Understanding, Forming and Fostering a Culture of Transformative Innovation in Health and Social Care

Main Objectives and Context

With health and social care inflation running at a steady 3 – 4% per year in normal times, coupled with an ageing population and falling or flat budgets, it is increasingly clear not only in Scotland but throughout the developed world that our existing systems for health and social care are fundamentally unsustainable.

Innovation may make these systems more efficient, faster, smarter, cheaper and so on, but longer term viability in the future will require a more radical reconfiguration. The search for a more transformative response is already well underway in isolated pockets of strategy, policy, theory and practice around the world.
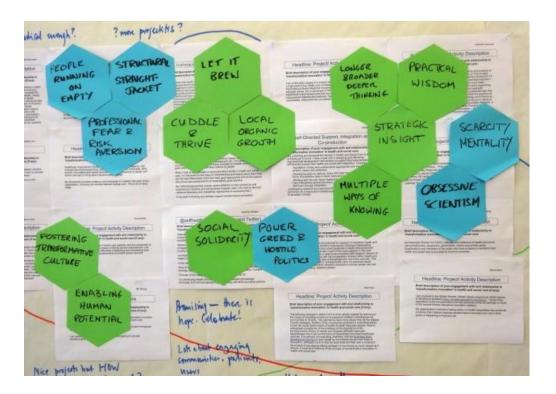
A lively community of research and transformative practice in health and social care has already begun to manifest in Scotland, born both of necessity and of the advantages of living in a small, well-connected country where individuals have found space in which to experiment with radically different approaches. This work is already commanding international attention.

The aim of this programme was to bring this community of transformative research and practice together, understand what will help and/or hinder its progress, and design and put in place the necessary supports to encourage its growth and spread its insights. The work also sought to explore how existing assumptions about innovation in the health and social care integration process actively deter or frustrate a more transformative response.

Insights

At the core of the programme was the core team providing continuity and overall design; a wider group who participated in up to three workshops over the course of the programme – the central one of which was spread over two days at the International Futures Forum's headquarters in Aberdour; and a number of people able to contribute to survey work but unable to attend in person.

An initial survey of this community explored what the term 'transformative innovation' means in their context, the transformative innovations they are engaged with and what is either enabling or constraining their practice. The latter data were sorted and synthesised by the participants revealing a view of what helps (green) and what hinders (blue) transformative innovation in this domain, loosely clustered here to show the kinds of constraints the enablers help to overcome:

Beyond this analysis, the programme concentrated on how to deliver transformative innovation in health and social care in practice. This conversation homed in on two areas of substance that play a critical role: *person-centredness* and the idea of a '*fifth wave*' of health improvement (building on four previous waves dating back to the introduction of clean water and sanitation in the 1850s). In addition there were two process domains seen as critical to making the transition to a new system: an understanding of *culture* and culture change (both within and beyond organisations and systems) and *transformative innovation* itself as a distinct process and practice (utilising the Three Horizons framework for understanding patterns of social change over time).

The critical move in the second workshop was from imagining the qualities and features of a transformed system to inventing that system in practice – its organisations, their offerings, and the job descriptions and roles that individual professionals will have in the future. Participants were then invited to locate themselves in this new system, culminating in a role-playing exercise featuring a day in the life of three institutions deemed critical to the new system: a '**Live Well Centre**', a '**Local Care Exchange**' and a '**Local Community Benefit Organisation**'.

The final workshop in the programme revisited these three organisations to understand their systemic relationship. It transpired that they together provide the template for a self-sustaining pattern which includes the vital elements of governance (the Local Community Benefit Organisation), users (the Live Well Centre) and providers (the Local Care Exchange). The workshop also played other possible institutions considered earlier in the programme into this new pattern, providing useful reinforcement and fresh insight.

The insights from the programme overall might be expressed as follows:

- Inventing a new system is distinct from changing, improving or innovating an existing system. We need a process of transformative innovation to invent something new. Once we have invented the new pattern, standard practices of innovation and improvement science can be applied to maintain and improve it;

- In order to grow a new system we need to think in terms of inventing *patterns* rather than projects. It is a pattern of mutually reinforcing activities and organisations that will sustain and grow over time. Viewed from this perspective we can see that a number of existing potentially transformative projects in health and social care are failing to realise their potential not because of any intrinsic weakness but for the lack of other supportive infrastructure. The transformative innovation journey is from a small scale 'creative integrity' (held in place by the commitment and vision of the people involved) to a 'patterned integrity' in which the pattern has stabilised to the point where if any element in it breaks down it can be replaced;

- Institutions and their offerings configure a landscape of flows and interactions in any ecosystem. Apple is a good example: a 'platform' that enables and configures particular exchanges and activities without providing those activities itself. Thinking of health and social care organisations as configuring a landscape in this way is very different from the traditional model of 'service delivery';

- The new viable system is inevitably going to be more complex than the existing system. This is a quality of life – to grow ever more complex structures. In the case of health and social care, this means that it will be more local. That is a big shift from the existing system in which local variation ('postcode lottery') is anathema – an unwritten rule that means even exceptional local innovation will wither if it cannot meet the national requirement for uniformity;

