



THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■



How can the adult social care sector develop, scale and spread innovations?

A review of the literature from an organisational perspective

Valentina Zigante, Juliette Malley, Annette Boaz, Ewan Ferlie and Gerald Wistow



CPEC Working Paper 10

March 2022

ABOUT THE AUTHORS

Valentina Zigante, Care Policy and Evaluation Centre, London School of Economics and Political Science

Juliette Malley, Care Policy and Evaluation Centre, London School of Economics and Political Science

Annette Boaz, Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine

Ewan Ferlie, Public Services Management & Organisation Group, King's College London

Gerald Wistow, Care Policy and Evaluation Centre, London School of Economics and Political Science

ACKNOWLEDGEMENT

The support of the Economic and Social Research Council (ESRC) is gratefully acknowledged (ES/T001364/1).

CONTENTS

	ABSTRACT	1
1	INTRODUCTION	2
2	FRAMING THE REVIEW	3
	3.1 Searching the literature	5
	3.2 Data extraction, analysis, and synthesis	6
3	METHODS	5
4	FINDINGS	8
	4.1 Character of the literature	8
	4.2 Methods and Perspectives	10
	4.3 Organisational capabilities and mechanisms for developing capabilities	11
5	DISCUSSION	21
6	CONCLUSION	24
7	BIBLIOGRAPHY	26
8	SUPPLEMENTARY INFORMATION	32

ABSTRACT

Innovation in adult social care (ASC) is unevenly distributed across the sector, areas and organisations. This raises important questions about what enables some organisations or areas to innovate more successfully and how far their successes can be replicated.

One stream of literature argues that *organisational capabilities* are critical for successful innovation. Organisational capabilities can be conceptualised as the collective knowledge, skills and expertise of the people in the organisation. Using this understanding of organisational capabilities, we conducted a literature review to answer the question, 'what are the range of capabilities organisations need for successfully developing, scaling and spreading innovations and how can these capabilities be grown or developed in the ASC context?' Through a systematic approach to searching the literature and evaluating the studies, the review identified a corpus of articles which informed our understanding of the capabilities required for innovation in the ASC sector.

The review arrived at five themes, or clusters, of capabilities that were associated with innovation in the ASC sector. These were: collaboration, leadership, knowledge, resources and culture. The collaboration theme was particularly strong and linked with aspects of the leadership theme (i.e. collaborative leadership) and the culture theme (i.e. inter- and intra-organisational shared culture).

We also found some examples of models, concepts and practices which were argued to support the building of capabilities needed for innovation and were sometimes specific to the innovation and its context. Examples included the Alliance model for relational contracting, boundary spanning, "active conversations" and appointed champions. The review also revealed that much innovation was introduced through projects which had implications both for the capabilities needed to manage the work process, but also the associated cliff-edges in funding.

Finally, an important lesson from this review is that the ASC community needs to become better at learning from innovation, and that this requires a step-change in how innovation is studied, that is, more comparative and longitudinal studies of innovation that engage with relevant theories from the wider innovation and management literature.

Innovation is seen as a key tool for meeting the challenges faced by the adult social care (ASC) sector in England and internationally (Department of Health and Social Care, 2021). Efforts to radically reform the ASC sector (also referred to internationally as long-term care, aged or disability care) are present in many countries to manage an ageing population, rising costs, pressures on public spending, and to improve the personalisation and quality of services. The expectation that innovations will solve these deep-rooted problems is not unique to ASC, but found across the public sector (Torfing, 2016). There is considerable evidence that there is innovative activity in ASC in England and it is argued that many of these innovations deliver better outcomes for people, but there is also a strongly held view that these innovations remain on the periphery and do not become part of mainstream provision (Social Care Institute for Excellence, 2018). This begs the “wicked question”: if there are many promising innovations in the ASC

context in England that are better than existing provision, why do they not grow and spread across the sector?

To answer this question, we carried out a review of the ASC literature to understand how to develop, scale and spread innovations in ASC. We focused on the role of organisations and their capabilities for innovation drawing on the wider innovation literature and stakeholder engagement activities undertaken to frame the research agenda for the *Supporting Adult Social Care Innovation* (SASCI) project. The project aims to generate evidence to support the ASC in England sector develop, scale and spread innovations. A key purpose of the review was to help set out the conceptual framework and key lines of enquiry for the SASCI study, in particular the case studies.

In the next section we set out the theoretical and contextual framing of the review and how we arrived at our research questions.

Adult social care has particular characteristics that sets it apart from other public services, both in how it is provided and how it is funded. The last couple of decades have been denoted by the retreat of the state from direct provision of ASC in many countries, and the emergence of specialist commissioner roles to manage markets and quasi markets for the provision of ASC services. Severe cost-containment pressures on ASC budgets have led to increasing use of needs and means tests and co-payments to restrict access to services to those with severe needs, and to reduce the proportion funded by public means.

In the UK and most European countries as well as the US and Australia, market-oriented provision dominates ASC provision (Colombo et al., 2011). It is common to find a multitude of private (for-profit or not for profit) organisations competing for contracts from local government to provide services to people living within each administrative area. Many countries (including the devolved nations of the UK) operate means tests to determine access to publicly-funded services and co-payments are common. There is also a market for exclusively privately-funded services in many countries, including the UK, where people purchasing these services are referred to as 'self-funders'. Additionally, there is a strong tradition of voluntary sector involvement and not-for-profit organisations form an important part of the provision of ASC, often focused on supporting social interaction and interconnectedness.

While this analysis illustrates that most ASC organisations face competitive pressures, many operate a values-based service with different constraints (i.e., financing structures). Given the diversity of types of organisations involved in delivering

ASC, we need to apply organisational and management theories that are relevant to the full range of organisational conditions observed.

It has long been recognised that innovation tends to be unevenly distributed geographically (Fagerberg & Mowery, 2006) and ASC is no different in this respect. This observation raises important questions about what enables some organisations or areas to innovate more successfully and how far their successes can be replicated. There are many schools of thought within management and organisational studies that investigate what makes some organisations more innovative than others (Greenhalgh et al., 2004; Wolfe, 1994). Greenhalgh et al. (2004) highlights studies of the determinants of organisational innovativeness or innovative capacity, which focus primarily on the influence of structural variables and use statistical methods; process theory studies, which are more broadly focused on context and organisational culture; and a knowledge-based approach to studying innovation in organisations, in which innovation is viewed as the construction and distribution of knowledge. Many of these perspectives originate from research in the private sector, and questions over their applicability to the public sector context have been raised by health services researchers (Hansen & Ferlie, 2016). Although ASC is part of the public sector (broadly defined), the mixed economy of provision and financing of ASC in many countries raises the possibility that these concerns have less force in this context, although they do need appropriate consideration.

We were particularly attracted to the school that Greenhalgh et al. (2004) refers to as 'knowledge-based approach' to studying innovation in organisations as it seems to promise insights to help ASC organisations

proactively and strategically equip themselves for innovation over a sustained period of time and across the organisation. The knowledge-based approach is continuous with the resource-based view (RBV) of organisations, which stems from the strategic management and economic literatures, and views firms as heterogeneous with respect to resources and capabilities. According to RBV theorists the firm's strategy should be based on exploiting and developing those resources and capabilities to gain competitive advantage (Barney, 1991; Wernerfelt, 1984; Penrose, 2013). Of importance, public sector theorists have outlined how these ideas are applicable and can be adapted to public sector contexts, especially of the mixed type found in ASC, where some organisations' strategic goals might be to improve performance and increase public value (Hansen & Ferlie, 2016). With respect to innovation, from an RBV perspective innovation is a strategic activity that requires not only resources, but the organisational capabilities to creatively mobilise, deploy and organise those resources (including knowledge and other assets such as people, partnerships) to generate new ideas, products, services, practices or processes that confer advantages to the organisation (be that competitive or improved performance). One implication that arises from this perspective is that some capabilities may be critical ('core capabilities') for different aspects of innovation. With relevance for innovators and other stakeholders, a question that follows from this is whether we can identify these core capabilities for innovation and provide insight into how to build and develop them within organisations.

It is helpful to consider how capabilities relate to other concepts that are commonly applied to thinking about organisational capacity for innovation, notably the concept of organisational conditions. The theoretical RBV literature understands organisational capabilities as relating to the mobilisation, deployment, and organisation of resources. These resources are often intangible as well as tangible and can be conceptualised as the *collective* knowledge, skills and expertise of the people in the organisation. Capabilities are not static; they can be lost as people move on and may evolve over time as organisations are driven to create new services, products or processes and

respond to rapidly changing market and socio-political conditions. Capabilities therefore require nurturing, but they can also be developed and built to fulfil a strategic purpose. We have found it helpful to apply ideas from systems thinking and conceptualise capabilities in terms of 'stocks' and 'flows'. Once gained, capabilities may appear as enabling conditions for innovation (Swan et al., 2017), but as we have noted capabilities can flow out as well as in leading to conditions that are less benign.

Using this understanding of organisational capabilities, we conducted a literature review to answer the question, 'what are the range of capabilities organisations need for successfully developing, scaling and spreading innovations and how can these capabilities be grown or developed in the ASC context?'

While the RBV (and related knowledge-based) perspectives have been used to study innovation in the public sector (for an overview, see Hansen & Ferlie, 2016), based on our preliminary literature scans, we did not expect to find many (if any) studies adopting this approach to study innovation in ASC. We therefore have designed the review so that we should be able to infer the answer to this question from studies that may be situated within different disciplinary and theoretical perspectives. Given there are many different approaches to studying innovation, and historically the use of these approaches to study innovation in ASC has been limited (Osborne & Brown, 2012) we were also interested in understanding what perspectives, in terms of disciplines, theories and methods have been applied in the ASC context to examine innovation within organisations.

While the aim of this review was to identify and refine research questions, from relevant literatures, for the SASCI project by synthesising the available evidence, this review should also inform future enquiry into how to develop, scale and spread innovation in ASC, and inform innovation practice by identifying the range of capabilities that ASC organisations may want to develop and how to develop them.

The main purpose of this literature review is to gather insights into the range of capabilities organisations need for successfully developing, scaling and spreading innovations and how these capabilities can be grown or developed in the ASC context. Given we are not asking a “what works” question, a traditional systematic review did not seem to offer the best way of synthesising the literature. The preponderance of qualitative studies and importance of grey literature also meant that we needed to think carefully about how we formulated the review (Petticrew, 2015). We took a systematic approach to searching, data extraction, analysis and

synthesis to minimise bias and ensure transparency, and importantly to provide an audit trail of our decisions and conclusions (Tranfield et al., 2003). We diverged from traditional systematic review methods in that we used our judgement in establishing relevance, and we did not complete a predefined quality assessment but rather paid attention to quality in how we understood and gave weight to the arguments presented in the papers. We sought to make sense of the literature by borrowing ideas from the meta-narrative review to understand the ways in which the heterogeneous contributions had studied ASC innovation (Greenhalgh et al., 2005).

