

Tech-enabled care at home and in the community

Draft designs and ideas for a new funding programme

Last updated: February 2023

Why this topic?



Many people want and prefer care to be as close to home as possible; the sector cannot afford to continue with approaches to care that not only offer people a poor experience, but that result in duplicated effort incurring additional costs.



The experience of those providing and receiving care often also falls short of expectations and is not 'defined by the warmth of human connection or practicalities of support needed' (Hilary Cottam).



Technology is a key enabler of change, with the potential to improve care for recipients, quality of work for staff and staff experience.

There is policy appetite to make the most of digital tools and technology to improve the quality of care and support independent living.

If we are to make the most of the opportunity for a more tech-enabled health and social care service, there is an exciting role for the Health Foundation to support new, tech-enabled approaches that have the potential to change the underlying system of care.

About the programme

The Health Foundation's improvement team will be launching a new programme in 2023, which aims to generate and demonstrate new, better approaches to care in the home and community that are tech-enabled and focus on excellent care.

The programme convenes and supports diverse teams from across health and social care to:

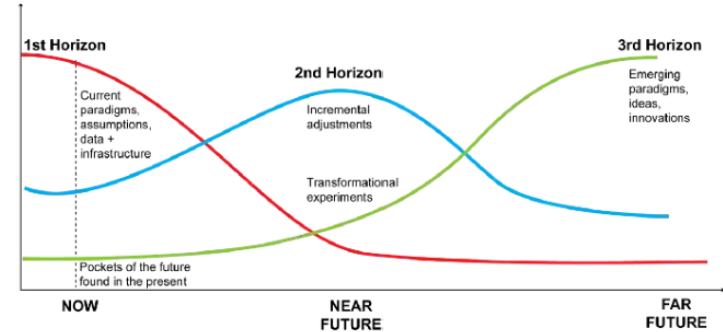
- understand and develop the future approaches to 'excellent care' that their communities need
- explore how technology can enable those approaches
- test and pilot ideas in a real-world context.

By putting 'excellent care' first, we believe that approaches developed through the programme will be well-placed to:

- improve care experiences for people who receive and deliver care
- potentially scale in the future
- generate new learning on what it takes to design, test and deliver the new tech-enabled and user-led approaches to care.

Bringing tomorrow to today

- We know there is work underway to reimagine care; rethinking the new approaches coupled with the potential of new technology that can fundamentally change the current, underlying system of care (3rd Horizon).
- The current system is struggling, and is failing to give people the level of care that people want or need (1st Horizon).
- We think this new programme can help bridge the gap between the 1st and 3rd Horizons: 2nd horizon ideas underpinned by 3rd horizon aspirations (International Futures Forum).
- There is an opportunity to support the 'pockets of the future found in the present', providing resource and support for the 'transformational experiments' needed that result in promising, innovative and scalable solutions that move the sector closer to the 3rd Horizon.



The Three Horizons Framework

Source: Sharpe, Hodgson et al (2016).

Programme aims



Programme aim: to support teams through a structured innovation process, to demonstrate promising new approaches to technology-enabled care at home / in the community that have potential for future spread and scale. Our ultimate goal is to improve outcomes and experiences for those delivering and receiving care.



Our hypothesis – and vision for the programme – is that investing in teams **to refine and validate promising ideas and explore the opportunity of technology** will support the development of successful tech-enabled approaches to enhance care delivery at home / in the community which centre on the needs of those receiving care.



Further, we believe that **building the skills of programme teams** as they develop and test their concepts will set them up for success when they implement pilots in real system contexts, so they can effectively implement and evaluate their solutions, and provide an attractive and competitive offer for commissioners.

