DISRUPTING CULTURES FOR HEALTH AND SOCIAL CARE INNOVATION

Despite the institutionalised nature of the health and social care sector, which may be a challenge to innovation, social innovation is seen to be growing. This impact can be further increased through relationships and partnerships which challenge the conventional cultures and values of the sector.

Charlotte Heales

HEALTH AND SOCIAL CARE: INSTITUTIONALISATION AND INNOVATION

Social innovation in health and social care is a growing field. Some examples of innovations include:
i) 'Physical Activity on Prescription' where patients and health and social care personnel are made aware of and are encouraged to consider physical activity as a complement and/or priority measure
ii) 'Smart Elderly Care' where elderly people can phone a centre and their calls are being answered by staff who use an online platform to put out a call for assistance and
iii) 'Dementia Adventure' which provides training and consultancy in the provision of carefully designed holidays or trips for people with dementia and their carers. Health and social care is a highly institutionalised sector and this can present challenges for social innovation. We argue that to have impact, social innovators must leverage relationships and bring together actors in order to meet and/or overcome the social values, demands and expectations which define how health and social care contexts operate.

The work of the SI DRIVE project has revealed the strong role that charismatic leaders play in disrupting the entrenched cultures of health and social care and initiating innovation. During the case study analysis, it was found that across practice fields and countries, initiatives were often reliant – particularly in their early stages – on a committed individual with great personal motivation to create change. However, it was also found that these individuals were not able to drive change alone. One of their greatest skills was in convening collaboration, either formal or informal, between different types of actors.

Health and social care is a field which frequently demonstrates high levels of medical and technological innovation. The incorporation of new approaches and learning often occurs across countries, driven by the internationalism of much of the professional community, by the desire for systems to learn from each other, by the expectations of patients for the latest technologies, and by companies which look to sell their – often medicalised – solutions into the global market place for competitive advantage.

However, some social innovations, with their focus on changing relationships and practices, appear to face more barriers to absorption and this appears to be strongly related to the 'social' nature of social innovation. If we look to socially innovative approaches such as 'integrated care', we can see a clear degree to which an approach which has the potential to yield positive outcomes for patients has been difficult to implement because it requires disruption to existing professional relationships and pathways. SI-DRIVE's case study analysis and policy and foresight workshops have indicated the extent to which cultural change is frequently necessary in order to build socially innovative approaches.

DISRUPTING CULTURES

Innovation in health and social care often relies upon practitioners reacting to situations in ways that are tried and tested. The levels of accountability in health and social care mean that risk aversion can be a pervasive force within this policy field, creating a culture where change can be difficult to implement. In addition, the routinised processes of health and social care and social expectations around their provision can also contribute to a kind of cultural calcification. This cultural embeddedness can be conceived

Societal Level

The public expectations of health and social care. This creates embedded practices and habits for how they engage with services. This can influence how amenable they are to change.

Policy maker level

Policy makers too can suffer from cultural entrenchment. Changes to policy carry risks both to the public and to political capital. This can create risk aversion and create embedded cultures that make innovation difficult.

Practitioner level

Practitioners, including doctors and nurses, have entrenched ways of working which have often been informed by their continuing professional development and learning. In addition each hospital and health system has specific ways of working that are strongly tied to context which often embed a kind of organisational culture that sometimes must be overcome in order to innovate.

Policy implementer level

Policy implementers are those non-practitioners who are often involved in the coordination of services. This includes people who comission services and can also include representatives of insurance companies. We see from case study analysis that this group can be a barrier to innovation where they do not commission innovative services or provide opportunities to trial new ways of working.