3.1 SEARCHING THE LITERATURE

To capture research investigating the capabilities organisations need for successfully developing, scaling and spreading ASC innovations, our search strategy was built around the concepts ‘organisational capabilities’, ‘adult social care’, and ‘innovation’. There is ambiguity over the meaning of these concepts and to improve the sensitivity of the search process, we used a set of search terms for each concept to capture the ways they may be referred to in different disciplines and countries. For example, for ‘organisational capabilities’, search terms were largely drawn from the list of capabilities in the Oslo manual for measuring innovation (OECD/Eurostat, 2018), but cognisant that the mixed economy of social care may require specific organisational capabilities for innovation, we also included terms that had emerged from ASC stakeholder discussions carried out within the SASCI project.

Additionally, to ensure we captured studies taking a resource-based view perspective,

we included concepts associated with the theory (e.g., absorptive capacity). The full list of search terms for each concept is provided in the Supplementary Information (Table 1).

We used the following electronic databases for our searches: IBSS, ABI Inform, Medline, HMIC, Social Care Online and CINAHL. We included English language papers from 2010 and onwards. The search terms generated a reasonable number of hits across the databases and captured key articles known to the team and other relevant articles. To capture the grey literature, which previous experience suggests can be important in the ASC context, we searched Social Care Online. Additionally, we complemented database searches with a scan of the websites for recent and ongoing innovation research projects on innovation that included a focus on ASC.

The searches generated 342 abstracts. Two authors (VZ, JM) independently screened

titles and abstracts for eligibility according to the following inclusion criteria: whether the study examined an innovation¹, whether the innovation was taking place in an ASC context or with potential, previous or current ASC clients or people with ASC needs, and whether there was a focus on organisational (rather than individual) capabilities. Lists of articles for exclusion were compared and discussed to resolve any disagreements. We also excluded study

¹ We did not at this stage attempt to define or judge innovativeness, but rather accepted it as given when an article claimed to study innovation.

protocols and conference abstracts. Subsequently, the full text of the 87 articles that met the inclusion criteria were downloaded and again screened using the same inclusion criteria. This process resulted in a set of 46 articles, which were read by the same two authors to extract data as outlined below. During the iterative data extraction and analysis process, we made a final appraisal and excluded a further ten articles, resulting in a final set of 36 articles for the review. A PRISMA diagram for the process is shown in the Supplementary Information (Figure 1).

3.2 DATA EXTRACTION, ANALYSIS, AND SYNTHESIS

While we describe the extraction, analysis and synthesis of data from the articles sequentially below, the actual process proceeded in an iterative manner. The data extraction template was informed by our research questions and the innovation literature, but we revisited the source material, and revised the categories and their content in order to capture issues arising from the data. For example, a key challenge in extracting the data from the corpus of articles was to separate and identify the innovation, the organisational capabilities, and mechanisms for building the organisational capabilities. Although each article included an innovation, the innovations took different forms. They were most commonly innovations in services or processes for delivering services, but sometimes the innovation could be understood as a model, method or mechanism for building a particular organisational capability, such as 'teaching nursing homes' or a 'researcher-in-residence' that are designed to support learning around innovation. This complex relationship between innovations and organisational capabilities is explored further in the findings below. In terms of methods, it meant that we frequently returned to articles and revised our data extraction and analytical themes as these complexities became clearer.

The final data extraction framework included the following categories: title, date and authors; study design and methods; the

theoretical and disciplinary perspective employed; the sub-area of ASC explored; the innovation; the stage of the innovation; a description of the organisational capabilities discussed; and any other reflections. The last of these categories was used to capture the quality of the paper and any other thoughts. Although we did not carry out a formal quality appraisal of the evidence presented in each article before synthesising the information extracted, these reflections influenced the synthesis of the articles. Papers in the corpus that made clear and convincing arguments based firmly in the data collected contributed more information and feature more heavily in the reported findings (Pawson & Tilley, 1997).

The data we extracted was analysed and summarised to:

- (i) characterise the literature according to publication date and the topics and innovations covered,
- (ii) describe the perspectives, in terms of disciplines, theories and methods that have been applied in the ASC context to examine innovation within organisations, and
- (iii) describe the range of organisational capabilities described as being relevant for innovation, along with the mechanisms identified to build these capabilities.

To analyse and synthesise the data collected about organisational capabilities, we adopted an approach informed by 'best-

fit framework synthesis' as this enabled us to explicitly and systematically consider issues raised from the wider literature, and by stakeholders consulted over the analysis period, while flexibly bring in issues arising from the data (Dixon-Woods, 2011). The final set of themes therefore captured the organisational capabilities that featured most strongly in the corpus of articles. While we acknowledge that the coding of capabilities into themes is inherently subjective, we believe that the themes identified provide useful insights into the way in which the ASC literature has explored the role of organisational capabilities in innovation.

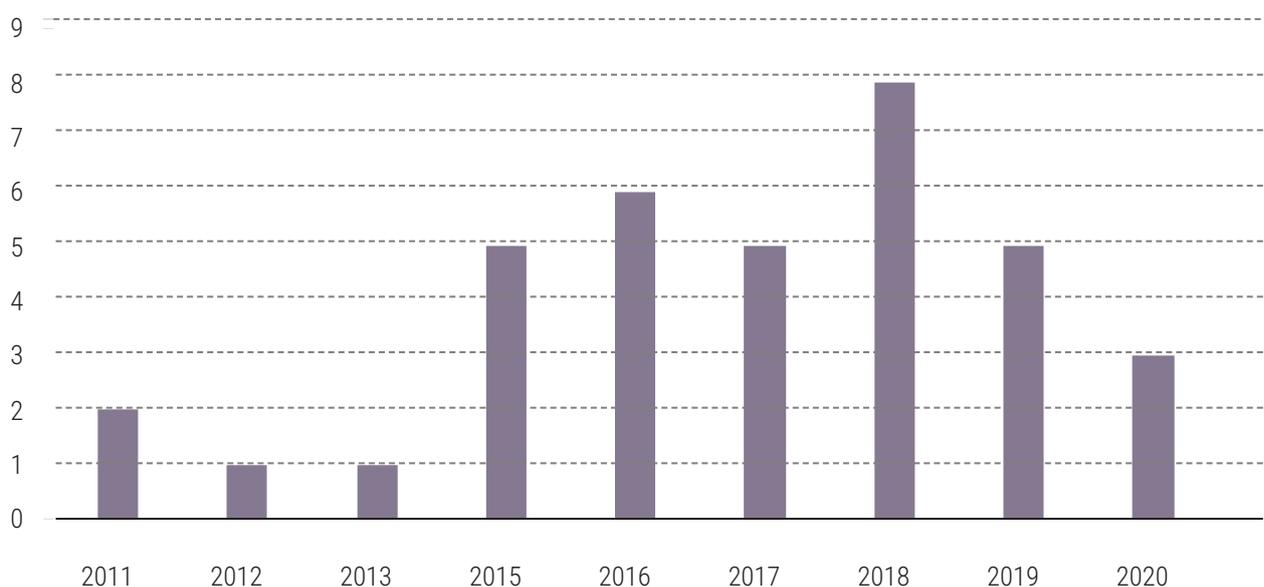
Before exploring the content of the themes, we reflect on the characteristics of the literature, that is, where articles have been published, when and what types of innovations are covered and key contexts, as well as what perspectives are used and key literature drawn on in our corpus of papers. We then discuss the capability themes and provide examples of key contributions as well as important relationships between themes, specific capabilities, and perspectives/methods.

4.1 CHARACTER OF THE LITERATURE

The articles meeting the inclusion criteria cover many approaches, topics, and themes. Around 25% were policy-focused reports, not published in peer-reviewed journals. The wide range of outlets for articles that were published in peer-reviewed journals reflects the varied nature of the literature, including the ageing perspective, integration as a topic and service type, and the influence of public administration/social policy perspectives. The variety of outlets may also be explained

by the relative lack of ASC topic-focussed journals. The articles largely covered ASC systems in high-income countries, including the UK (Scotland and England), Australia, the US, and certain European countries (e.g., the Netherlands, Norway). As Figure 1 illustrates, most of the articles were published from 2015 onwards (n=32). The low number for 2020 is likely a consequence of the review period, as the article extraction was completed in mid-August 2020.

FIGURE 1 NUMBER OF ARTICLES PER YEAR



As shown in Table 1 the articles cover a range of ASC topics, innovation types and innovation stages. All articles, as specified in the search terms, touch on social care, however only 21 out of the 36 articles focus *exclusively* on social care. Commonly, articles examine integration between health and social care (14 cases), and in these cases, social care is often included in the studies as a partner in an integration intervention. Within the 21 social care articles, a subset (8 cases) focus on

innovations relating to core social care services, that is, services that have traditionally been the core types of formal social care provision (residential care (including nursing homes), home care services and other community-based options). Nursing and residential care homes are most common, followed by community-based innovations. The articles further tend to focus on a specific population, such as people receiving end of life care, or dementia care. Finally, five

TABLE 1 OVERVIEW OF THE CHARACTERISTICS OF THE LITERATURE

Characteristic	Description	Number
ASC TOPIC FOCUS		
Core social care	Residential care (including nursing homes), home care services and other community-based options.	8
Integration between health and social care	Interventions with parties from both social care and health care (including primary and secondary care).	13
Auxiliary social care	Home share, LA governance and activities, organisational form, social prescribing, volunteering.	10
ICT	For care provision (technology enabled care) or processes/information sharing. Integration: 5, social care: 1	5
INNOVATION TYPES		
Service delivery innovation	Innovation related to the way services are delivered.	21
ICT innovation	Innovation, generally related to service delivery, that has a dominating information technology component.	5
Learning innovation	Innovations related to enhancing skills in the sector and a sector wide learning (teaching nursing homes for example).	4
Workforce innovations	Innovations related to the specific skills of the workforce in delivering services and to the recruitment and retention of staff.	3
Policy, Financing and Governance innovations	National volunteering fund (policy), social impact bonds, and innovations around models for contracting and organisational forms.	3
INNOVATION STAGE*		
Adoption		1
Development		11
Implementation		28
Sustainability		6

* Note that articles are counted multiple times if they cover more than one stage of innovation.

articles examine information and communication technology (ICT) for social care.²

In terms of the range of innovations found, Table 1 shows that the majority were designed to improve service delivery in some way (service delivery innovations), followed by ICT innovations. While there is some overlap in the sense that ICT innovations are designed to improve service delivery, it is valuable to highlight these innovations as a sub-category, given that

² The technological innovations include both what the ASC sector generally refers to as “technology enabled care” (i.e., technology used in service delivery) as well as broader ICT usage for example for administrative processes and information sharing (e.g., electronic health records).

technology is an increasingly important focus for innovation in ASC (Mostaghel, 2016). Other less frequently found innovations relate to workforce and learning, both important focus areas for improvement in ASC (OECD, 2020), as well as innovations that had more of a system-level orientation (e.g., governance, policy and financing innovations).