Working draft of the theory of change (submitted to the Health Foundation board, November 2022)

Activities, resources and inputs	Outputs	Immediate outcomes	Intermediate outcomes	Final outcomes
<p>Convening organisations, partners, carers and care recipients</p> <p>Developing care ideas drawing on design and tech support</p> <p>Testing in real world contexts</p> <p>Support and learning to refine pilots</p> <p>Learning and collaborating with systems and their teams</p> <p>Funding to deliver a new care approach as a pilot</p> <p>Supporting teams to consider spread and scale</p> <p>Independent evaluation</p>	<p>~Up to 6 teams that have sourced high quality care concepts</p> <p>New care concepts generated with input from care recipients and care teams</p> <p>~up to 5 teams have run tests (with system sponsorship) and have prepared business cases for testing pilots to delivering care in the community that are new, feasible, user-led and tech-enabled</p> <p>Diverse teams are upskilled in how to design, test and adapt innovations</p> <p>Team(s)* funded to deliver testing to a full pilot, generating evidence for future spread and scale</p>	<p>Systems generate new concepts for user-led, tech-enabled approaches to care in the community</p> <p>New models are grounded, pragmatic and digitally enabled faster than otherwise possible</p> <p>New innovators and leaders (including care recipients and staff) are empowered to co-design, innovate and deliver their ideas</p> <p>New partnerships and relationships formed around emerging technology-based models of care</p>	<p>Innovators involved in the programme are continuing to work in collaborative and innovative ways, thereby bringing their new capabilities to other initiatives</p> <p>Health care professionals and carers can deliver more relational, proactive care as a result of the new approaches to care</p> <p>System leaders in other areas are discovering, learning and engaging with the new tech and care concepts from this programme</p> <p>The Foundation uses learning to influence other programmes of work, and decision makers in the health and care ecosystem</p>	<p>Better decisions and ways of working at the clinical team/provider care system level for our system partners, and for wider teams and systems that we can influence through this programme</p> <p>Care recipients have more ownership over their health, and as a result improve the actions people take that affect their health</p> <p>Adoption of new approaches to care at scale</p>

Ultimate impacts

Improved care outcomes for people needing care in the UK

Improved experiences for all involved in care activities (care recipients, professional and unpaid carers)

*More teams may be funded if teams require less funding than the full award envelope per stage, or if it is desirable to expand the programme.

Routes to impact:

We convene people to create new approaches to care

We work with others to develop and test new ways of working

We empower people delivering care to work in new ways through our programme

We use the learning to influence others

How the programme will work

Who is involved



Teams

This is still something that we're testing, but we anticipate funding organisations that are – or have access to – a system of care. For example: local authorities, integrated care systems (and their equivalents in Scotland, Wales and Northern Ireland), care providers or voluntary sector organisations.

During the programme, the participating teams will be expected to convene and collaborate with local partners and stakeholders, including people who deliver and receive care.



Support Partner

One or a consortium of organisations that will deliver the programme alongside the Health Foundation and the evaluation supplier, providing support to teams and helping to refine and iterate the programme approach.