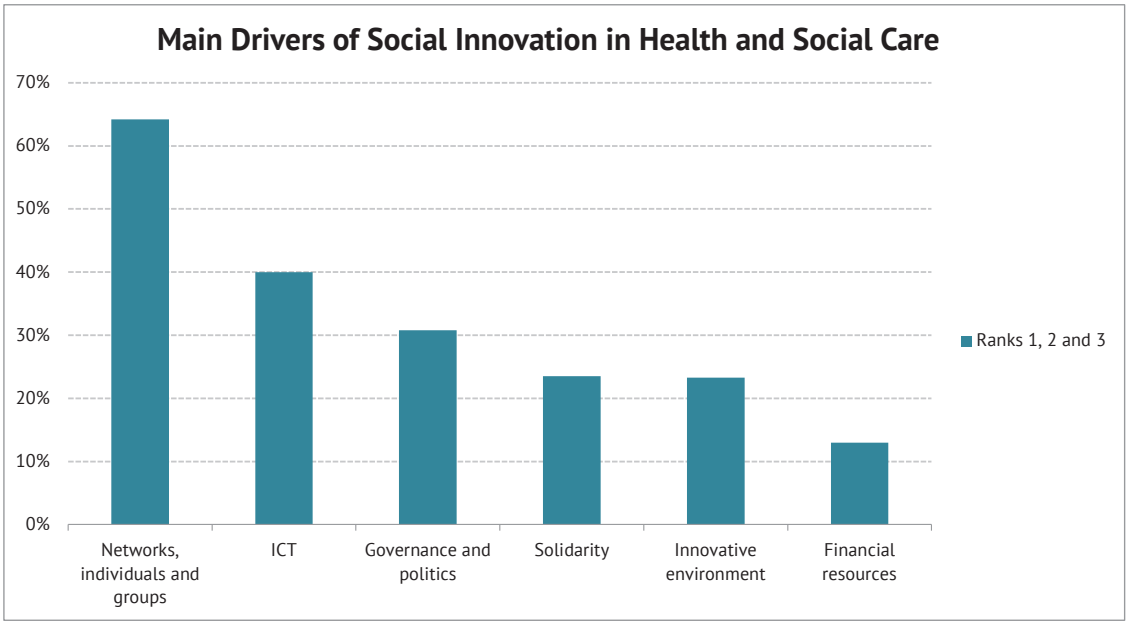
Levels of cultural embeddedness

of as occurring at four levels (see figure on the levels of cultural embeddedness).

Culture creates particular and deep-rooted pathways for action which can be difficult for innovators to overcome.

The example of DocReady offers insight into how social innovation can help to circumvent this. The intervention recognised that young people with mental health problems frequently do not receive the help that they need because they often find it difficult to talk about their feelings in a way that doctors understand. Instead of changing the way doctors interact with their patients, the app looks to change the ways young people talk about their feelings with doctors, making it easier for them to diagnose. Recognising the difficulty in overcoming the routinised processes of diagnosis, the app decides instead to work in a different space.

However, it is not always possible to work around culture. Sometimes it must be worked with. Our empirical work as part of the SI-DRIVE project demonstrates the ways in which key actors, collaborations and partnerships can be a mechanism for overcoming this barrier. Through the charismatic leadership of key individuals and the partnership of diverse stakeholders, it is possible to disrupt existing pathways to action, creating new ways of providing care.



Drivers of health and social care innovation for cases (Mapping 1 of SI-DRIVE [1])

UNDERSTANDING THE ROLE OF ACTORS AND INTERACTION

The importance of actors for social innovation in this policy field was borne-out in Mapping 1 [1], where 'networks, individuals and groups' were identified as a driver by 64 % of initiatives in health and social care.

