SASCI Supporting Adult Social Care Innovation

INNOVATION CASE STUDY BRIEFING 4:

London Association of Directors of Adult Social Services:

Market Insight Tool

READING TIME 15 mins

TYPE OF INNOVATION
- ☐ Social
- ☐ Business model
- ☑ Systems

TARGET POPULATION FOR THE INNOVATION

All local authorities and care providers operating in the London region

1 THE INNOVATION

- The Market Insight Tool (MIT) is a system-level innovation developed by and for the Greater London branch of the Association of Directors of Adult Social Services (ADASS), to improve data collection, monitoring and modelling for decision-making by London Councils. The COVID-19 pandemic re-purposed the innovation and accelerated its development.
- The MIT seeks to reinvent social care market management across London through leveraging technology, closer working with providers (including the creation of new local authority (LA) liaison roles, and developing analytical, data and collaborative infrastructures with software suppliers and an academic institution to support evidence-based decision-making.

The vision

The pre-crisis innovation was driven by changes in statutory responsibilities, including statutory guidance, issued following the 2014 Care Act, on local authorities' market management and commissioning roles, managing provider failures, and improving wellbeing outcomes. Challenges such as limited capacity, and the aim to improve evidence-based decision-making in commissioning and market oversight in interdependent London boroughs also played a role. This vision evolved during the pandemic to manage crisis response and support providers (see details below). In the post-pandemic period, the primary goal remained maximisation of individuals' wellbeing through fostering a diverse market, ensuring long-term market sustainability, optimizing resource use, and risk minimisation. This evolving vision illustrates the complex nature of the innovation journey.

The innovation journey

Historically, the 32 London boroughs have collaborated to coordinate social care commissioning policies and information systems, addressing their limited capacity and interdependencies in market management. Before COVID-19, they recognised the need for better market intelligence to improve care market effectiveness and mitigate risks. By 2019, LondonADASS had begun collecting quarterly data on quality standards across all boroughs, aiming to improve care quality and sustainability through a pan-London market insight partnership.

A key element of the initiative was for councils to build closer partnerships with providers. London boroughs therefore sought extensive provider collaboration to share information, previously considered commercially sensitive, to achieve prices that guaranteed provider sustainability and public affordability. To support these relationships, the role of Single Point of Contacts (SPoCs) officers was created to maintain regular interactions with providers. Before the pandemic, these relationships were by no means universal, particularly with providers not commissioned by councils and, therefore, limited incentives to engage with them.

TIMELINE

2019 LondonADASS began collecting data on quality standards

In 2020, when COVID-19 started, LondonADASS leveraged its pre-existing MIT to provide continuously updated risk data for local care providers and coordinate pandemic responses across region and systems.

LondonADASS quickly recognized the profound impact COVID-19 would have on social care functions, necessitating new approaches and data to address emerging risks. A Strategic Coordination Group (SCG) was established to identify and mitigate key risks to the social care sector. These included PPE shortages, testing for care home staff and residents, capacity planning, managing increased demand, and addressing staff shortages caused by COVID-19. The key objectives of the region were:

- Direct support for care providers (e.g., PPE distribution, testing and vaccination).
- Managing local social care capacity to avoid hospital discharge delays.
- Advising care providers on crisis management and national guidance.
- Coordinating financial support to ensure provider sustainability.
- Reporting local risks to central government.

To meet these objectives, councils had to adapt their roles and systems to provide continuously updated risk data for local care providers and coordinate responses across regions and systems, including the NHS and social care. LondonADASS leveraged its pre-existing MIT to gather data on providers across London and expand its capabilities. They also established the ASC Market Insight Board (ASCMIB), involving health and social care stakeholders, to oversee MIT development and data collection. They partnered with an academic institution to design a COVID-19 survey and produce daily Market Intelligence Reports for risk monitoring and decision-making. SPoCs were instrumental in maximising accurate data returns from providers. Data analysis was further supported by a contractor, HAS Technology, which facilitated data collection. This coordination and data-driven approach helped enhance pan-London response efforts. Concurrently, a national data tool, Capacity Tracker (CT), was developed to monitor COVID-19 impacts in social care and support the national response (see section below on competitive data collection tool).

Continuing the innovation journey

As the pandemic subsided, the MIT was integrated into the broader Market Intelligence Programme (MIP), focusing on long-term market management. The MIT goals evolved to help London boroughs use resources effectively, allocate resources fairly, and minimise market risks. By 2022, completion of the CT data became mandatory for providers, replacing the MIT survey, and London boroughs used the CT data alongside other data sources (quality standards data from providers collected via London boroughs, local administrative data, CQC markets data) for market oversight.

