Sunny side up!

Flipping adult social care to make the most of a growing economic sector

Horizon scanning by Sherman Wong on behalf of WM ADASS
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Introduction

In his third in series of think pieces commissioned by West Midlands ADASS, Sherman Wong glances at a series of areas where social care can impact on the wider economy specifically in our region. Drawing on national and international research, he highlights particular themes that impact on the rural parts of the region, how behavioral insights might impact on care and what we can learn from 'gamification' in impacting on people's daily routines.

In the face of rising costs, growing demand and some adverse news stories, it would be no surprise to hear someone mutter "flipping social care" under their breath, or more likely something stronger. Yet, that phrase also hides potential, because social care, despite its challenges, has so much more to it, if only the perceptions could be "flipped" from time to time. This think-piece looks at some of these other facets

Clearly, social care has plenty to offer the economy. Moreover, as its services are provided from thousands of locations across the region, adult social care has the potential to reach into virtually every community and corner of the West Midlands. What is more, unlike some sectors, there is little doubt that demand will grow strongly into the future due to significant increases in the numbers of working-age adults, older people and people with complex needs who need care. So much so, Skills for Care estimate somewhere between 60,000 and 90,000 more jobs could be needed in the West Midlands by 2035. These would include not only direct carers but significantly more highly-qualified roles such as care nurses, occupational therapists and social workers. All this should give the sector an important role in providing a route into work and up the career ladder.

In talking about the workforce, recognition should also be given to the army of unpaid carers. One estimate by Carers UK suggests there are as many 640,000 informal carers in the West Midlands providing care worth £12.6 billion a year.

Sherman also provides an extensive list of references that will be of interest to those wanting to dig deeper into each of the themes covered. If you have any questions or would like Sherman to investigate another part of 'flipping' adult social care you can email him at Sherman.wong@virginmedia.com

I hope you find something in this report that you can apply in your area and that you will also share examples of things you are doing to highlight the impact social care has on your local economy

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Valuing adult social care

Inclusive prosperity across the region

Recognising the value of looking at another side of social care, a report by the New Economics Foundation for Localise West Midlands in 2017 said that *"care must be reframed as no longer just a 'cost', but a major economic sector with the potential to deliver inclusive prosperity across the region"*. Backing this up, a report for Skills for Care estimated the regional value of adult social care in 2016 at around £4 billion once indirect and induced spending was factored in, while an earlier report quoted a figure as high as £4.4billion in 2016/17. Not only that, there are more 170,000 jobs that give work to over 160,000 people. Indeed, across the country, figures suggest more people are employed in adult social care than the NHS.

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An enterprising sector

Meeting this demand is often thought of primarily as a public sector activity. However, the Kings Fund has noted that only about 10% of services are delivered by councils or the NHS. This means that there are a huge number of businesses, social enterprises and voluntary organisations that make up a large part of the picture. Billions of pounds worth of services are also privately paid for. An LSE research unit estimated that private spending on older people in England will increase by more than 160% between 2015 and 2040.

It's obvious!

In this context it seems clear that adult social care is a significant economic sector. Indeed, ahead of the Government's Industrial Strategy, a commission led by former Bank of England Monetary Policy Committee member, Dame Kate Barker, commented that *"whole sectors and core parts of the economy, that employ large numbers of people, are often not thought about strategically"*. It went on to say that *"the mix of scale, expertise, supply and demand issues and major political/public challenges that characterise the UK's health and social care system makes it an obvious focus for industrial strategy"*.

While there is more to adult social care than changing demography, the UK Industrial Strategy did go some way in this direction by identifying meeting the needs of the ageing society as one of four Grand Challenges. Among other things, the strategy committed to *"support care providers to adapt their business models to changing demands, encouraging new models of care to develop and flourish".* It also recognised *"the new demands for technologies, products and services, including new care technologies, new housing models and innovative savings products"* that will result from people living longer lives*.*

Unlocking the door when opportunity knocks

More recently the Centre for Ageing Better contributed their thoughts on the Industrial Strategy's Challenge Fund for Healthy Ageing. The fund is a multi-million programme aimed at encouraging business to develop products and services that support people live healthier and more active lives as they get older. Among other things, the Centre identified where they thought the greatest opportunities to tackle market failures and stimulate innovation were. Their broad themes covered physical activity, health at work, housing, managing the common complaints of ageing, living well with cognitive impairment, supporting social connections and creating healthy places. Elsewhere, they highlighted opportunities to address market failure, such as *"repurposing existing technology and products to promote healthy ageing"* or *"simplifying specialist products for mass market penetration".* Perhaps the best outcome however, would be mainstream products that are *"desirable and functional for everyone, irrespective of age"*.