The implementation stage of innovation is the most focused on phase of the innovation journey. It is further evident that most articles analyse innovation at one point in time, focusing on one phase of innovation. Only two articles cover the full innovation process from development, implementation to sustainability and routinisation, through a longitudinal perspective.

4.2 METHODS AND PERSPECTIVES

The corpus of articles draws on a multitude of design, methods, perspectives, disciplines and theories to frame their analysis. The two largest design and methods approaches are evaluations and case studies (see Table 2). The case studies can broadly be described as explanatory or exploratory, with the latter being by far the more common. The evaluations tend to be more analytical in the sense that they engage with relevant theories (a sub-set takes an implementation science approach) that they set out to test, use to explain findings or guide enquiry. The exploratory or descriptive case studies tend to draw on, at times rather weak, qualitative

evidence gathered from a single case study. However, several of the case studies are extremely rich in detail and take a strong analytical (and sometimes theoretically grounded) approach to the description of their case study. Participatory and action research approaches feature strongly in our corpus of articles and these articles tend to be strongly guided by relevant theories. Notably, only two articles use quantitative methods, which may be due to a lack of suitable data collection on innovation in ASC.

The theoretical and disciplinary perspectives reflect the design and

TABLE 2 DESIGN AND METHODS

Study design and methods	Description	Number
Evaluations	Theory based, mixed methods, multiple case studies, implementation science approach (3), process evaluation (4)	12
Case studies	Generally exploratory, descriptive, qualitative, single case studies, ethnographic research (2)	12
Multiple case studies (comparative analysis)	Theory-based, comparative analysis of multiple case studies in different countries.	1
Other	Participatory and action research (6), Delphi study (1), systematic literature review (2), quantitative (theory based correlational analysis) (2)	11

methods employed. The field was dominated by what resembles a “health services research” perspective, applied to care services, grounded in practice and policy research about the delivery of services. These articles often focused on the change process around the implementation of “interventions” and approached this through an implementation research lens. Some drew on implementation science frameworks (e.g., the Consolidated Framework for Implementation Research (Damschroder et al., 2015), Normalisation Process Theory (Murray et al., 2010)). Beyond the implementation research approach a set of articles were focused on how to bridge the knowledge to practice gap drawing on theories around learning and evidence including Kreindler’s (2016) ideas around linking knowledge and action. Several approaches to internal organisational learning were also used, including organizational learning theories (see Argyris, 1999) and communities of practice (Wenger, 2002), and the concept of the

“Learning Health System” (Olsen et al., 2007). Further, organisational focused perspectives were present. These included social influence theories and social identity approaches, drawing on Kreindler et al. (2012), strategic management, including Waterman et al.’s (1980) characteristics of organisations, institutional theories (e.g., institutional logics theory (Thornton et al., 2012) and Garud et al.’s theories around institutional entrepreneurs (2016)).

Finally, it is interesting that the seminal works from the wider innovation literature do not feature strongly in our sample of articles. Rogers’ (1995) book on the diffusion of innovation is cited three times (Hendy & Barlow, 2012; Nieboer et al., 2011; Ward et al., 2017), and Greenhalgh’s (2005) review of the diffusion of innovation only twice (Nieboer et al., 2011; Nolte et al., 2016). Beyond this, the articles do not tend to be guided by insights from innovation studies, even though they explore the adoption, implementation, scale or spread of innovations.

4.3 ORGANISATIONAL CAPABILITIES AND MECHANISMS FOR DEVELOPING CAPABILITIES

The discussion of the articles in this section is focused on answering our main research question, that is, what are the range of capabilities organisations need for successfully developing, scaling and spreading innovations and how can these capabilities be grown or developed in the ASC context? Through an iterative analysis process, (see section 2.2) we arrived at five high-level themes: collaboration, leadership, knowledge and evidence, resources and culture. Reflecting how we have conceptualised capabilities (see section 2) we have identified both activities and characteristics, which might ordinarily be labelled as context as organisational capabilities. For each capability theme, where the evidence allows, we also identify ways these capabilities can be built, or brought into organisations, that is, the *mechanisms* (such as tools or models) by which capabilities can be improved.

Table 3 describes the themes and the number of articles which discuss that theme as supportive of developing, growing, and spreading innovations. Most

articles discuss more than one theme in some degree of detail and the table shows the total number of articles covering each theme. The number in parenthesis is the number of articles which focus on the theme as the dominant, or primary capability in their analysis. Excluded from Table 3 (and Tables 4–7) are the two systematic review papers (Kruse et al., 2018; Pescheny et al., 2018) which identify a range of capabilities related to the implementation of a variety of innovations but do not go into sufficient detail to offer insights for a particular theme.

Table 3 illustrates that the collaboration theme is the by far most discussed in the articles, both as a dominant and secondary theme. Leadership is rarely identified as a secondary theme, that is, articles touching on leadership capabilities tend to have that as their main focus. Resources and culture are both mainly discussed as secondary themes. They seemed to be understood as “context”, or conditions, for innovation to take place.

TABLE 3 THE FOUR CAPABILITIES THEMES, DESCRIPTION, AND NUMBER OF ARTICLES

Theme	Description	Number
Collaboration	Collaboration refers to organisations or individuals within organisations working together. This can be structured, closely connected and formal partnerships as well as relatively loose and informal networks.	25 (14)
Leadership	Leadership refers to the act of leading a group of people or an organisation. Leaders are found throughout organisations and can be formal as well as emergent, collaborative as well as independent.	16 (13)
Knowledge and evidence	Knowledge and evidence include skills, organisational and individual learning and knowledge creation and how this is used in organisations.	13 (6)
Resources	Resources include financial and human organisational endowments, which also include time and slack in the organisation.	17 (4)
Culture	Organisational culture as a broad concept includes a common culture within and between organisations. Culture can also refer to aspects of practice such as a "learning culture".	12 (0)

4.3.1 COLLABORATION

This theme describes how capabilities that enable organisations to collaborate are important for developing, scaling, and spreading innovations. The nature of collaboration covered in the articles varies considerably, ranging from structured, closely connected and formal partnerships to relatively loose and informal networks. The articles discuss people from different staff groups collaborating within and across organisations, organisations collaborating with other organisations that may have different forms of ownership and objectives, and organisations collaborating with people with lived experience of care services, their carers and the public. In terms of capabilities that enable organisations to collaborate, the articles suggest that building and maintaining relationships, a common culture, communication and trust, and building elements of infrastructure, e.g., for information sharing, are all important for working collaboratively (see Table 4).

Interestingly, articles focused on the integration between health and social care do not, as may be expected, dominate this theme. Instead, several articles (e.g., Flemig and Osborne., 2019, Holley et al., 2018,

Macmillan et al., 2018) focus on how collaboration can support various community-based care and support and personalisation innovations. Regardless of whether the articles are considering collaboration among different groups of professionals, across organisational or sector boundaries or with service-users and carers, similar aspects are argued to be important to work collaboratively. These include working with respect for counterparts, establishing a common understanding and language, and ensuring buy-in and trust through open communication and ongoing relationships. Many of these are qualities also discussed as "culture" – as further explored below. Some papers emphasised the time taken to build these relationships (see for example, Jamieson & Grealish, 2016) while others noted how innovations proceeded more easily where they were building on existing relationships (Bown et al., 2017).

The articles also highlight the strategic and evolving nature of collaboration for innovation. Holley et al. (2018) explores how the strategic development of local partnerships to support recruitment relied on strong community engagement that had

TABLE 4 CAPABILITIES FOR COLLABORATION AND MECHANISMS FOR BUILDING THESE CAPABILITIES

Paper	Secondary theme	Description of capabilities for collaboration	Mechanisms
Amador et al. (2016)*	Knowledge & evidence	Building a partnership approach to care.	Appreciative Inquiry (AI) – an organisational development tool, harnessing existing knowledge.
Billings & Davis (2016)	Knowledge, culture	Relational embeddedness (including relationships, building trust, overlapping identities, solidarity). Sharing of risks and costs within the model.	The contracting model (drawing on the Alliance model) focuses on trust, partnership, collaboration, and commitment.
Cramm et al. (2013)		Partnership synergies are facilitated by leadership, skills for collaboration (communication, organisation, information technology and evaluation) and resources.	Partnership synergies works as a mediating mechanism between partnership functioning and partnership sustainability.
Flemig & Osborne (2019)	Culture, resources	Collective co-production (working with service users), “leap of faith” to share decision making. Culture of inclusiveness.	
Hoedemakers et al. (2019)	Culture	Improving communication and coordination. Culture for collaboration and involvement.	
Holley et al (2018)*	Knowledge	Strategic community partnership: developing partnerships through strategic choice of partners in the community.	
Holley-Moore & Beach (2016)	Resources, culture	Internal communication, involving people likely to be impacted by the innovation in design, external partnerships with NHS. Human resource (people to recruit) and funding.	
Jamieson & Grealish (2016)	Resources	Operational partnerships.	Investment in operational partnerships – aligned at strategic and operational levels.
Kirkevold (2018)	Knowledge & evidence, resources	Ongoing formal network for collaboration, continuous funding, external formal evaluation.	
Kloos et al. (2020)	Resources, culture	Common understanding, buy-in.	
Lee et al. (2015)	Leadership, culture	Working together, overcoming threats to identify/negotiating these aspects, getting buy-in from all stakeholders, using existing relationships.	A champion/advocate role that provides leadership, facilitates learning, and offers general support through regular meetings.
Macmillan et al. (2018)		Multi-disciplinary working, networks.	

TABLE 4 CAPABILITIES FOR COLLABORATION AND MECHANISMS FOR BUILDING THESE CAPABILITIES

Paper	Secondary theme	Description of capabilities for collaboration	Mechanisms
Musselbrook & Daly (2020)	Knowledge & evidence, resources	Trust, understanding, inclusivity (in particular of 3rd sector and independent providers), collaborative learning and leadership. Workforce skills to implement digital innovation.	
Pearson & Watson (2018)	Resources, culture	Building relationships with partners across boundaries (organisational and professional) to implement changes that enable joint working.	Boundary spanners.
Johnston & Wilson, (2017)	Resources, knowledge & evidence	Co-production for design and implementation – in depth dialogue, which has trusting and inclusive discussions.	Constructive conversations as a mechanism for improving collaboration and building consensus.
Shah et al., (2019)	Knowledge & evidence	Engaging with different groups of people in different ways, seeking out all views and types of people, building trust, maintaining open conversations, listening, bringing the relevant expertise into the conversations.	Active conversations: builds trust, enables transparency and facilitates acceptability of the solution. Use of digital technologies and infrastructure for a “learning care system”.
Stocker et al., (2018)	Resources	Information sharing, communication, and trust.	Alignment of agendas across health and social care.
Tan et al. (2015)	Resources	Negotiation between actors (incl. financing intermediaries) and collaborative working for delivery. Workforce skills for delivery (e.g., analytical capacity).	