Evaluation Supplier

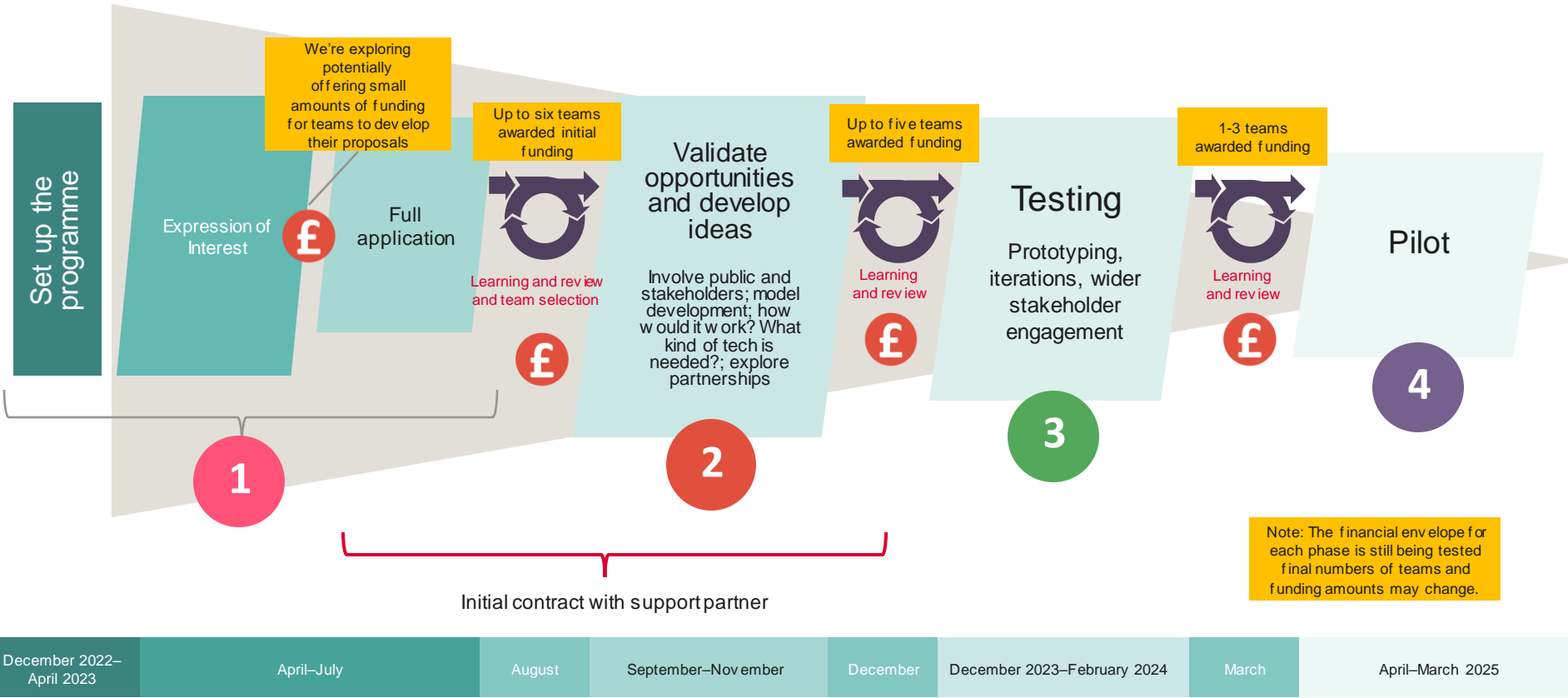
One or a number of organisations supporting the Health Foundation, the support partner, and programme teams to draw out learning as we go to support programme iteration, the extent to which the programme model has achieved its aims, and understand the factors that affect the success of the ideas being developed and tested.



The Health Foundation programme team

Colleagues from the improvement, research and communications teams to oversee and manage the programme, including the funding, partners, governance and stakeholders.

Draft diagram of programme model



1 Programme set-up and applications

- The Health Foundation tests and refines the programme, recruiting a support partner and an evaluation supplier.
- Small amounts of funding and/or support (tbc) offered for teams to develop their proposals. Teams with promising proposals are selected for the programme.

Organisational form of teams is still to be confirmed, but our thinking is that they have an idea of a model of care in mind; perhaps something that is working at small scale already or something that shows promise but support is needed to make it an effective, scalable model using technology.

We'll also be looking for teams to identify approaches or models that:

- have potential for spread
- are aligned to local system priorities
- have potential to change the underlying system of care.

2 Validate opportunities and develop ideas

- The Health Foundation and support partner work with teams to:
 - validate assumptions and identify opportunities for improvement or iteration, centring the experiences of people receiving and delivering care
 - explore where there are opportunities for technology to enable improving/innovating/scaling the idea
- Teams will be provided with bespoke support and mentorship to adapt and innovate on their ideas.
- Even at this early stage, teams will be supported to think about the conditions for spread.

3 Testing

- Support and resource available for teams to test and prototype their idea(s). This may be in real care contexts (albeit in a safe and/or controlled environment) and/or could include further stakeholder engagement and further iterations.
- Bespoke mentorship and support will continue to be offered, including around agile testing practices and iterative design.
- Teams will also be supported to identify and measure the intended improvement goals of the intervention. Teams will likely draw on their technology expertise (identified in the previous phase) and work with technology companies or suppliers to either co-design solutions or for existing solutions to be licensed.

4 Pilots

- Teams with a successful proposal to pilot a new approach of user-led, technology-enabled care delivery that is deemed feasible, relevant, scalable and high quality, will be funded.
- The pilot(s) will be implemented in real, local system contexts, supported by the support partner.
- Pilot(s) will be supported by the evaluation supplier, to generate evidence on their new approach(es) and understand what further evidence might be required for further testing and commissioning (eg an economic evaluation) after the programme concludes.

