SOCIAL INNOVATIONS PROMOTING ACTIVE AND HEALTHY AGEING

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UK

innovAge
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INNOVAGE Forum, Riga, Latvia, 25 September 2014

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SOCIAL INNOVATIONS PROMOTING
ACTIVE AND HEALTHY AGEING

Agenda

➢ The INNOVAGE Project

➢ Social Innovations for Healthy Life Expectancy, (HLE)
A NEW AMBITION FOR AGEING RESEARCH

“Innovation contributes to tackling the most critical societal challenges we are facing. Europe’s expertise and resources must be mobilized in a coherent manner and synergies between the EU and the Member States must be fostered in order to ensure that innovations with a societal benefit get to the market quicker. The launch of the pilot Innovation Partnership on active and healthy ageing is an important step in that context.”

European Council, 4 Feb 2011
INNOVAGE

The mission of INNOVAGE is to concentrate the highest possible quality of scientific expertise, together with stakeholders from all relevant fields and the active participation of older people, to produce and identify major innovative approaches to better quality of life and well-being as people age.
INNOVAGE

Objectives

➢ To develop, implement and evaluate four potentially cost-effective social innovations focussed on well-being, quality of life and HLE

➢ To create a social innovation web-based platform

➢ To address the critical barriers to the implementation of social innovations

➢ To emphasise knowledge exchanges and implementation in the NMS
KEY FEATURES OF INNOVAGE

- Creation and evaluation of four specific social innovations
- New Healthy and Active Ageing Life Expectancy web portal
- Stakeholders as co-producers of the project
- Key role of older people
- Holistic approach to well-being (physical and mental)
- Sensitivity to unequal ageing and heterogeneity
- Explicit focus on NMS
- Emphasis on knowledge exchange
- High quality scientific and coordination teams
INNOVAGE

Partners

➢ Age Platform Europe, EU
➢ Eurocarers, EU
➢ Heidelberg University, Germany
➢ INRCA, Italy
➢ Latvian Council of Science, Latvia
➢ Lund University, Sweden
➢ Newcastle University, UK
➢ Sheffield Hallam University, UK
➢ University of Sheffield, UK
➢ Young Foundation, UK

Advisors to the project: Ministry of Health, Romania
INNOVAGE WORK PACKAGES

WP 1
Increasing Healthy Life Expectancy

WP 2
User-driven Housing for Older People

WP 3
ICT-based social support for Carers of Older People

WP 4
Improving Obesity Related Outcomes in Old Age

WP 5
Long-term Care in Motion

WP 6
Knowledge exchange and transfer

WP 7
Management
EXPECTED OUTCOMES

➢ Four social innovations (SIs), tried and tested
➢ Standardised assessment criteria for SIs
➢ Web portal with up to 150 examples of SIs
➢ A new paradigm of active ageing
➢ New smartphone app and other interactive applications
➢ Improvement in the quality and comparability of the European data on the impact of SIs on HLE
➢ Progress on SIs in the NMS
➢ Good practice guidelines on overcoming barriers to SIs

A firm foundation for the development of SIs promoting active and healthy ageing
SOCIAL INNOVATIONS FOR ACTIVE AND HEALTHY AGEING

G R I P P: GRading Innovage Projects Process

This process is intended to sift and grade social innovations with the potential to increase healthy life expectancy (HLE) with a view to their presentation on the INNOVAGE web portal.
GRIPP STAGES

Search for HLE social innovations

filter for inclusion

Clustering for focus

Classification of stages

Early stage  Mid stage  Late stage

Peer review

INNOVAGE website

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## SIMPLIFYING THE INNOVATION PROCESS

<table>
<thead>
<tr>
<th>Social Innovation Stages</th>
<th>Simplification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prompts, problems</td>
<td>early</td>
</tr>
<tr>
<td>2. Proposals, solutions</td>
<td>early</td>
</tr>
<tr>
<td>3. Testing, proof of concept</td>
<td>middle</td>
</tr>
<tr>
<td>4. Sustaining</td>
<td>middle</td>
</tr>
<tr>
<td>5. adoption and diffusion</td>
<td>Late /maturing</td>
</tr>
<tr>
<td>6. Systemic change</td>
<td>Late/matured</td>
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INITIAL SURVEY

INCLUSION/EXCLUSION CRITERIA

• Relevance to increasing HLE
• Indicators of real innovation rather than standard services
• Suggestions of robust basis and potential
• Clear evidence in any of the four balanced scorecard criteria
• Stakeholder support
# THE BALANCED SCORECARD

<table>
<thead>
<tr>
<th>Social &amp; Economic Impact</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy life expectancy</td>
<td>In current location: costs, personnel</td>
</tr>
<tr>
<td>System costs</td>
<td>Scalability in current location</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tolerance</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptability</td>
<td>Ease of implementation: skill levels, resources required</td>
</tr>
<tr>
<td>User-friendliness</td>
<td>Transferability to other locations</td>
</tr>
</tbody>
</table>
SCORING SYSTEM

<table>
<thead>
<tr>
<th>Impact</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 (Threshold 3)</td>
<td>1-5 (Threshold 3)</td>
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<th>Tolerance</th>
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<tr>
<td>1-5 (Threshold 3)</td>
<td>1-5 (Threshold 3)</td>
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</tbody>
</table>