* These articles also appear in Table 6. They cover different capabilities in the development and implementation phase of the innovation.

taken a great deal of focus and effort to develop over time. The evolving nature of collaboration is also illustrated by Kirkevold (2018), who offers lessons for supporting innovation that includes the importance of establishing a long-term network structure as well as support from policy makers and ongoing access to funding. All of these factors are enabled by the capabilities supportive of collaboration discussed above.

Several articles suggest mechanisms for building and sustaining collaborative capabilities. Billings and Davis (Billings & Davis, 2016) develop a joint-outcomes contracting model in an integrated context,

drawing on the Alliance model which is rooted in the concept of relational contracting. It is focused on establishing trust and commitment between commissioners and providers of care, thus enabling a more collaborative approach to commissioning of ASC. Other articles understand ways of developing collaborative capabilities through concepts describing key roles or ways of working. For example, Pearson and Watson (2018) argue that the concept of “boundary-spanning” can be helpful in formalising roles that bring diverse groups of people together to help to build relationships with partners across boundaries (organisational and professional). When engaging with different

groups (importantly, including service users) different approaches to communication are promoted as mechanisms for collaborative capabilities. Shah et al. (2019) promotes “active conversations” as a mechanism to build trust when engaging with different groups of people.

Finally, some articles link collaboration to knowledge and evidence, and leadership

(as is discussed under each of these thematic heading). Amador et al. (2016), offers insights in terms of learning collaboratively but also how to generate knowledge collaboratively, through competences including communication, organisation, information technology and evaluation skills. Cramm et al. (2013) on the other hand explores leading collaboratively, through ‘partnership synergies’ and developing skills for collaboration.

4.3.2 LEADERSHIP

The articles we assigned to the leadership theme broadly focused on leadership styles, formal and informal roles that were related to the leadership of the innovation process, and, overlapping with the collaboration theme, leading and managing change collaboratively (see Table 5). The articles contributing to this theme covered a range of topics, including care ICT, social care services such as specialised dementia care, social prescribing and integration between health and social care.

Leadership styles that were found to be important for innovation in ASC included a management style that gives staff opportunities to experiment and take risks (Nieboer et al., 2011), leaders that model positive and resilient behaviour and encourage a positive outlook (Holdsworth, 2019) and leadership which ensures that staff feel consulted and included in communication (Argyle & Kelly, 2015). Particular individuals in leadership roles were often identified as key for driving innovations forward. For example, Thistlethwaite (2011) reports that an experienced human resources director played a major role in securing staff and trade union support for the changes in Torbay. Although this example focuses on a senior leader in the organisation, other articles often emphasised the importance of leaders at different levels in the organisational for innovation success.

While most of the articles discuss people in formal leadership roles, Shaw et al. (2017) examine individuals whose leadership role was emergent and more informal. They use the concept of “institutional entrepreneurs” to explain why these leaders were critical to the success of a collaborative approach to integration arising from a policy innovation. Institutional entrepreneurs are individuals

who have the requisite status both professionally and personally to take on meaningful leadership roles that can disrupt the boundaries and hierarchies that plague integrated care (Battilana et al., 2009). Interestingly, Shaw et al. suggest that successful implementation of integrated care innovations relies on organisations actively recruiting institutional entrepreneurs to build “meaningful engagement across traditionally isolated health and social care sectors” (2017, p.92).

As Shaw et al. (2017) illustrates, the leadership and collaboration themes are strongly interconnected. Several articles make this link explicitly, outlining the need to lead and manage change collaboratively. Leading collaboratively is understood as creating a shared understanding, open communication and attitudes and a common “vision” (see van Haeften-van Dijk et al., 2015). Hendy and Barlow (2012) explore the role of appointed champions as a mechanism for leading the roll-out and spread of a telecare innovation across a system. Although the champions were often successful at building enthusiasm for the change within their own professional group, as their role evolved to lead the spread of the innovation beyond their professional context some champions felt threatened and actively derailed progress. This article makes an interesting contrast with Shaw et al.’s analysis of institutional entrepreneurs, as Hendy and Barlow (2012) caution against allowing the innovation to become located within the remit of a few individuals. The RBV literature also cautions against focusing on individual rather than collective leadership capabilities given the risks that it brings in terms of lost capabilities when key leaders move on, and difficulties in ensuring succession of leadership.

TABLE 5 CAPABILITIES FOR LEADERSHIP AND MANAGEMENT AND MECHANISMS FOR BUILDING THESE CAPABILITIES

Paper	Secondary theme	Description of capabilities for collaboration	Mechanisms
Argyle & Kelly (2015)	Culture, resources	Roles and perspectives of leadership team. Important to ensure staff feel consulted with, supported and have good communication.	
Bown et al. (2017)	Collaboration, knowledge	Leadership that empowers staff by letting go of control. Taking a trial and error, continuous learning approach to implementing change.	The Community Led Support program helped build capabilities around organisational learning and collaboration.
Hendy & Barlow (2012)	Collaboration	Leadership role of champions in driving and creating momentum for change and adoption by others. Collaborative skills are critical for successful champions.	Organisational champions for change.
Holdsworth (2019)	Culture	Leadership qualities for project resiliency: a positive outlook, awareness of dependency on other parties, anticipation of possible threats, ability to negotiate priorities across partnerships. Project resiliency is the (personal and organisational) flexibility to adapt project resources and re-orientate implementation strategies to deal with barriers.	
Kruse et al. (2018)	Resources – financial & governance, culture	Supportive leadership and culture to promote workflow integration, leadership that recognises that integration takes time and needs training. Good communication.	
Nieboer et al. (2011)	Culture	Leadership that promotes opportunities to experiment.	
Nolte et al. (2016)	Resources	Leadership to maintain momentum, build trust, to support and strengthen engagement of partners.	Dedicated design and implementation team to guide implementation of the project.
Shaw et al. (2017)	Collaboration	Leading collaboratively, building collaboration at different levels, building and maintaining relationships, managing conflict and enabling collaborative working across boundaries.	Institutional entrepreneurs – ability depends on social position and enabling features of the field.
Thistlethwaite (2011)	Collaboration	Strong project structure across organisations which included the introduction of ‘general management’ but balanced by effective leadership of the professions. Leadership’s ability to secure key actors’ support for changes and to use research and engage with staff to anticipate barriers.	Project coordinators (formalised roles for building capabilities for change).
Van Haeften-van Dijk et al. (2015)	Collaboration	Leadership’s existing experience of cooperating with other organisations, cooperating with organisations around referrals, PR and publicity (demand), overcoming cultural differences to work and communicate across organisations. Pioneers, communication, attitudes, and vision.	

A number of the articles framed the introduction of an innovation as a 'project' and focused on the leadership and management of these innovation 'projects'. Perhaps the best example of an article taking this perspective is Holdsworth et al. (2019) who argue that 'project resiliency', that is, the flexibility of people to adapt project resources and re-orientate implementation strategies to deal with barriers, is a key capability for leading and managing change in complex interventions with many partners. Holdsworth et al. (2019) reiterate the points made above about leading collaboratively and emphasise that a common understanding

established through the partnership structure was key for project resiliency. Further, Thistlethwaite (2011) reports that a strong project structure, which included health and social care co-ordinators, ensured the sustainability of the innovation. Similarly, Nolte et al. (2016), in an international synthesis of multiple case studies, argue that strong project management facilitates the implementation of innovations and specifically, this should include a "dedicated design and implementation team alongside start-up funding" to strengthen capabilities for managing the project and readiness within the organisation.

4.3.3 KNOWLEDGE AND EVIDENCE

The knowledge and evidence theme includes activities and capabilities related to organisational learning and the mobilisation of knowledge in order to develop and implement innovations (see Table 6). A particular characteristic of the articles in this theme, is that many of the innovations were themselves interventions designed to build conditions and capabilities in organisations that would be conducive to generating and sustaining more innovations and general improvement. As such, the organisational learning and knowledge mobilisation capabilities are intertwined with mechanisms for building such capabilities and in turn for supporting innovation overall. The innovative teaching nursing home network explored in Kirkevold (2018) (see Table 4) is an illustrative example: the innovation itself builds a learning culture, which in turn promotes an environment that, it is argued, encourages further innovation around service delivery.

The main focus of articles in this theme is on having in place capabilities for organisational learning to facilitate the implementation of innovations and sustain them over the longer term. In addition to the teaching nursing home model, various other activities, structures or models to develop and support ongoing learning were explored or identified in the articles. These include a peer challenge intervention (Mangan et al., 2016), facilitation (Martin & Manley, 2017), learning networks (Fullwood, 2018) and Grading et al. (2019) who report on the experiences of a team who implemented a researcher-in-residence

(RiR) model for integration in the English local authority Torbay. Although the purpose of a RiR might be conceived as being to do research (that is, generate evidence), in fact, the article concentrates more on the role of the RiR in establishing a culture for organisational learning. The authors note that RiRs need skills that go beyond those traditionally expected of traditional academic roles, with people, communication and negotiation skills being particularly important to build trusting relationships that underpin learning and improvement. Learning collaboratively was a theme of this paper and several others, illustrating the interconnections between the learning and collaboration themes.

Despite the fact that knowledge is generally seen as a key resource within organisations for improvement and innovation (Grant, 1996), capabilities for mobilising and creating knowledge were generally not the primary focus of the articles. More often this aspect was a secondary theme that featured in articles examining the development phase of innovation (see Amador et al. 2016, Billings & Davis, 2016, Bown et al. 2017, Shah et al. 2019). Illustrating this, Amador et al. (2016) describe how, using an approach known as 'appreciative inquiry' (AI)³, practitioner knowledge was surfaced and used to develop innovations to solve problems facing the organisation. The focus on the practitioner voice and 'tacit' knowledge in this article is interesting. It points to the

³ See Coghlan et al. (2003) for an exploration of the AI concept and how it can be used in evaluations.