The ageing population will create demand for the construction industry to adapt existing and build new homes suitable for all life stages. It also provides opportunities for care providers to develop a range of care models suitable for different residential settings. Care developments themselves can bring significant investment. In recent years two extra-care supported developments in Coventry and Birmingham were built at an investment of over £40 million each. These schemes created dozens of local jobs and hundreds more in the construction phase. Moreover, developments such as these can act to help regenerate areas and bring with them facilities open to the wider community.

Indicative of global opportunities, a Coventry based company recently piloted Australia's first ever driverless mobility service in a retirement village, but there should be opportunities for businesses to develop and export all kinds of age-friendly products. Less visible are the behind the scenes technological and data analysis opportunities in adult social care that help anticipate the needs of individuals, target resources, support individuals and carers and help workers do their jobs more efficiently.

Tackling attention deficit disorder

Given the reach of adult social care there should be plenty of scope to connect the sector's regulatory responsibilities, spending power and employment needs to support enterprise, regeneration, housing, skills and employment. In turn the sector might expect those activities help meet the needs of the adult social care.

Indeed, places are integrating adult social care into their economic thinking. For example, Wolverhampton has assessed the contribution of social care to the local economy, while Invest Wolverhampton identifies health and social care as one of the City's key sectors. In the Marches, the economic plan sets out the clear ambition of being a pioneer in the provision and testing of digitally driven health and social care for dispersed populations. In Worcestershire, the LEP included addressing the ageing society as an issue when

canvassing views for its Local Industrial Strategy. Across southern Worcestershire authorities have come together to produce a planning document which, among other things, sets out the requirements for developments to be age and dementia friendly.

Elsewhere in the country, the Essex Employment and Skills Board has care as one of its key sectors. In Hertfordshire the LEP and the Care Providers Association have been exploring apprenticeships as one way of helping fill an estimated 4,000 additional positions year. There have also been a number of initiatives, which have had considerable success in stimulating economic activity. Projects in places such as Worcestershire and Somerset have helped create numerous small care enterprises, supporting local economic activity and creating hundreds of jobs.

Needless to say, there are many other existing examples and new opportunities. Flipping social care! It seems the there are opportunities in seeing all sides.

Country life

Adult social care is a significant sector across urban and rural areas alike. However, as people in rural areas tend to be older and the population more geographically spread-out, it is perhaps worth taking a closer look at the shire situation.

If the economic value of adult social care is roughly proportional to the number of jobs, the shires should be benefiting from a substantial slice of the sector's multi-billion pound regional impact. Across Herefordshire, Shropshire, Staffordshire, Warwickshire and Worcestershire, Skills for Care figures show there are nearly 70,000 adult social care jobs. These range from 6,300 in Herefordshire to as many as 20,500 in Staffordshire. Alongside a multitude of direct care jobs, there are over 5,000 managerial positions and nearly 3,300 in professions such as nursing, occupational therapy and social work. Behind the scenes, there are another 9,000 non-care giving jobs.

In developing ways to meet the needs of its residents and businesses, these areas are also well placed to take advantage of the wider technological, manufacturing and service opportunities highlighted in the Government's Ageing Society Challenge. Opportunities being taken by areas like the Marches which aims is to be a leader in developing digital health and social care.

A safe bet for a growth sector
Looking at the nature of rural areas, according to DEFRA, the average age in rural areas is 5.6 years older than urban ones. Significantly for adult social care, the 65 and over age group has grown considerably more quickly, too. It hardly needs saying this has implications for demand. The Centre for Ageing Better note that *"people at 65 can expect to live just half of the remainder of their life without disability".*

If an older population is a key characteristic of rural areas, then its relatively dispersed population is another. DEFRA statistics show that people in most rural areas travel almost twice as far per year than those in most urban areas. Public transport is also scarcer than in urban areas. Whether as a driver or passenger nearly 90% of travel in most rural areas is by car. Those unable to drive or without access to a car are clearly at a considerable

disadvantage when it comes to reaching services or going to a hospital appointment, for example.