**TOTAL 20**

Threshold 12
# EXAMPLES OF METRICS

<table>
<thead>
<tr>
<th>Stage</th>
<th>Impact</th>
<th>Sustainability</th>
<th>Tolerance</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td>exclude</td>
<td>exclude</td>
<td>exclude</td>
<td>exclude</td>
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<tr>
<td><strong>Stage 2</strong></td>
<td>exclude</td>
<td>exclude</td>
<td>exclude</td>
<td>exclude</td>
</tr>
<tr>
<td><strong>Stage 3</strong></td>
<td>Evidenced safety and effectiveness</td>
<td>Clear scope for growth</td>
<td>Effective demand</td>
<td>Good team skills</td>
</tr>
<tr>
<td>Prototyping and testing</td>
<td>Finance for high risk</td>
<td></td>
<td>Strong user testing</td>
<td>Access to specialist design skills</td>
</tr>
<tr>
<td></td>
<td>Demonstrated ROI &amp; SROI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stage 4</strong></td>
<td>Good business plan with clear metrics</td>
<td>Leadership about replacing old services</td>
<td>Skills in marketing</td>
<td>Access to specialist delivery skills</td>
</tr>
<tr>
<td>Sustaining</td>
<td></td>
<td></td>
<td>Relative benefit</td>
<td></td>
</tr>
<tr>
<td><strong>Stage 5</strong></td>
<td>Access to growth capital</td>
<td>Incentives and rewards for growth or replication</td>
<td>Effective demand in new local sites/settings</td>
<td>Access to specialist scaling skills</td>
</tr>
<tr>
<td>Scaling</td>
<td></td>
<td></td>
<td>Ease of implementation</td>
<td>Networks</td>
</tr>
<tr>
<td><strong>Stage 6</strong></td>
<td>Incentives and rewards for success</td>
<td>Leadership with political courage for change</td>
<td>User involvement in acceptance of new definition of problems</td>
<td>Access to appropriate procurement processes</td>
</tr>
<tr>
<td>Systematic</td>
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PROMISING SOCIAL INNOVATIONS

**Passion för livet**
*Passion for Life*: Trained facilitators run Life Cafes for older people to talk, plan and act on their needs

**Weavers**: Providing peer-to-peer support for carers from ‘Weavers’

**Hogeweyk**: Model village for older people with dementia

**Wellogram**
*Wellogram, UK*: People with/at risk of long-term condition linked to ‘Guide’ to provide social health

- Social interaction & support for carers *Sweden*
- Volunteers
- Empowerment *Australia*
- Social participation & interaction
- Self-Care
- Improved model of residential care *Netherlands*
- Volunteers
- Social support *UK*
- Health behaviour change for people with LTCs
## TYPOLOGY OF OUTCOMES

<table>
<thead>
<tr>
<th>Improve health and function</th>
<th>Increase quality of life</th>
<th>Increase participation/social cohesion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce unhealthy lifestyles</strong>&lt;br&gt;(Improve poor diet, malnutrition, reduce obesity, smoking and drinking)</td>
<td><strong>Increase happiness and well being</strong>&lt;br&gt;(Increase independence, reduce stressors)</td>
<td><strong>Increase neighbourhood support</strong>&lt;br&gt;(Increase social inclusion, build community capacity and competences, improve attitudes to cognitive/physical impairment)</td>
</tr>
<tr>
<td><strong>Increase healthy behaviours</strong>&lt;br&gt;(Keep minds and bodies active, increase mobility, improve adherence and reduce poly-pharmacy, increase selfcare and self management, compensate for physical/sensory/cognitive loss)</td>
<td><strong>Increase choice</strong>&lt;br&gt;Help people stay at home for as long as possible</td>
<td><strong>Value older peoples’ contributions</strong>&lt;br&gt;(Improve person to person communications)</td>
</tr>
<tr>
<td><strong>Improve services</strong>&lt;br&gt;(Reduce variations in care, develop anticipatory approaches/prevent adverse events, increase access (rurality), increase personalisation and integration of care)</td>
<td><strong>Support informal carers and families</strong>&lt;br&gt;(Enable people to share and keep their memories)</td>
<td><strong>Provide advocacy for those who need it</strong></td>
</tr>
<tr>
<td><strong>Increase professional skills</strong>&lt;br&gt;(Improve professional to person comms, improve use of skilled staff)</td>
<td><strong>Help people die with dignity</strong></td>
<td><strong>Empower people to do more for themselves and others</strong></td>
</tr>
</tbody>
</table>

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IMPACT ON HEALTHY LIFE YEARS

Social Innovation

- Improve health and function
- Increase quality of life
- Increase participation/social cohesion

Target group
(age, gender, institutional, LTC, ...)

Via European surveys (SHARE, SILC)

GALI*

Estimated impact on HLY

*GALI=Global Activity Limitation Indicator=basis for HLY
ESF Exploratory Workshop on
AGEING AND SOCIAL INNOVATION

Lund (Sweden), 23-24 September 2013

Convened by:
Alan Walker and Susanne Iwarsson

SCIENTIFIC REPORT