TABLE 6 CAPABILITIES FOR KNOWLEDGE AND EVIDENCE AND MECHANISMS FOR BUILDING THESE CAPABILITIES

Paper	Secondary theme	Description of capabilities for collaboration	Mechanisms
Amador et al. (2016)*	Collaboration	Recognising and using existing knowledge.	Appreciative Inquiry (AI) – an organisational development tool, harnessing existing knowledge.
Mangan et al. (2016)	Leadership	Recognising value of different perspectives and new knowledge, focus on learning rather than blame for mistakes. Clear goal setting and getting buy-in for change.	Peer challenge method
Martin & Manley (2017)	Leadership, culture, collaboration	Skills in facilitation: learning, practice skills, skills in developing and implementing improvements and new ideas.	Workplace facilitation
Holley et al. (2018)*	Collaboration	Creating and using knowledge to develop innovations to existing problems.	
Fullwood (2018)		Ongoing learning – learning approach that supports sustainable change.	Learning Forum: monthly, national level, with an independent chair. Provides feedback loops and space for 'learning dialogue' for spreading the innovation.
Gradinger et al. (2019)	Collaboration	Linking research and practice (knowledge and action) within the organisation by using evidence/knowledge. "Co-production of actionable knowledge".	Researcher-in-residence model (co-production of knowledge): mechanism for building learning into the development and adaptation of innovations.
Ward et al. (2017)	Collaboration	Co-creation with users, broker model: to understand the needs of their customers and how best to serve them.	Consumer research (the project)

* These articles also appear in Table 4. They cover different capabilities in the development and implementation phase of the innovation.

need to take a view of evidence that recognises different sources of expertise and types of knowledge in the context of innovation (Pawson et al., 2003). In a similar vein, articles by Ward et al (2017), and Holley et al (2018) describe the use of market analysis to develop the innovations, highlighting the value of knowledge that can inform decisions about the commercial potential of the innovation and the most

appropriate business model. Notably these articles are set in UK and US contexts, respectively, where there is a market for private provision of ASC. Such knowledge may be less relevant in contexts with less private involvement, although public sector organisations typically also require a 'business case' to be made to support investment in 'new' developments.

4.3.4 RESOURCES

It is argued that the creative mobilisation, deployment and organisation of resources within an organisation is necessary to produce innovation (Wernerfelt, 1984). In addition to knowledge, which we have discussed separately, finances and staff were identified as key resources for innovation. Although very few articles discussed these resources as a primary theme, many more mentioned lack of time, money and staff as barriers to innovation. Reflecting the language of ‘barriers’ and ‘facilitators’, resources were in most articles considered as context and were often discussed in light of the fiscal tightening that has occurred since the 2007–2008 financial crisis, and the well-known recruitment and retention problems facing the ASC sector in many countries (OECD, 2020; Spasova et al., 2019). A small number of articles, however, explored the creative mobilisation, deployment, and organisation of resources by ASC organisations.

One strategy used by ASC organisations is to adopt different organisational forms or financing structures (e.g. micro-providers and social investment bonds) to influence and improve the deployment of resources. Social investment bonds, as discussed in Tan et al. (2015), are primarily interesting as an innovation, however, they could have potential as a financing structure that enables innovation. On the other hand, Needham et al. (2015) study micro-providers as both an innovative organisational form for delivering adult social care and as an organisational form

that enables greater innovation in adult social care delivery. While they report some benefits, especially in terms of price, the evidence for the organisational form promoting innovation was not overwhelming, especially when compared to large providers that charged higher fees.

There were also examples of ASC organisations mobilising resources by working with other organisations. Warwick-Booth et al. (2020) explore service delivery/workforce innovations based on developing volunteering within organisations, which were all developed through the Health and Social Care Volunteering Fund (HSCVF) – itself a policy innovation. The national fund acted as a catalyst, providing organisations with the time and space to develop volunteering programmes, but also importantly build strategic capabilities around finding funding to continue the programme and mobilise additional resources. The strategic approach to securing resources for an innovation by identifying and working with partner organisations echoes the observations of Holley et al. (2018) described above. Furthermore, the emphasis of the HSCVF on the importance of continued efforts to generate resources is significant, given how it was often reported in our articles that funding coming to an end was a major barrier to the continuation of innovations (see for example Jamieson and Grealish, (2016), and Flemig and Osborne (2019)).

TABLE 7 CAPABILITIES FOR RESOURCES AND MECHANISMS FOR BUILDING THESE CAPABILITIES

Paper	Secondary theme	Description of capabilities for collaboration	Mechanisms
Warwick-Booth et al. (2020)	Collaboration, knowledge	Resource mobilisation, networks & support	
Needham et al. (2015)	Collaboration	Infrastructure, structure – flexibility, size, network and collaboration.	

4.3.5 CULTURE

Culture was a prominent secondary theme (12 articles) and was regularly referred to as a key factor for successful innovation (18 articles in total). Given this significance, we explored understandings of culture and how the articles engaged with culture as a capability for innovation.

A “positive” culture is conceptualised as an enabling condition for innovation, but it is an ambiguous term that is understood differently, in particular across disciplines. The articles clustered into those that refer to building a common culture between organisations (see 4.3.1), those that focus on a “learning culture” for innovation (see 4.3.3 above) and finally, those that refer to culture as a way of working within an organisation (sometimes labelled ‘organisational culture’). The latter includes

a contribution (see Nieboer et al., 2011) that breaks with the general vagueness of the conceptualisation of culture (including ‘open communication’, a ‘no blame’ and safe ‘culture’ for experimenting and learning and allowing risk taking) by drawing on a key theoretical contribution (Waterman et al., 1980) in its conceptualisation of the role of culture in organisational processes. They quantitatively explore a range of organisational characteristics including risk-taking behaviour as an organisational value, which they argue is a key indicator for an innovative organisational culture. Similarly, Hendy and Barlow (2012) offered insights into how to use these aspects to bridge diverse professional cultures when implementing an innovation within an organisation.

This review is the first to explore the range of capabilities ASC organisations need for successfully developing, scaling and spreading innovations and to consider how these capabilities can be grown or developed in the ASC context. Notably, we did not identify any studies of innovation in the ASC context that *directly* explored organisational capabilities, as we have conceptualised them drawing on the RBV literature (outlined in section 2). There is, however, a small and seemingly growing literature, that tries to draw out more general lessons from individual examples of innovation that would enable others to spread and scale either the same innovation or innovations more broadly. From these articles we were able to infer a range of capabilities that organisations might need to successfully innovate in the ASC context. These studies also provide a useful starting point for considering how these capabilities can be built, grown or brought into organisations.

The spectrum of organisational capabilities that we identified were not surprising given what is known about how innovation and organisational change works from the general innovation and change management literature. The need for capabilities around *collaboration* featured very strongly in the corpus, which leads us to suggest that the capability to work, learn and manage change across professional and organisational boundaries is likely to be a core competence for developing, implementing, sustaining, and spreading innovations in the ASC context (c.f. Ferlie, 2014). Also important were capabilities for organisational learning, in particular to facilitate implementation, and *leadership*, due to its role in creating a shared understanding, building relationships and trust, driving and managing change and routinising new processes. Additionally, *culture* was frequently identified as an

enabling condition for innovation. Only a limited number of articles, however, attempted to analyse how these capabilities and enabling conditions facilitate innovation and explain the processes operating beneath the surface of the empirical observations, e.g., by drawing on the theoretical literature around these themes.

Important streams of thinking were absent from this corpus of articles despite their potential to shed light on innovation processes in relation to the themes we identified. This was particularly the case for articles where leadership was the primary theme: these studies tended to draw on the theoretical literature to examine formally appointed posts with clear leadership responsibilities, but not to explore the nature of leadership. The interlinkages between collaboration and leadership as well as the importance of more emergent, informal leaders (e.g. the institutional entrepreneurs) suggest that distributed leadership theories (Bolden, 2011) might be useful. Equally, the literature around collaborative strategy and innovation (Torfing, 2016) also seems likely to be of value given the centrality of collaboration to innovation in the ASC context.

We were also struck by how little the ASC and wider health and care system featured in the way organisational capabilities and conditions for innovation were discussed. The system was generally seen as context which constrains the actions of organisations, and relationships with organisations and individuals in the wider system were not often analysed. There were notable exceptions to this that we have highlighted in our findings and important issues emerged from these papers. Several articles argued that the greater power and dominance of health care in integration innovations is

constraining real change in the integrated delivery of health and social care (Pearson & Watson, 2018). They note that the power imbalance means that, for example, the roles of individuals, or “boundary spanners” on their own do not have the capacity to facilitate the necessary transformative change. Research that attends more closely to how power is generated and distributed through implementation processes around innovation and how this power can dismantle and/or reproduce existing divisions is likely to be important to guide further enquiry (Stanton et al., 2022).

A further aspect was that much innovation in ASC seemed to be introduced through *projects*. A few articles reflected on the value of a strong project structure for facilitating working across organisations (key where innovations were being introduced into a complex system), but the cliff edges inherent in projects (e.g. around the end of funding and partnerships) were also identified as a factor that inhibited the long-term sustainability of the innovation. This finding resonates with the critique of innovation emanating largely from the remote care sub-sector that innovation suffers from ‘pilotitis’ or the continued development of projects that do not proceed beyond the pilot phase (Barlow et al., 2012). The relationship between the way innovations are introduced (i.e. as projects) and the sustainability of innovations, particularly those taking place in complex systems and involving multiple components and a high degree of tailoring to context will be an important area for future research (c.f. Brady & Hobday, 2011; OPSI, 2018). An important message from this review is that innovators need to actively manage the cliff edges associated with projects and develop what was described in one article as ‘project resiliency’ – the ability to flexibly adapt project resources and re-orientate implementation strategies to overcome barriers and external threats to the continuation of the innovation (Holdsworth, 2019).

There are some significant absences in the literature that, given their central role in the delivery of ASC, we would have expected to feature more strongly than they did. The literature offered little insight into how the market environment that private (for-profit and not-for profit) organisations operate

within, with respect to, for example, commissioning, supply of workers, demand for services and regulation, influences innovation. The few articles that did consider these aspects were largely concerned with the development phase of innovations or focused on the deployment, mobilisation and organisation of *resources*, including knowledge, staff and finance (e.g., Holley et al., 2018; Kruse et al., 2018; Needham, 2015; Ward et al., 2017). Given the high staff turnover in ASC we would have expected continuity of leadership and leadership succession to be an issue but this was only touched upon by Thistlethwaite (2011). Co-production, which is an important theme in the wider ASC literature, featured in only a few articles that majored on collaboration, Gradinger et al. (2019) being the most significant example. These absences could also be a limitation of the review methods and the search terms used, but another explanation is that it reflects the dominant perspective applied to study innovation in ASC.