Accentuate the positive to boost rural economies
From the perspective of those providing services in rural areas, lower population densities can reduce the potential for economies of scale, while the distance between providers and users can add travel costs and increase unproductive staff time. Unlike some sectors or businesses that can choose not to operate where costs are higher, adult social care should be available to all. This leaves councils in a tough position as continuing to stretch their budgets to meet rising demands looks untenable even in the short term.

If generic approaches are not always a good fit for rural areas alternatives need to be found. Looking at rural economic development, the Harvard Business School website suggests, for example, a "*focus on the unique strengths of each area, rather than concentrating or ameliorating generic weaknesses*" . Interestingly, it says rural development should *"address and harness the efficient spatial distribution of economic activity rather than attempt to replicate urban economies".*

If most care services are delivered by non-public enterprises of one sort or another, then one way forward could be to encourage more providers that are well adapted to local circumstances. It is an advantage that rural areas are pretty enterprising places. DEFRA notes that excluding London, there are more registered businesses per head in predominantly rural areas than urban ones. In terms of size, sole traders, micro-businesses and small businesses are a particular feature of the rural economy. Collectively the small and medium sized enterprises are an important source of employment, with a much higher proportion of people employed by registered rural SMEs than urban ones.

On the other hand, the proportion of health and social work SMEs in rural areas is smaller than in urban areas. Perhaps this suggests there is scope to encourage more such care enterprises in rural areas to meet the growing but dispersed demands.

Local wealth building

Economic think-tank CLES suggests that major institutions such as councils should use their spending power more effectively to "develop dense local supply chains of local enterprises" of all types. This type of approach they say is "more likely to support local employment and retain wealth locally". Working with key institutions such as the City Council in the Birmingham area, CLES makes a number of recommendations that they say would help create local wealth. These cover issues such as the greater use of local and regional suppliers, more innovative procurement and understanding the potential wider economic, environmental and social contribution of their supply chains.

A leap of faith in town and country
With budgets tight and under intense scrutiny, however, making substantial change is something of a leap of faith. Over the past few years Wigan is one area that has undertaken a dramatic change in direction. Although 70% of the council area is countryside, it would be a stretch to consider it a rural area. Nonetheless, there's a great deal that seems highly relevant to rural circumstances.

In the face of substantial budget reductions, the Council has radically changed its culture, expressed through its "deal" with the residents. A key focus of the deal was to move from a relationship of dependence on services to one of greater self-reliance, with the council rebalancing from deliverer to enabler. In the years since its introduction, results in controlling the budget, reducing demand and improving outcomes have been positive. In adult care, for example, the proportion of people receiving care at home has increased and the number needing traditional care services notably reduced.

Clearly there is a lot more to the "deal" than can be covered here, however, a feature has been the empowerment of communities, the promotion of neighbourliness and the use of local assets. This approach has allowed more services to be *"delivered for communities by communities".* Voluntary, community and social enterprises, for example, have been backed up by an asset transfer programme and through an investment fund for community and voluntary organisations that has been worth £10 million since 2013.

Approaches that maximise the social and physical assets seem well suited to rural areas. Moreover, as noted in DEFRA's statistical digest, there is generally a stronger sense of belonging and trust in rural neighbourhoods than in urban ones.

A Neds-up on supporting businesses and enterprise
One example of the type of small operator we might see more of is NED Care. This community-led, social enterprise in Devon was set up by a resident responding to the local shortage of regulated care-at-home services. Initially it connected people in need with some 40 self-employed carers. Within months it was facilitating a 1000 hours' care a week. Since then it has become a regulated agency that employs 15 staff and a deputy care manager.

NEDcare was a spontaneous community response, but other areas have taken more proactive approaches. According to the Somerset County Council website, a project with Community Catalysts has helped establish 223 new and helped 56 existing community enterprises. Collectively, these support 900 older people and provide 240 local jobs. Illustrating the latent demand, the project received over 700 enquiries from people wanting to set up small enterprises. Within the region, Worcestershire has also worked with Community Catalysts to support small care providers. After three years, the project left a directory of 84 services supporting 1,800 people and over 140 jobs.

