into the fourth phase of large scale adoption over 2025-2026, the issues emerging will relate primarily to cultural change (sustainability, leadership and adoption, in addition to ongoing issues with digital). Support will need to be directed towards gaining buy-in, supporting embedding, demonstrating value to date and potential outcomes, support on communications and dissemination.

3

**Engagement** with the **evaluation partner Ipsos**

4

**Communications** support throughout the year to share the learnings as they emerge, working closely with **unpaid carer organisations** and others to disseminate the case studies and stories of success widely across the country.

5

**Infrastructure bodies such as us, the LGA, ADASS, Skills for Care, Carers UK, Carers Trust** need to continue to raise the profile of innovation in social care, and, as relevant, can support councils in working differently to deliver better outcomes for local people.

### ➔ Future action

Longer term SCIE seeks to build on this work to plan what a good social care innovation system in England should look like. We need your help – we're looking for partners interested in working with us to help map out innovation journeys, share learnings from work in progress and develop support to help make innovation business as usual, please contact us: [sciebusdevelopmentteam@scie.org.uk](mailto:sciebusdevelopmentteam@scie.org.uk)

## Acronyms and definition of key terms

Acronym	Definition
ADASS	Association of Directors of Adult Social Services
ARF	Accelerating Reform Fund
CoP	Community of Practice
DASS	Director of Adult Social Services
DHSC	Department of Health and Social Care
EBE	Experts by Experience
EDI	Equity, Diversity and Inclusion
EoI	Expression of Interest
GDPR	General Data Protection Regulation
IAG	Information, Advice and Guidance
ICB	Integrated Care Board
ICS	Integrated Care System
LA	Local Authority
MoU	Memorandum of Understanding
NCASC	National Children and Adult Services Conference
SCIE	Social Care Institute for Excellence
VCSE	Voluntary, Charity and Social Enterprise

## Key terms

**Innovation (social care)** drawing on SCIE and CQC definitions, adapted for the ARF: the introduction, development and application of new ideas, practices, models, technologies or approaches that improve the quality, accessibility, efficiency and outcomes of social care. Innovation can be in service or system design, in the way we support people who draw on care with technology or ways to improve efficiencies in care provision and support for professional staff. It can be disruptive (might involve new service, new model of care, new technology) or it can be iterative and continuous (might look like better quality assurance processes, culture of innovation within a provider setting etc.).

**Scaling up (innovation):** expanding and applying successful innovative ideas or solutions making them more widely available to more people, markets, or areas, increasing their impact and effectiveness. For this report, innovations could either be new to an area, an approach a local area is already delivering, or a previously overlooked approach (e.g. due to lack of funding) and has plans to scale or embed further

**Local authority (LA) consortia:** a group of LAs working together in an Integrated Care System (ICS) footprint

**(Project) maturity:** the progression levels of a project from early-stage ideas through development and pilot testing to established, tried and tested models

**Non-ringfenced funding:** there were no formal conditions attached to the funding provided, while projects had to meet certain criteria (e.g. address priorities set out by DHSC, have at least one project focused on unpaid carers). It was not timebound - there has been local flexibility to spend funds over the timeframe local areas best see fit to scale their projects.

**Dedicated funding:** funding specifically for the use of and to be dedicated to the implementation of social care innovation initiatives

**Co-production:** the way of working where people with lived experience work collaboratively with projects to design, plan and deliver project outcomes

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