Iterative approach

- The model is based on the learning from our scoping research and previous Foundation work, has been designed in collaboration with a partner who brings expertise in developing innovation and funding approaches, and has been tested through interviews with sector experts.
- However, as it is a new approach there are unknowns, and it is possible that the proposed mechanism doesn't lead to impact as originally envisaged. We are open about the programme being experimental, and there is a risk that it won't lead to our intended impact.
- The programme has been designed such that risks can be managed by building in 'learning and review points' to pause, pivot or persevere.
- Decisions made at these points will be informed by learning from the programme teams, support partner, and the evaluation supplier. Rather than specify every aspect of the model upfront and stick to it regardless of performance, adapting as we learn allows the programme to be truly responsive to the needs of participants and teams, and increase the chances of impactful innovations being adopted by the system.



Pause = more time is needed in a current phase or stopping the programme if it isn't delivering as intended



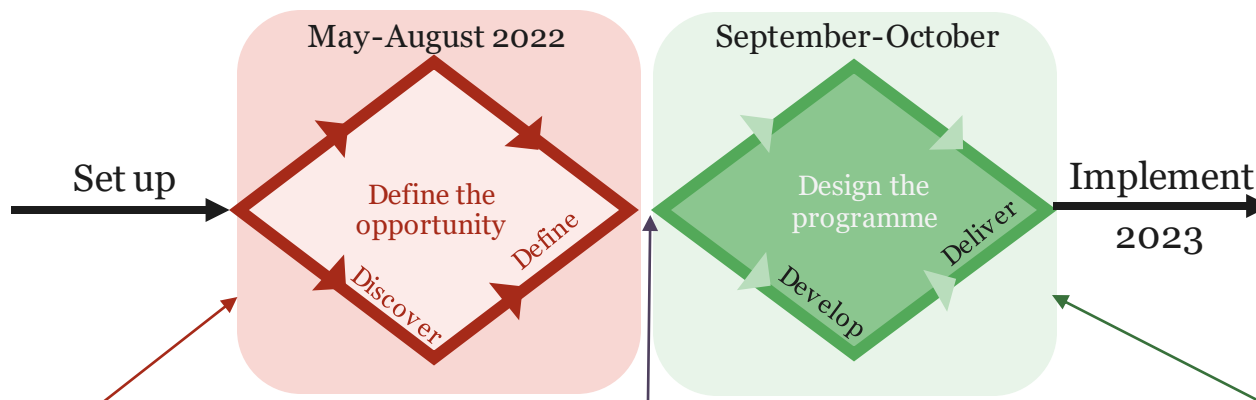
Pivot = adapting the programme based on learning



Persevere = continue with the programme if all is running to plan

How we got here

The scoping process: how we got there



Discover:

- Hypothesis testing
- Desk research
- Stakeholder interviews: 77 individuals including:
 - people receiving care (informal; domiciliary; care home)
 - people providing care (informal; doctors; nurses; AHPs; pharmacists; domiciliary; care homes)
 - health or social care provider decision makers
 - national leaders
 - tech companies

Define:

Synthesis and analysis of emergent themes (validation of care problem statements and wider system problems)

THF ideation workshop

- Internal colleagues (research, policy, insight and analysis)
- Health Foundation inclusion panel members
- Other funders
- NHSEI, LAs, academia

Develop and deliver:

- Assessment of problem statement feasibility and desirability
- Programme design 'concepts'
- Criteria development
- Persona generation
- Theory of change development
- Stakeholder testing
- ...all to arrive at our proposed model

Key insights that informed programme design

Insights

- There is a lack of collaboration across the technology, health and social care sectors, as well as a lack of relationships that are needed to enable holistic change.
- This area is complex and systemic in nature; systems should play a key role in defining the specific challenges they want and need to solve.
- This programme should sit across and within health and social care.
- Relational and proactive care, as well as person-centred care, is desired but not always realised.
- There is a lack of wider thought leadership on how technology can enable more relational, proactive care, and challenges in navigating the social care marketplace.
- More evidence is needed, such as robust economic evaluation, to enable better decision making.



Design principles

- The programme is iterative, failing fast and evaluating carefully
- Buy-in from system stakeholders from the outset to enable change to the underlying system of care
- People delivering and receiving care must be central to this programme
- Building skills for design thinking, iterative and agile approaches to work within and across this complex topic