The MIT was adopted to varying degrees across London councils, but the potential routes for expansion outside of London were limited due the unique characteristics of the London region. Most respondents emphasised the critical importance of sustaining the innovation post-crisis, highlighting the need for a stronger evidence base to inform decisions regarding the types and levels of capacity required to meet care demand in both hospital and community settings. The effectiveness of the innovation during the pandemic has enhanced innovation legitimacy post-crisis. For example, social care professionals and providers were reported to develop greater trust in evidence-based approaches, which has further motivated the continuation of the innovation beyond the crisis. However, uncertainties remain regarding the potential impact of changes in top leadership on long-term innovation commitment, and a shift in direction may be necessary in light of new strategic context.

TIMELINE

2020

When COVID-19 started, LondonADASS leveraged its pre-existing MIT to provide continuously updated risk data

Strategic Coordination Group established to identify and mitigate key risks to the social care sector

ASC Market Insight Board set up to oversee MIT development and data collection

Development of a national Capacity Tracker , to monitor COVID-19 impacts in social care and support the national response

2022

MIT survey discontinued

MIT programme continued, using CT and other data sources

2 ROCKS/CHALLENGES

Capacity of organisations across the system

The lack of key capabilities and resources among collaborating organisations was a significant challenge. Many (particularly the small) providers had inadequate IT systems, often relying on paper-based methods, and had limited administrative capacity hindering their ability to collate and return data. Some LAs struggled to engage due to insufficient resources, such as the time and skills performance teams needed to understand and utilise the evidence produced. In addition, there was a lack of knowledge about some providers and SPoCs initially struggled to make contact with all providers, particularly those not contracted by councils.

Although the LondonADASS is small, with limited resources and a small administrative function, over the height of the pandemic capacity to lead and drive the innovation was maintained. However, post-pandemic, capacity has been more limited hindering leadership continuity and the drive for innovation.

Financing the innovation

Prior to the pandemic, very limited resources were allocated to the development of MIT. During the pandemic, significant extra resources supported health and social care, including additional funding for innovation. Despite this, many providers perceived high transaction costs, particularly due to the time-intensive nature of completing the MIT survey. The collection of comprehensive data was further hindered by gaps in technical expertise and inadequate IT infrastructure, particularly among smaller providers. In the post-pandemic period, incentives for collaboration were weakened, whilst funding for roles focused on liaising with other stakeholders to communicate its benefits became more limited.

Tensions in collaborations

Pre-pandemic some providers, particularly those without LA contracts, had limited incentives to engage. During the pandemic, some providers resisted collaboration because of high transaction costs, the lack of consultation on data collection, limited transparency on data use, and restricted access to outputs, also alienated other providers as it meant which meant they were not aware of the value of their efforts. Additionally, engagement from some LAs was initially limited due to capacity issues. Leaders have had to work continuously to engage all partners, and participation of LAs and providers (due to the effort of SPoCs) improved over the course of the pandemic, although it subsequently fell as the pandemic subsided.

Cultural differences between local social care departments and LondonADASS, in contrast to the NHS's top-down 'command and control' approach, became apparent through divergences in organisational goals and disputes regarding the roles of the MIT and the NHS-developed CT system (for more details, please refer to the section below). There were also some tensions in the relationship with the IT infrastructure contractor, some interviewees noted that collaborating with contractors or private consultancies was not always desirable as they (unlike the university) saw it as a business opportunity rather than reciprocal collaboration. The contract for IT infrastructure eventually moved to one of the London boroughs which provided the service as part of a contract agreed with LondonADASS. This solution was perceived to provide increased flexibility.

Despite being small, with limited resources and a modest administrative function, LondonADASS maintained its capacity to lead and drive innovation throughout the height of the pandemic

Competitor data collection tool

While LondonADASS was developing the MIT system, the Department of Health and Social Care (DHSC) commissioned NHS North of England Commissioning Support (NECS) in partnership with NHS England to develop CT: a national data collection tool, to provide DHSC with evidence to monitor and manage COVID-19 infection rates in social care and support the national response. When completion of the CT was mandated, this led to some friction as the two data collection systems did not collect identical data and importantly, innovation leaders believed that CT data were not as comprehensive as MIT survey, hence CT data could not easily substitute for MIT data. For a period, both MIT and CT data collections operated concurrently, creating considerable burden for providers, the double-running of systems was felt to have reduced participation by providers and also increased tensions in relationships with NHS partners. Eventually, the leadership adapted the MIT innovation to use CT collected data as well as other data sources.

3 NAVIGATING ROCKS

Leadership

This innovation benefited from a top leadership team, whose 'vision and ambition' were crucial for initiating, developing, and sustaining the momentum of the innovation before, during, and after the pandemic. Although leadership roles within LondonADASS frequently change, the primary lead for this initiative retained their position for an extended period, driven by a personal commitment to the role of commissioning in facilitating systemic change. Prior to the pandemic, MIT leaders advocated for evidence-based market oversight and established infrastructure for quality monitoring across London providers, which subsequently provided a foundation for further innovation development during the pandemic.

Leaders also developed relationships with key organisations to bring in the necessary knowledge and capabilities for delivery, e.g. through contracting with the private software provider to deliver the necessary IT infrastructure and developing a partnership with academia to provide missing skills in survey design, data analysis for decision-making. Additionally, they developed the SPoCs role within LAs to manage relationships with care providers and improve buy-in.