The literature in this corpus is dominated by a health (care) services research approach which is grounded strongly in the specific policy and practice literature. Overwhelmingly, the papers focused on specific innovations and examined their implementation. This was done either within the context of an evaluation or more loosely as an exploratory case study, at times taking a more or less formal implementation science approach. Often the papers look for explanations at the “micro” level, and do not examine how activities on the meso and macro levels might in turn explain or be influenced by individual behaviours. Indeed, many papers were excluded from the review on this basis. This focus on implementation and greater interest in micro-level explanations may help explain why certain ASC features, i.e. commissioning, markets and regulation, did not feature strongly in this review.

Exemplifying the narrowness of the literature in this corpus, three longstanding approaches from the general innovation literature – statistically-oriented studies examining the determinants of organisational innovativeness, diffusion of innovation studies exploring spread through a population of adopters, and process theory studies examining how and why innovations emerge, develop and grow –

barely featured in this review. There were two quantitatively-oriented studies that would fall within the first category, but only Nolte et al. (2016) and Hendy and Barlow (2012) who analysed the sequential process of the implementation and spread of the innovation within an organisation could be considered to fall within the diffusion of innovations stream of research. A few case studies charted the progress of innovations over many years, in the mould of process theory research (e.g., van de Ven et al., 2008), but these were generally not strongly analytical contributions; Kirkevold's (2018) exposition of the innovation journey of teaching nursing homes in Norway over 20 years is perhaps the best example of studies in this vein. Importantly, however, these more process-oriented papers were often descriptively rich. They did highlight the importance of different funding streams and showed how policy changes shape the innovation leading to the sense that the innovation is continuously being "re-implemented" and "re-invented".

While the parameters of the review may have limited the range of articles we found, we are not alone in concluding that the wider innovation, organisational and management literatures do not strongly inform ASC innovation research and it is disappointing to see that the field has not moved significantly forwards in the past ten years (Osborne & Brown, 2012; Pennacchia, 2013). Where organisational capabilities were explored in depth authors drew on a wide variety of ideas and theories from organisational studies, management, and public administration. This eclecticism demonstrates a vitality within the ASC field, but as studies taking different perspectives tend not to build on each other it also inhibits the development of a body of knowledge that can clearly inform policy and practice. This limitation of the evidence base is particularly evident when it comes to the question of what we can learn from this review about how the capabilities identified can be developed or built by organisations. Articles by and large explore different models for developing capabilities (e.g., 'appreciative inquiry'), or use different

interpretive lenses (e.g., 'institutional entrepreneurs', 'boundary-spanners'), giving the impression that the field is engaged in a series of isolated experiments to identify what works in this regard. Consequently, they point to potential ways forward but there are important questions to answer about whether the ideas or models will have wider applicability beyond the individual cases examined.

A final observation is that the literature captured for this review overall left the impression that innovation was happening at the periphery of ASC and was not being absorbed into mainstream activity. This is obviously the case where articles described failed attempts to integrate projects into mainstream activity, but other articles also gave this impression and examples of successful innovation that were sustained over time and were found in more than one site were few and far between. Implementation struggles and lists of barriers to innovation were replete in this corpus. This finding appears to confirm the views of prominent groups that the sector struggles to grow innovations (Social Care Institute for Excellence, 2018). We should however be wary of drawing too strong a conclusion from this work, since the interests of funders and researchers influence what appears in the literature as much as the nature of innovation in ASC. There may be successes in sub-sectors of ASC that are under-represented in this literature (e.g. mainstream providers) that could provide lessons for the wider sector. Additionally, since the review was carried out before the onset of the 2020 pandemic we have not captured any lessons learnt from developing and implementing innovations over this period. Given the rapid pace of change, particularly with respect to digitisation and technological innovation over this period (see Wright, 2021), and indeed regulatory innovation facilitating the spread of technological innovation (Gillespie et al., 2020) there may be a different story to tell with respect to the routinisation of innovations emerging more recently.

This review is the first engaging with the role of organisational capabilities for the development, scaling and spreading of innovation in ASC. Even though the ASC literature on how to develop, scale and spread innovation overall comes across as scattered and lacking central narratives, our review found that we could infer insights into what organisational capabilities are needed to innovate in the ASC sector. This suggests that there is potential for these ideas and the RBV perspective to inform ways of strengthening innovation in ASC.

The literature offers insights into what capabilities seem important for supporting innovation and how these can be developed, built, or brought into organisations, however, the strength of the evidence is still lacking and the important absences we discussed above have implications for the extent to which the literature can offer lessons for policy and practice. Rather the evidence we have collected suggests an 'agenda for action'; it points to areas that are important for developing, scaling and spreading innovations that require experimentation and more investigation to identify solutions.

The limitations of the evidence can partly be explained by the nature of the literature which focused on individual, or micro level, explanations for what was observed and tended to see the organisational, or meso level, and macro level (system) aspects as context. This crucially includes resources, especially funding and workforce, which were often reported as barriers, but the articles rarely engaged with the capabilities needed to overcome these barriers. Some of the absences identified may be explained by decisions we made on the strategy of the review, including search terms. For example, because we required the articles to explicitly be focused on an innovation (that is identified as such in the article) we

may have excluded some articles that did not explicitly identify the intervention or programme they were studying as an innovation.

Going forward, we need studies of innovation that attempt to draw out implications for ASC more broadly and consider meso and macro level explanations as well as micro-level. These studies need to be grounded in the ASC context and explore why and how key ASC actors, professionals and organisations struggle or succeed around innovation. For example, given the well-documented financial and workforce-related difficulties facing the sector it would seem critical for innovators to find ways to develop and grow capabilities to mobilise financial resources and this would be a key area for future collaborative research with innovation practitioners.

Through the literature review we were able to identify the importance of aspects like collaboration, leadership and learning for innovation. We can therefore provide very general advice to practitioners/innovators about what to focus on if they want to innovate, but we had limited examples about how to do this well and what in particular needs attention in the ASC context. We also lacked a good sense of what might help the sector and who needs the most support with which parts of this complex picture. Here again there is a need for more experimentation, supported by research.

Finally, an important learning point from this review is that the ASC community needs to become better at learning from innovation. This requires a step-change in how innovation is studied to facilitate more comparative and longitudinal studies of innovation that engage with relevant theories from the wider innovation and management literature. The few studies

with these characteristics provided much greater insight into the capabilities organisations might require for innovation, and the articles that followed innovations over time, in particular, brought to life the messiness of 'innovation journeys', requiring continuous reinvention and changes in direction. These more in-depth studies also brought the political nature of

innovation to the fore, illustrating the importance of a continued focus on relationships to overcome scepticism and resistance and maintain momentum in the face of threats to the continuation of the innovation. These lessons have informed our approach to the enquiry and we are taking them forward into the SASCI case studies.

- Amador, S., Goodman, C., Mathie, E., & Nicholson, C. (2016). Evaluation of an organisational intervention to promote integrated working between health services and care homes in the delivery of end-of-life care for people with dementia: understanding the change process using a social identity approach. *International Journal of Integrated Care*, 16(2).
- Argyle, E., & Kelly, T. (2015). Implementing person centred dementia care: a musical intervention. *Working with Older People*, 19(2), 77–84. www.emeraldinsight.com/loi/wwop
- Argyris, C. (1999). *On organizational learning*. 2nd edition. Oxford: Wiley-Blackwell.
- Barlow, J., Curry, R., Chrysanthaki, T. et al (2012). *Developing the Capacity of the Remote Care Industry to Supply Britain's Future Needs*.
- Barney, J. (1991). Firm Resources and Sustained Competitive Advantage. *Journal of Management*, 17(1), 99–120. <https://doi.org/10.1177/014920639101700108>
- Battilana, J., Leca, B., & Boxenbaum, E. (2009). How Actors Change Institutions: Towards a Theory of Institutional Entrepreneurship. *New Pub: Academy of Management*, 3(1), 65–107. <https://doi.org/10.1080/19416520903053598>
- Billings, J., & Davis, A. (2016). Developing a joint outcomes contracting model for integrated health and social care for older people. *Journal of Integrated Care*, 24(5/6), 282–299. www.emeraldinsight.com/loi/jica
- Bolden, R. (2011). Distributed Leadership in Organizations: A Review of Theory and Research. *International Journal of Management Reviews*, 13(3), 251–269. <https://doi.org/10.1111/J.1468-2370.2011.00306.X>
- Bown, H., Carrier, J., Hayden, C. et al (2017). *What works in community led support? Findings and lessons from local approaches and solutions for transforming adult social care (and health) services...* National Development Team for Inclusion. https://www.ndti.org.uk/uploads/files/What_Works_in_Community_Led_Support_First_Evaluation_Report_Dec_17.pdf
- Brady, T., & Hobday, M. (2011). *Projects and Innovation: Innovation and Projects*. *The Oxford Handbook of Project Management*, Oxford: Oxford University Press. <https://doi.org/10.1093/OXFORDHB/9780199563142.003.0012>
- Coghlan, A. T., Preskill, H., & Tzavaras Catsambas, T. (2003). An overview of appreciative inquiry in evaluation. *New Directions for Evaluation*, 2003(100), 5–22. <https://doi.org/10.1002/EV.96>
- Colombo, F., Llana-Nozal, A., Mercier, J. et al (2011). *Help Wanted?: Providing and Paying for Long-Term Care*. *OECD Health Policy Studies*, Paris, OECD Publishing. http://www.oecd-ilibrary.org/social-issues-migration-health/help-wanted_9789264097759-en
- Cramm, J., Phaff, S., & Nieboer, A. P. (2013). The role of partnership functioning and synergy in achieving sustainability of innovative programmes in community care. *Health and Social Care in the Community*, 21(2), 209–215. [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-2524](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2524)