Clearly, initiatives like these further economic objectives as well as social ones. In general, however, CLES has noted that *"across the country, economic development and business support has tended to privilege business support that focuses on high-tech and growth industries, with some success. However, a diversification of business support could be vital in supporting community businesses which are distinct and offer wider social benefits".*

Digital care curriculum
Whatever the size of enterprise, given the importance of adult social care as a sector and its forecast growth, there should be advantages in bespoke sector support. This might help with things like regulatory requirements, developing new care models, incorporating new technology and practices, and collective working on shared issues such as workforce planning.

The Marches economic plan is one where social care features strongly. Innovative health and social care, for example, is a major strand as one of the area's key emerging sectors.

As such, it is supported in cross-cutting themes such as business support and skills. Examples of this include, establishing funding streams for SMEs in key sectors such as health and care and the intention to set-up business-led networks that connect the sector's SMEs to learning providers. One particularly interesting aspect is the reference to working with the sector to explore the development of a Marches Digital Care curriculum for 16 to18-year olds. According to the strategy, this will provide core skills and expertise in new care techniques and technologies.

Rural tech
With distance often an issue, technology can increase the number of services that can be accessed remotely. Technology that allows for video consultations between people and their GP or allows care workers to access support or data while in people's homes, for example, would be particularly useful in rural settings. At the same time, developing better ways to analyse data and improvements in machine learning will improve the ability of decision-makers to support people without impinging on their everyday lives and to use resources more efficiently.

As well as developing remote services, there are also opportunities to make travelling easier. Last November five small tech companies were awarded contracts by the Government to develop technology to tackle rural isolation and loneliness in Monmouthshire. They are doing this by creating platforms to match supply with demand for transport in rural areas. According to the press release, in doing so, these initiatives will also minimise the risk of digital exclusion among older people and those in more isolated areas. The money comes from the GovTech fund which encourages firms to find innovative ways to address big social problems. By supporting emerging technologies, it is intended that the fund will 'elevate' British companies onto a global market while transforming the delivery of public services.

In this light, it should be no surprise to see that when DEFRA published its rural research priorities earlier this year they included a wide range of areas for investigation such as the economic potential of digital connectively and technology in rural areas, including driverless cars; the potential of technology to overcome sparsity and a dispersed business base; and the need to investigate different delivery models and technology as ways of improving services, making them more cost effective, accessible and personalised.

Place-based technology
The Broseley Project in Shropshire is an example of where technology is being used in a concerted way to help reduce loneliness and support people to live independently for longer. Launched last summer, the Project brings Shropshire Council and other local organisations together with tech giants Hitachi, Microsoft and Amazon. Broadly, the project is seeing how consumer technology such as smart watches, voice activated devices and messaging apps can be adapted to support people's health and care needs.

Through monitoring behaviour, for example, it is possible to see whether someone is taking more steps to get from one room to another which could indicate walking or balance problems. In response, staff can visit to see whether fall-prevention support is needed. In doing so, time is used effectively, and potentially serious falls can be prevented with all the personal distress and service implications that might bring. The devices also provide advice and information and give reminders for appointments and the like. Importantly,

they also allow participants to keep in touch with friends and family and discuss issues with the GP or other health and care practitioners.

Networking
Of course, it is not just care services and providers that enable people to live independently. To live in their own homes, people might also need help with a whole raft of everyday tasks, from odd-jobs to having their hair done. Enabling this in a secure way for users could also support the local economic activity. This could be, for example, through applications that can connect networks of micro-enterprises to care users and their carers. It's also worth remembering the army of unpaid carers in the region. Peer support networks and bespoke tools might enable them to share tasks or even to pool them in ways that might support micro-services. Other ways of supporting rural networks through technology might include the use of data mapping to connect volunteers to with local people in need, for example to target loneliness.

Behaviour management - The role of behavioural insights

The growing demands on adult social care budgets suggest that status quo approaches will not be enough going into the future. As councils such as Wigan are showing more radical approaches are possible assisted by the better understanding how people behave and make their choices.

The EAST framework developed by the Behavioural Insights Team is one practical approach. Aimed at assisting busy policy makers to make effective and efficient policy it is based on four key elements. These elements are directed at making things: *Easy* for people by using default sign-up and reducing the 'hassle factor'; *Attractive* to draw attention, with rewards or sanctions designed for maximum effect; *Social* by highlighting other people's behaviour and using the power of networks; and making it *Timely*, by prompting people when they are at their most receptive and by helping them to identify and overcome the barriers between intention and action.