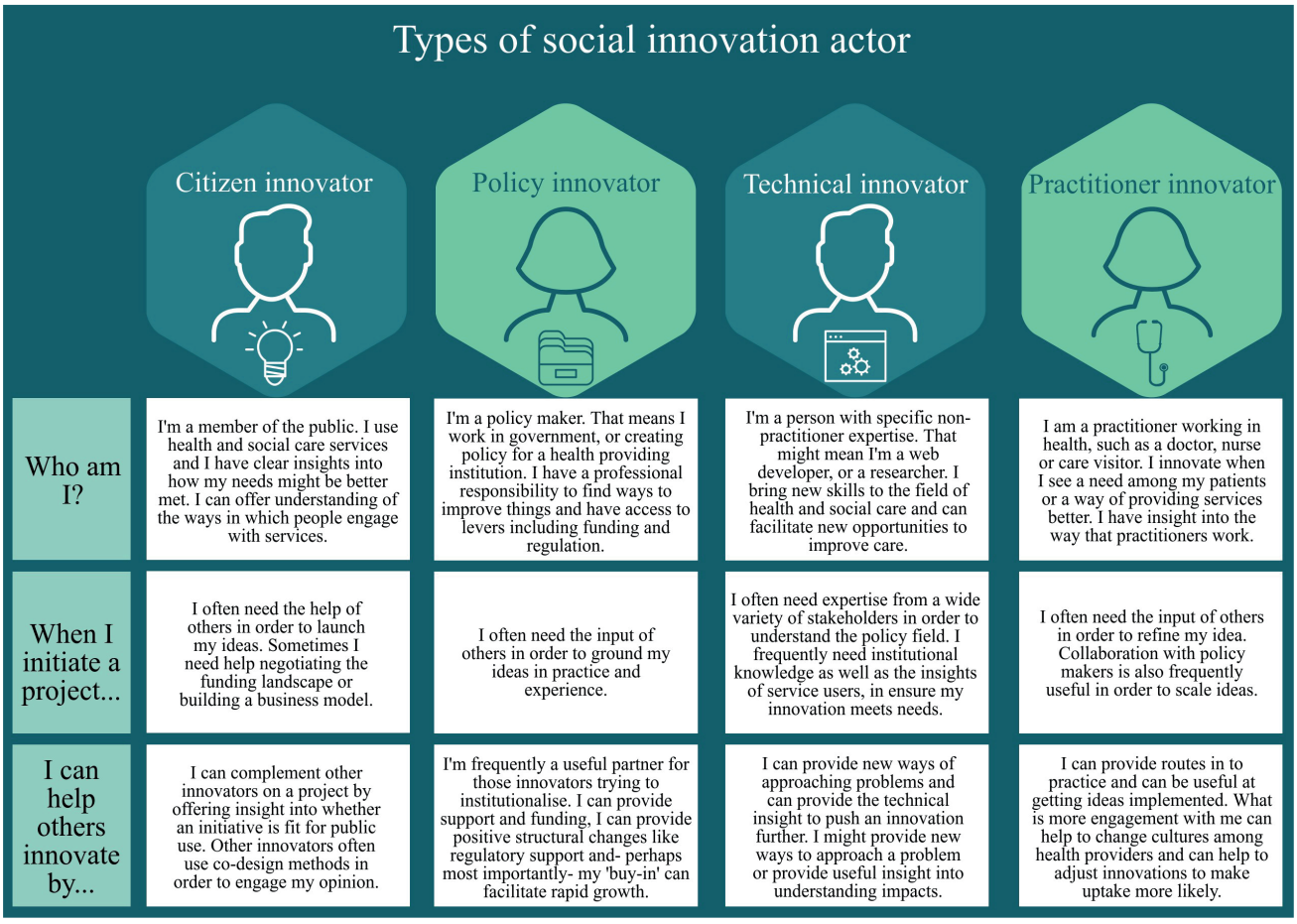
This finding was also mirrored in the case study analysis, where initiatives across practice fields demonstrated the importance of actors, and in particular collaboration, in driving forward social innovation. We found that initiatives are reliant on a range of different assets in order to effectively implement their project. These assets include necessary expertise; ability to impact the behavior of the target; ability to create an enabling policy environment where necessary; ability to fund the project; access to resources (such as buildings or technology) which are necessary to create the solution; enough time and capacity to deliver the initiative. We find that collaboration is a key way in which innovators build up these assets which can help them to work within their context.

COLLABORATION AS A FORCE FOR CHANGE

As such, collaborations of different types of actors appear to be important, not just for the distinct knowledge bases that they bring, but also because of the different types of influence that they can exert. We define four different types of innovation actor active in this field.