- Damschroder, L., Hall, C., Gillon, L. et al (2015). The Consolidated Framework for Implementation Research (CFIR): progress to date, tools and resources, and plans for the future. *Implementation Science* 2015 10:1, 10(1), 1–1. <https://doi.org/10.1186/1748-5908-10-S1-A12>
- Department of Health and Social Care. (2021). People at the Heart of Care: Adult Social Care Reform White Paper.
- Dixon-Woods, M. (2011). Using framework-based synthesis for conducting reviews of qualitative studies. *BMC Medicine*, 9(1), 39. <https://doi.org/10.1186/1741-7015-9-39>
- Fagerberg, J., & Mowery, D. C. (2006). *The Oxford Handbook of Innovation*. Oxford: Oxford University Press, 1–680. <https://doi.org/10.1093/OXFORDHB/9780199286805.001.0001>
- Flemig, S., & Osborne, S. (2019). The Dynamics of Co-Production in the Context of Social Care Personalisation: Testing Theory and Practice in a Scottish Context. *Journal of Social Policy*, 48(4), 671–697. <https://doi.org/http://dx.doi.org/10.1017/S0047279418000776>
- Garud, R., Hardy, C., & Maguire, S. (2016). Institutional Entrepreneurship as Embedded Agency: An Introduction to the Special Issue. *Organization Studies*, 28(7), 957–969. <https://doi.org/10.1177/0170840607078958>
- Gillespie, S. M., Handler, S. M., & Bardakh, A. (2020). Innovation Through Regulation: COVID-19 and the Evolving Utility of Telemedicine. *Journal of the American Medical Directors Association*, 21(8), 1007–1009. <https://doi.org/10.1016/J.JAMDA.2020.06.054>
- Grant, R. M. (1996). *Toward a knowledge-based theory of the firm*. *Strategic Management Journal*, 17(S2), 109–122. <https://doi.org/10.1002/SMJ.4250171110>
- Greenhalgh, T., Robert, G., Macfarlane, F. et al (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *Milbank Quarterly*, 82(4) 581–629. <https://doi.org/10.1111/j.0887-378X.2004.00325.x>
- Greenhalgh, T., Robert, G., MacFarlane, F. et al (2005). Storylines of research in diffusion of innovation: A meta-narrative approach to systematic review. *Social Science and Medicine*, 61(2), 417–430. <https://doi.org/10.1016/j.socscimed.2004.12.001>
- Hansen, J. R., & Ferlie, E. (2016). Applying Strategic Management Theories in Public Sector Organizations: Developing a typology. *Public Management Review*, 18(1), 1–19. <https://doi.org/10.1080/14719037.2014.957339>
- Hendy, J., & Barlow, J. (2012). The role of the organizational champion in achieving health system change. *Social Science and Medicine*, 74(3), 348–355. <https://doi.org/http://dx.doi.org/10.1016/j.socscimed.2011.02.009>
- Hoedemakers, M., & Et, A. (2019). Integrated care for frail elderly: a qualitative study of a promising approach in the Netherlands. *International Journal of Integrated Care*, 19(3). <https://doi.org/10.5334/ijic.4626>
- Holdsworth, L. M. (2019). Conceptualizing “project resiliency”: a qualitative study exploring the implementation of coordinated care within a context of system change. *Journal of Integrated Care*, 27(2), 163–172. <https://doi.org/10.1108/JICA-07-2018-0049>
- Holley, L., Kelly, C., Deichert, J. et al (2018). Strategic partnerships enhance resources for care of rural-dwelling older adults. *Quality in Ageing and Older Adults*, 19(4), 242–250. <https://doi.org/10.1108/QAOA-12-2017-0053>

- Holley-Moore, G., & Beach, B. (2016). Innovate to alleviate: exploring how the role of an enhanced care worker could address skills shortages in the social care sector. *International Longevity Centre UK*. <https://ilcuk.org.uk/wp-content/uploads/2018/10/ILC-UK-Innovate-to-Alleviate.pdf>
- Jamieson, M., & Grealish, L. (2016). Co-operative working in aged care: The Cooperative for Healthy Ageing Research and Teaching Project. *Australasian Journal on Ageing*, 35(3), E22-8. <https://doi.org/https://dx.doi.org/10.1111/ajag.12324>
- Johnston, L., & Wilson, G. (2017). *Changing together: brokering constructive conversations: main report*. Social Care Institute for Excellence. www.scie.org.uk/future-of-care/changing-together/main-report
- Kirkeveld, M. (2018). Teaching nursing homes: the Norwegian experience 20 years on. *Journal of Research in Nursing*, 23(2/3), 254–264. <https://doi.org/10.1177/1744987118756478>
- Kloos, N., Drossaert, C. H. C., Trompetter, H. R. et al (2020). Exploring facilitators and barriers to using a person centered care intervention in a nursing home setting. *Geriatric Nursing*, 41 (6), 730-739. <https://doi.org/https://dx.doi.org/10.1016/j.gerinurse.2020.04.018>
- Kreindler, S. A. (2016). What if implementation is not the problem? Exploring the missing links between knowledge and action. *The International Journal of Health Planning and Management*, 31(2), 208–226. <https://doi.org/10.1002/HPM.2277>
- Kreindler, S. A., Dowd, D. A., Dana Star, N. et al (2012). Silos and social identity: the social identity approach as a framework for understanding and overcoming divisions in health care. *The Milbank Quarterly*, 90(2), 347–374. <https://doi.org/10.1111/J.1468-0009.2012.00666.X>
- Kruse, C. S., Marquez, G., Nelson, D. et al (2018). The use of health information exchange to augment patient handoff in long-term care: a systematic review. *Applied Clinical Informatics*, 9(4), 752–771. <https://doi.org/https://dx.doi.org/10.1055/s-0038-1670651>
- Lee, C. Y., Beanland, C., Goeman, D. et al (2015). Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. *BMC Health Services Research*, 15, 460. <https://doi.org/https://dx.doi.org/10.1186/s12913-015-1120-9>
- Macmillan, T., Gallagher, J., Ronca, M. et al (2018). *Evaluation of the Homeshare pilots: final report*. Lloyds Bank Foundation. www.scie.org.uk/prevention/connecting/homesharepilot
- Mostaghel, R. (2016). Innovation and technology for the elderly: Systematic literature review. *Journal of Business Research*, 69(11), 4896–4900. <https://doi.org/10.1016/j.jbusres.2016.04.049>
- Murray, E., Treweek, S., Pope, C. et al (2010). Normalisation process theory: A framework for developing, evaluating and implementing complex interventions. *BMC Medicine*, 8(1), 1–11. <https://doi.org/10.1186/1741-7015-8-63/TABLES/3>
- Needham, C. (2015). *Micro-enterprises: small enough to care?* University of Birmingham. www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/research/micro-enterprise/Micro-enterprise-full-report,-final.pdf
- Nieboer, A. P., Pijper, V., & Strating, M. M. H. (2011). Implementing community care for people with intellectual disability: the role of organizational characteristics and the innovation's attributes. *Journal of Applied Research in Intellectual Disabilities*, 24(4), 370–380.

- Nolte, E., Frølich, A., Hildebrandt, H. et al (2016). Implementing integrated care: a synthesis of experiences in three European countries. *International Journal of Care Coordination*, 19(1–2), 5–19.
- OECD. (2020). Who Cares? Attracting and Retaining Elderly Care Workers. *OECD Health Policy Studies*. Paris, OECD Publishing. <https://doi.org/10.1787/92C0EF68-EN>
- OECD/Eurostat. (2018). *Oslo Manual 2018: Guidelines for Collecting, Reporting and Using Data on Innovation, 4th Edition, The Measurement of Scientific, Technological and Innovation Activities*, Paris/Eurostat, OECD Publishing. Luxembourg. <https://doi.org/10.1787/9789264304604-en>.
- Olsen, L. A., Aisner, D., & McGinnis, J. M. (2007). The Learning Healthcare System: Workshop Summary. *The Learning Healthcare System*, 1–354. <https://doi.org/10.17226/11903>
- OPSI. (2018). How do we Make it Happen? Implementing Public Sector Innovation.
- Osborne, S. P., & Brown, K. (2005). *Managing change and innovation in public service organizations. Managing Change and Innovation in Public Service Organizations*, 1st Edition, London: Routledge. <https://doi.org/10.4324/9780203391129>
- Pawson, R., Boaz, A., Grayson, L. et al (2003). *Knowledge Review 3: Types and quality of social care knowledge*. Social Care Institute for Excellence.
- Pawson, R., & Tilley, Nick. (1997). Realistic evaluation. *The Social Science Journal*, 41(1), 153–154.
- Pearson, C., & Watson, N. (2018). Implementing health and social care integration in Scotland: Renegotiating new partnerships in changing cultures of care. *Health & Social Care in the Community*, 26(3), e396–e403. <https://doi.org/https://dx.doi.org/10.1111/hsc.12537>
- Pennacchia, J. (2013). *Exploring the Relationships Between Evidence and Innovation in the Context of Scotland's Social Services*. Institute for Research and Innovation in Social Services.
- Peschery, J. V., Pappas, Y., & Randhawa, G. (2018). Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Services Research*, 18. <https://doi.org/http://dx.doi.org/10.1186/s12913-018-2893-4>
- Petticrew, M. (2015). Time to rethink the systematic review catechism? Moving from “what works” to “what happens.” *Systematic Reviews*, 4(1), 1–6. <https://doi.org/10.1186/S13643-015-0027-1/PEER-REVIEW>
- Rogers, E. (1995). *The diffusion of innovations*. 4th edition, Free Press.
- Shah, T., Wilson, L., Booth, N. et al (2019). Information-sharing in health and social care: lessons from a socio-technical initiative. *Public Money and Management*, 39(5), 359–363. <https://doi.org/10.1080/09540962.2019.1583891>
- Shaw, J. A., Kontos, P., Martin, W., & Victor, C. (2017). The institutional logic of integrated care: an ethnography of patient transitions. *Journal of Health Organization and Management*, 31(1), 82–95. <https://doi.org/http://dx.doi.org/10.1108/JHOM-06-2016-0123>
- Social Care Institute for Excellence. (2018). Growing innovative models of health, care and support for adults. *Future of Care*, 6.