- In role playing a visionary future, researchers were to be found in all three locations – in the Live Well Centre as 'knowledge ninjas' developing and sharing research and learning close to the centre of operations; in the 'Local Care Exchange' offering the same service to providers, maintaining international links, a 'learning edge' and focussing on 'systemic reflective practice'; and also in the Local Community Benefit Organisation where the role includes working across sectors to spread learning and practice beyond health and social care. All of these roles are embedded in practice. If there is still an 'Academy' in the new system its resources will be distributed – and more relevant, dynamic and effective as a result;

- The role of the 'producer', a term borrowed from the arts but now central to the SHINE project in Fife, was seen to be critical. This is a much more fluid, creative and dynamic role than the traditional 'project manager' and is fully in-keeping with the move to a more relational system;

- Although participants in the programme, both researchers and practitioners, were drawn from a number of different countries, they included a good number from North East Scotland (Fife, Dundee and Aberdeen). In consequence many of the people role-playing their desired visionary system found themselves sitting with people they already know and work with to some extent. It was a moment of significant insight as they looked at each other around the table and wondered why they don't just operate in this visionary manner today? The future had never felt closer.

Impact

The aim of the programme was to "design and put in place the necessary supports to encourage the growth and spread the insights" of an existing community of transformative innovators in health and social care.

The programme confirmed that support for transformative innovation takes three forms: good theory, good practice and good policy. The programme made substantial advances in theory which will in turn inform better practice, as might have been expected from a series of interactions between researchers and practitioners. This includes new learning about the processes involved in moving from a creative to a patterned integrity and in configuring constellations of value – evidenced in the insights recorded above. The influence on policy will be less direct: a more confident practice, inventing patterns rather than just projects, will itself increase interest amongst policymakers in accessing existing knowledge about how to design policy to enable – and finance - transformative innovation as a distinctive practice.

The influence of the programme will therefore be felt in these ways:

- Practitioner participants in the programme pursuing their own initiatives will be able to do so now with a more subtle understanding of their transformative potential and how to realise it;

- Participants in the programme with an interest in funding or sponsoring innovation will be able to recognise the distinction between innovation and invention and will be better placed to support potentially transformative work in ways that recognise and work with the landscape of enablers and constraints identified;

- There is a commitment amongst the core programme group to maintain its own 'creative integrity' in order to develop the potential of its own transformative intentions in health and social care, notably focussing on Fife as a test bed for practice;

- There is likewise a commitment amongst the wider community to remain in contact, to share learning and to support each other in a continuing dialogue between research and practice. The results of the programme, including pre-existing underlying research and other materials, will provide the core for a wider and growing community of practice in transformative innovation in health and social care, rooted in Scotland but open to international participation.

Recommendations

The aim of the programme was to convene and discover how best to support an active culture of transformative innovation in health and social care. The output therefore takes the form more of an invitation – to join the community – than a set of recommendations. It is also true, however, that a shift in culture might be more smoothly accomplished if the dominant culture adopts the following approach:

- Recognise that the existing pattern of health and social care provision is unsustainable;

- Recognise that the strategic task is *both* to manage the existing system so that it does not collapse *and* to make space for the invention and testing of new patterns that may be more viable for the future. These two processes are different: policy, strategy and finance need to recognise the distinction;

- There are three forms of innovation: sustaining innovation (to improve an existing system), disruptive innovation (to try something new that will disturb existing patterns) and transformative innovation (shifting the system as a whole to a new pattern fit for the future). Be conscious of which kinds of innovation are required in different situations and manage the innovation portfolio accordingly.

Follow Up

Beyond the work of dissemination, there are a number of practical opportunities for following up the programme in order to develop further both theory and practice. Specifically we intend to:

- Establish a dedicated community of practice in transformative innovation in health and social care to be run jointly by International Futures Forum and the Alliance Scotland Health and Social Care Academy. This will make the learning and other resources generated by the programme available online and will also support and develop the capacity of both researchers and practitioners;

- Take the next step in understanding (and inventing) a viable health and social care system through a further workshop with senior managers in health and social care in Fife: to explore and role play how existing 'first horizon' institutions and personnel might find a place in the new pattern invented in the programme;

- Organise a learning journey to Watershed media and arts centre in Bristol for a number of participants in the programme. Watershed is about to launch a programme to develop producer capacities in the arts and creative industries, drawing on the success of its recently completed REACT programme bringing academia and businesses together to generate fresh insight, new products and novel collaborations. The intention of the learning journey will be to learn more about the producer role with a view to establishing a parallel development programme in Scotland for producers in the public and social sectors. The visit will also include interaction with a parallel community of transformative innovators in health and social care who are keen to share learning and experience with us based around work in nearby Keynsham;

- Convene a workshop in partnership with Ashoka (the global network of social entrepreneurs) to bring researchers and practitioners together across a broader spectrum of interests beyond health and social care (eg to include education, social enterprise, sustainability, wellbeing, employability), explicitly to explore an ecosystem approach to supporting the education and growth of young people. This workshop will learn from those run as part of the SUII programme, drawing the net wider than health and social care;

- Undertake dedicated research with support from the Scottish Improvement Science Collaborating Centre (a participant in the programme) to explore the 'last mile' of a specific transformative innovation in health and social care in Fife which now seems close to being able to take over from mainstream services in a number of areas, ie to discover the theory and practice of how to *complete* the journey from creative integrity to patterned integrity.

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