Different types of actors can influence different types of cultural entrenchment. Policy makers, for example, frequently have the ability to change the underlying mechanisms of the health care system, they sometimes have the ability to open up funding, and their buy-in can be a great convening force. However, they have less ability to affect the on-the-ground actions of practitioners. Indeed, providing buy-in can often be one of the most effective ways of creating change, the example of the mobile health innovation MomConnect in South Africa is an example of this. MomConnect is a free mobile service for pregnant women and new mothers. It connects more than one million women to vital services and to appropriate information. Since it's launch in 2014, it has sent out more than 58 million messages and 95 % of health clinics across South Africa are now participating in the initiative. Despite a highly bureaucratic environment, beset with barriers, the involvement of the Minister for Health enabled the project to create change and be scaled, albeit such support can be unstable.

Types of social innovation actor



	Citizen innovator	Policy innovator	Technical innovator	Practitioner innovator
Who am I?	I'm a member of the public. I use health and social care services and I have clear insights into how my needs might be better met. I can offer understanding of the ways in which people engage with services.	I'm a policy maker. That means I work in government, or creating policy for a health providing institution. I have a professional responsibility to find ways to improve things and have access to levers including funding and regulation.	I'm a person with specific non-practitioner expertise. That might mean I'm a web developer, or a researcher. I bring new skills to the field of health and social care and can facilitate new opportunities to improve care.	I am a practitioner working in health, such as a doctor, nurse or care visitor. I innovate when I see a need among my patients or a way of providing services better. I have insight into the way that practitioners work.
When I initiate a project...	I often need the help of others in order to launch my ideas. Sometimes I need help negotiating the funding landscape or building a business model.	I often need the input of others in order to ground my ideas in practice and experience.	I often need expertise from a wide variety of stakeholders in order to understand the policy field. I frequently need institutional knowledge as well as the insights of service users, in ensure my innovation meets needs.	I often need the input of others in order to refine my idea. Collaboration with policy makers is also frequently useful in order to scale ideas.
I can help others innovate by...	I can complement other innovators on a project by offering insight into whether an initiative is fit for public use. Other innovators often use co-design methods in order to engage my opinion.	I'm frequently a useful partner for those innovators trying to institutionalise. I can provide support and funding, I can provide positive structural changes like regulatory support and- perhaps most importantly- my 'buy-in' can facilitate rapid growth.	I can provide new ways of approaching problems and can provide the technical insight to push an innovation further. I might provide new ways to approach a problem or provide useful insight into understanding impacts.	I can provide routes in to practice and can be useful at getting ideas implemented. What is more engagement with me can help to change cultures among health providers and can help to adjust innovations to make uptake more likely.

Typology of social innovation actors

The motivation and action of committed individuals can be a considerable driver, but ultimately a common feature of successful innovations is the collaboration of a diverse set of stakeholders, each of whom offer different and often complementing competencies and insights which are necessary to successfully disrupt entrenched cultures.

can help to drive innovation by (a) creating innovations that work to the existing social values and expectations of patients and (b) creating movements among patients which can change the culture among these actors. For example, many of the electronic and mobile health interventions considered as part of the SI-DRIVE project included a co-design element which used citizens' input to radically change the shape of the intervention.

Technical innovators have the potential to bring new knowledge and skills to a problem, to improve a solution, or help to demonstrate its impacts. From a technological perspective, they can often help to embed solutions in existing practices thus making uptake easier. Moreover, practitioners can often help to create change through their understanding of existing practices and their insight into the problems being faced within health and social care delivery.

CONCLUSIONS

Our research – as part of the SI-DRIVE project – has demonstrated the importance of collaboration as a force for creating change in health and social care. The motivation and action of committed individuals can be a considerable driver, but ultimately a common feature of successful innovations is the collaboration of a diverse set of stakeholders, each of whom offer different and often complementing competencies and insights which are necessary to successfully disrupt entrenched cultures. We find that within health and social care innovation we work best when we work together.

REFERENCES

[1] Howaldt, Jürgen/ Schröder, Antonius/ Kaletka, Christoph/ Rehfeld, Dieter/ Terstriep, Judith (2016): Mapping the world of social innovation. A global comparative analysis across sectors and world regions. Internet: https://www.si-drive.eu/wp-content/uploads/2016/07/SI-DRIVE-D1-4-Comparative-Analysis-2016-08-15-final.pdf [Last accessed 16.11.2017].