The social element can be an important factor. A recent exercise found among other things, that tagging bins with a "social norm" message, *"join the thousands of people in Wigan who already recycle their food waste"* was more effective than those emphasising how easy it is to recycle or an *"every little helps"* message.

At the organisational level, too, spending power gives councils considerable scope to nudge the behaviour of providers as well as users through their commissioning and procurement roles. As CLES's work on local wealth suggests, the influence of anchor institutions can have significant impacts along the supply chains.

Care-giving, a rewarding career
Rewarding people for certain actions is one way to nudge people into a desired behaviour. For example, the opportunity to earn tiered benefits from hundreds of national retailers, restaurants and cinemas is being used as an inducement by the Hertfordshire Care Academy. Set up by the county council and the local care providers association, the Academy is a free on-line initiative enabling Hertfordshire care practitioners to record and demonstrate their qualifications and skills to current and future employers, find potential career pathways and help their current employers make better use of their skills.

Elsewhere in the country, the Redcar & Cleveland Care Academy has been established by council and partners such as local college, local care companies and Job Centre Plus to address identified skills shortages in the care sector. In this instance, the Academy offers graduates from its free six-week course the incentive of a guaranteed job interview with a local care company.

Social care credits where credit's due
A report on using behavioural economics in health by the Cabinet Office some years ago set out a range of interesting initiatives. Among them, the "Fureai Kippu" scheme in Japan. The term Fureai Kippu refers to an hour of care time earned by individuals helping older people with aspects of their care not covered by the national system. This might be shopping, cooking or bathing, for example. These hours can be saved up for their own future use or transferred to someone of their choice anywhere in the country. At the time of the report there were some 400 branches in Japan involving tens of thousands of participants.

A report by the Government Office for Science on the ageing population highlighted the potential of intergenerational housing. One example was Spain's intergenerational housing which forms part of a programme of engagement between older and younger generations. This housing contains homes to rent for independent older people and a pre-determined number for younger people on low-incomes. In the example given, the younger residents commit to involvement in community services and to look out for a given number of their older neighbours. With the cost of housing a major issue for young people in this country and the need to cater for an increasingly ageing population, this could well be an approach worth investigating further.

The design of housing and other developments can also affect how people behave. For example, whether a development encourages people to walk and interact through its layout and by providing places to rest or meet. Across southern Worcestershire developers are guided on such matters and others that affect older people and people with dementia by a supplementary planning document produced by the councils on Planning for Health

Gamification
So, called gamification is another approach to encouraging positive behaviours. Using Smart watches or other wearable tech to set a target number of steps a day is one manifestation of this. Indeed, the Centre for Ageing Better highlights gamification and other ways of making activities fun as promising areas where the Healthy Ageing Challenge Fund could support business activity. By "applying user experience design principles to make activity more rewarding and 'sticky'" and by making activities shared and social they suggest people are more likely to keep-up an activity or form new positive habits.

In this vein, they also refer to the potential to make dating apps and other commercial services more age positive, safe and welcoming. On the other hand, they also point to relatively simple inducements such as SMS messages and peer "buddying" as ways that can also nudge people to do and keep doing beneficial activities.

Fertile ground for research
Looking at incentives and gamification as ways of encouraging healthy behaviours should be fertile ground for research. Indeed, institutions such as the University of Pennsylvania's Centre for Health Incentives and Behavioural Economics are investigating how

gamification and other approaches can be used to encourage people to take medication, exercise, eat more healthily and manage chronic disease.

In the UK, Public Health England has published its strategy for applying behavioural and social sciences to improve population health and wellbeing. Among other things, this high-level document sets out priorities and exemplar deliverables for priorities such as tools and resources, communities of practice, access to expertise, research and leadership.

Context matters a great deal where people's behaviour is concerned. This means that research and pilot schemes using real people in real situations are where most is learnt. All this points to substantial scope for specific research into the effectiveness of behavioural economics in particular care related situations. If rising demand is to be managed, techniques such as behavioural insight may be needed to play their part in identifying practical actions that prevent the need for care and improve the take up and effectiveness of interventions and self-care.

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