Charismatic individuals played a pivotal role in driving this innovation. However, the departure of key leaders, particularly in the post-pandemic period, has led to some loss of momentum. Efforts to maintain leadership continuity have included succession planning, facilitated handovers, knowledge sharing with successors, and continued involvement of some departing leaders in aspects of the innovation.

This innovation was driven by a top leadership team, whose vision and ambition were essential in initiating, developing, and sustaining momentum before, during, and after the pandemic

Learning the innovation journey

The innovation is grounded in a belief in the value of evidence based policy-making and commissioning. While learning did take place throughout the journey as people worked through challenges and developed strategies to address them, embedding a culture of learning was not a key objective of this innovation. Its focus was primarily on implementation of the evidence-based approach, through developing new processes and roles, and efforts were mainly directed at improving the quality of data collected.

The COVID-19 crisis accelerated the development and implementation of

this innovation, but it limited time for pre-planning, identifying potential challenges and exploring evidence. The approach taken to developing the innovation was characterised more by 'doing' with learning in response to actions occurring informally, through feedback from provider interactions and management meetings with regional and national stakeholders. Through these routes the leadership team and partners would learn of challenges and seek to resolve them. Flexibility was key here, with examples being the refinement of how data were analysed over time to improve its usefulness for decision-making, strategies to support care providers so they did not feel so overwhelmed and making changes to the MIT to adapt it to the CT.

Importantly, as the innovation progressed and the data collected were used by the various partners to inform decision-making in real time, partners became more convinced about the value of the innovation and the principles underpinning it and more committed. This was the case for councils as they saw how the MIT was helping them to allocate resources effectively and similarly for care providers when they were able to receive support during pandemic (e.g. with PPE) and to assess their performance relative to other providers.

Relationships across the care system

This innovation was strongly collaborative both in vision – aiming to operate across systems rather than individual organisations – and in practice, requiring the participation of diverse organisational and individual actors. Collaboration between various stakeholders at different levels and the management of these relationships was critical for the MIT's successful implementation. The ASCMIB was established to engage key stakeholders in shaping the MIT's strategic direction, and included London boroughs, NHS London, care home and home care providers, CQC, Skills for Care, Public Health, and the Care Policy and Evaluation Centre at the London School of Economics. It also helped to manage tensions between health partners.

The innovation generated better collaboration between councils and better teamwork and camaraderie at the operational level through the frequent interactions between the SPoCs of the different areas. Not only were SPoCS a key mechanism for maintaining relationships across councils, they also became vital during COVID-19 for managing relationships between central teams and providers. They facilitated feedback that influenced data collection changes and served as a channel for raising concerns. SPoCs also helped providers with limited administrative capacity to complete data collections. Through persistent outreach to all local providers, SPoCs became the "*relationship managers of every provider in the borough*" [LondonADASS senior manager]. When providers saw tangible benefits and council support resulting from data input, their commitment increased. This led to greater collaboration and gave councils better oversight of the care market.

The academic partnership was essential for the innovation's success by bringing in an accessible skill set that ensured data could be analysed quickly and utilised to inform decision-making. Initially, a contractor with technical skills (HAS Technology) facilitated data collection submitted by providers, but IT infrastructure was later moved to one of the London boroughs to provide increased flexibility.

Culture

A key principle of the innovation was embedding a culture of evidence-based policy-making within care market management functions across London councils. Through this innovation, it was reported that senior managers, social care professionals and providers became more confident in using a more extensive data set to inform decision-making.

The ongoing adaptation of the MIT to the national CT tool and to enhance its usefulness for decision-making, highlights the importance of flexibility in identifying and addressing local and national challenges

Providers saw tangible benefits and council support resulting from data input, this led to greater collaboration and gave councils better oversight of the care market

4 KEY LEARNING

The MIT is an example of a regional, system-level innovation involving multiple partners, illustrating how and why the COVID-19 pandemic influenced the development, growth and spread of the innovation.

Key factors for the development of the MIT innovation:

- Strong, continuous leadership, including succession planning and knowledge transfer were essential to maintain momentum
- Strategic and clear communication across various stakeholders was vital in overcoming challenges and ensuring that all parties understood the innovation benefits
- Identifying and developing specific capabilities (e.g. SPoCs for liaising with providers)
- Utilising external technical and analytical expertise (although later brought in-house)
- Flexibility and adaptability to changing circumstances during the innovation journey

Pre-crisis development provided a foundation for rapid innovation during COVID-19. The innovation continues to evolve, supported by improved relationships between councils and providers, however due to geographical specificities of London region, the potential of wider spread of this innovation is limited.

This case study reflects the complexities of developing and sustaining innovation in the care sector during and after a crisis. It highlights the importance of collaboration, adaptability, and strong leadership in driving system-level change.

This case study highlights the importance of collaboration, adaptability and strong leadership in driving system-level change

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