- Spasova, S., Baeten, R., Coster, S. et al (2019). *Challenges in long-term care in Europe. A study of national policies*. European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Publications Office.
- Stanton, M., Ali, S., & The Sustain Centre Team (2022). A typology of power in implementation: Building on the exploration, preparation, implementation, sustainment (EPIS) framework to advance mental health and HIV health equity. *Implementation Research and Practice*, 3. <https://doi.org/10.1177/26334895211064250>
- Stocker, R., Bamford, C., Brittain, K. et al (2018). Care home services at the vanguard: a qualitative study exploring stakeholder views on the development and evaluation of novel, integrated approaches to enhancing healthcare in care homes. *BMJ Open*, 8(3), e017419. <https://doi.org/https://dx.doi.org/10.1136/bmjopen-2017-017419>
- Swan, J., Gkeredakis, E., Manning, R. M. et al (2017). Improving the capabilities of NHS organisations to use evidence: a qualitative study of redesign projects in Clinical Commissioning Groups. *Health Services and Delivery Research*, 5(18), 1–112. <https://doi.org/10.3310/hsdr05180>
- Tan, S., Fraser, A., Giacomantonio, C., Kruithof, K. et al (2015). *An evaluation of Social Impact Bonds in health and social care: interim report*. Policy Innovation Research Unit. http://www.piru.ac.uk/assets/files/Trailblazer_SIBs_interim_report_March_2015_for_publication_on_PIRU_siteapril_amendedpdf11may.pdf
- Thistlethwaite, P. (2011). *Integrating health and social care in Torbay: improving care for Mrs Smith*. www.kingsfund.org.uk/publications/integrating_health_1.html
- Thornton, P. H. (2012). *The Institutional Logics Perspective: A New Approach to Culture, Structure, and Process*. Oxford: Oxford University Press. <https://philpapers.org/rec/THOTIL>
- Torring, J. (2016). Collaborative innovation in the public sector. *Collaborative Innovation in the Public Sector*, 1–353. <https://doi.org/10.4337/9781849809740.00032>
- Tranfield, D., Denyer, D., & Smart, P. (2003). Towards a Methodology for Developing Evidence-Informed Management Knowledge by Means of Systematic Review. *British Journal of Management*, 14(3), 207–222. <https://doi.org/10.1111/1467-8551.00375>
- van de Ven, A., Polley, D., & Garud, R. (2008). *The Innovation Journey*. Oxford, Oxford University Press.
- van Haefen-van Dijk, A. M., Meiland, F. J. M., van Mierlo, L. et al (2015). Transforming nursing home-based day care for people with dementia into socially integrated community day care: process analysis of the transition of six day care centres. *International Journal of Nursing Studies*, 52(8), 1310–1322. <https://doi.org/https://dx.doi.org/10.1016/j.ijnurstu.2015.04.009>
- Ward, G., Fielden, S., Muir, H. et al (2017). Developing the assistive technology consumer market for people aged 50-70. *Ageing and Society*, 37(5), 1050–1067. <https://doi.org/http://dx.doi.org/10.1017/S0144686X16000106>
- Warwick-Booth, L., South, J., Giuntoli, G. et al (2020). 'Small project, big difference': capacity building through a national volunteering fund: an evaluation of the Department of Health's Health and Social Care Volunteering Fund. *Voluntary Sector Review*, 11(1), 21–40. <https://doi.org/http://dx.doi.org/10.1332/204080520X15786512944458>
- Waterman, R. H., Peters, T. J., & Phillips, J. R. (1980). Structure is not organization. *Business Horizons*, 23(3). [https://doi.org/10.1016/0007-6813\(80\)90027-0](https://doi.org/10.1016/0007-6813(80)90027-0)
- Wenger, E. (2002). Communities of practice: learning, meaning, and identity. *The Systems Thinker*, 9. <https://doi.org/10.2277/0521663636>

Wernerfelt, B. (1984). *A resource-based view of the firm*. *Strategic Management Journal*, 5(2), 171–180. <https://doi.org/10.1002/SMJ.4250050207>

Wolfe, R. A. (1994). ORGANIZATIONAL INNOVATION: REVIEW, CRITIQUE AND SUGGESTED RESEARCH DIRECTIONS. *Journal of Management Studies*, 31(3), 405–431. <https://doi.org/10.1111/j.1467-6486.1994.tb00624.x>

Wright, J. (2021). The Alexaification of Adult Social Care: Virtual Assistants and the Changing Role of Local Government in England. *International Journal of Environmental Research and Public Health* 18(2), 812. <https://doi.org/10.3390/IJERPH18020812>

TABLE 1: SEARCH STRATEGY

Concept	Search string
Social care	("social care" OR "long-term care" OR "aged care" OR "community care" OR "supported living" OR "independent living" OR "disab*" OR "care and support")
	("third sector" OR "civil society" OR "community capacity" OR "community development")
	("local government" OR "municipal")
	("home care" OR "care agency" OR "domiciliary care" OR "care home" OR "residential care" OR "day centre" OR "nursing home" OR "technology enabled care")
Innovation	("social innovation" OR "policy innovation" OR "business innovation" OR innovation)
	"public service mutual" OR "cooperative" OR "social enterprise" OR "spin-out" OR "integration"
Capabilities	(capabilit* OR "innovation capabilit*") ("absorptive capacity" OR "organisational ambidexterity" OR "core competen*" OR "dynamic capabili*")
	("business strategy" OR "business model" OR "change management" OR "innovation management" OR "project management" OR "management capabilities")
	"leadership" OR "peer learning" OR "learning" OR "mutual learning" OR "human resource" OR skill* OR "adaptability" OR "mentoring"
	"design" OR "co-production" OR "co-creation" OR tech* OR infrastructure OR "data analy*")
	"knowledge management" OR "research" OR "evidence" OR "knowledge transfer" OR "knowledge sharing" OR "knowledge mobilisation" OR "knowledge exchange" OR "knowledge transmission" OR "knowledge translation"
	OR "implementation"

FIGURE 1: PRISMA DIAGRAM OF SEARCH AND EXCLUSION PROCESS

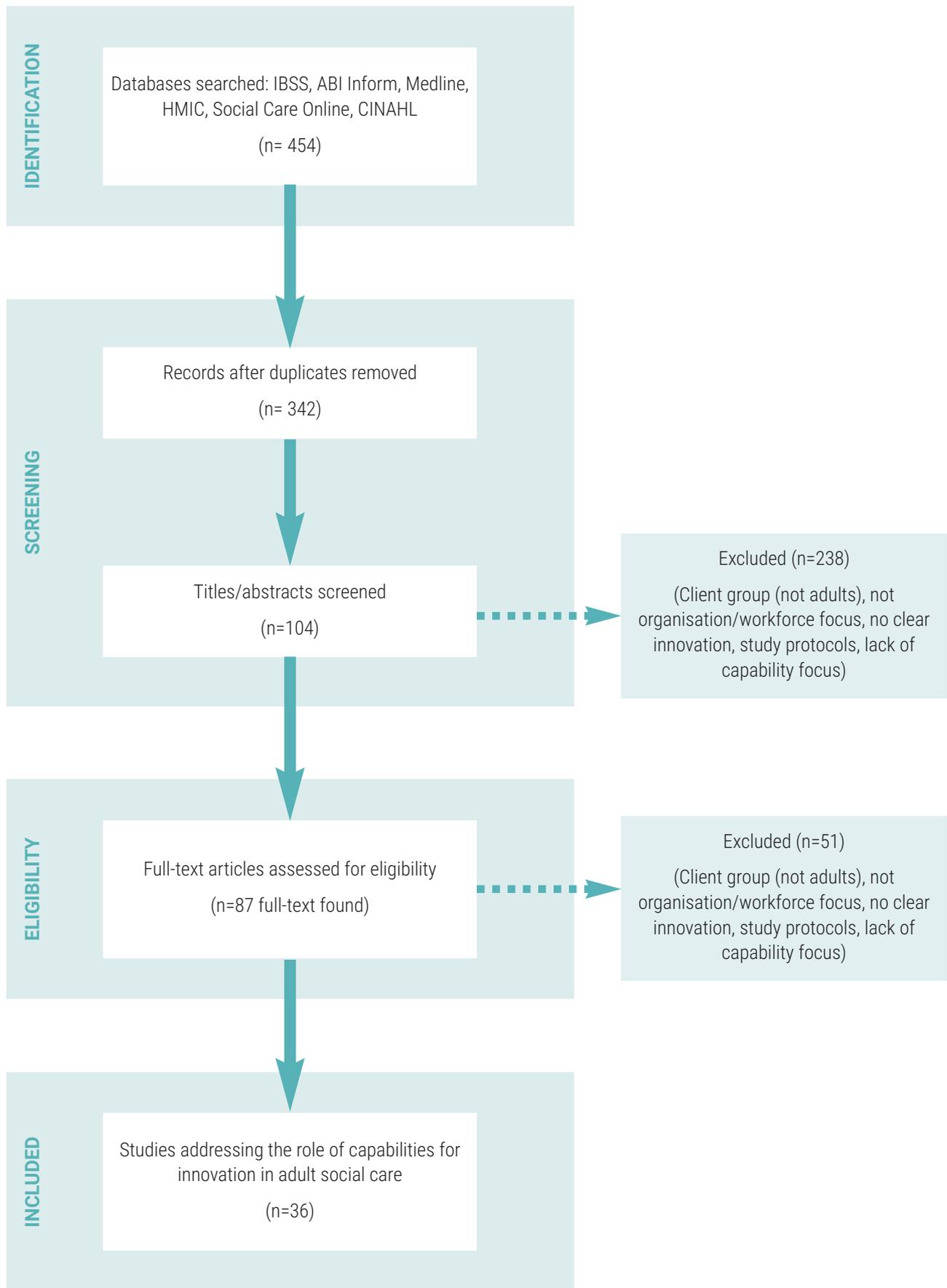


TABLE 2: AREA OF POLICY AND PRACTICE AND PERSPECTIVES USED IN THE ARTICLES

Paper	Area of policy and practice	Perspective/lens
Amador et al., (2016)	Integration	Social psychology
Argyle & Kelly, (2015)	Dementia research	Barriers and facilitators approach
Billings & Davis (2016)	Integration	Action research/co-produced research (participative)
Bown et al. (2017)	Social care	Implementation research
Cramm et al.(2013)	Social care	Organisational studies
Flemig & Osborne (2019)	Social care	Social policy/sociology
Fullwood (2018)	Social care	Service improvement
Gradinger et al. (2019)	Integration	Knowledge mobilisation
Henderson et al. (2019)	Social care (person centred care)	Historical Institutionalism
Hendy & Barlow (2012)	Technology enabled care/ICT	Organisational science (management)
Hoedemakers et al. (2019)	Integration	Policy analysis
Holdsworth (2019)	Integration	Implementation science
Holley et al. (2018)	Social care	Care services research
Holley-Moore & Beach (2016)	Social care	Implementation research
Jamieson & Grealish (2016)	Social care	Implementation
Kirkevold, 2018,	Social care	Barriers facilitators approach/policy analysis
Kloos et al. (2020)	Social care	Implementation science
Kruse et al. (2018)	Technology enabled care/ICT	Systematic review
Lee et al. (2015)	Integration	Implementation research
Macmillan et al. (2018)	Social care (community)	Policy analysis
Mangan et al. (2016)	Integration	Organisational studies
Martin & Manley (2017)	Integration	Care services research
Musselbrook & Daly (2020)	Technology enabled care/ICT	Policy analysis (service delivery)
Needham et al. (2015)	Social care	Public administration
Nieboer et al. (2011)	Social care	Organisational studies
Nolte et al. (2016)	Integration	Implementation research
Pearson & Watson (2018)	Integration	Implementation research (transformative change)
Pescheny et al. (2018)	Social prescribing	Systematic review
Johnston & Wilson (SCIE) (2017)	Integration	Policy analysis
Shah et al. 2019	Technology enabled care/ICT	Public administration
Shaw et al. (2017)	Integration	Organisational studies (institutional theory)
Stocker et al. (2018)	Integration	Implementation research (change management)
Tan et al (2015)	Social care	Policy analysis
Thistlethwaite, (2011)	Integration	Policy analysis
van Haefen-van Dijk et al. (2015)	Social care (dementia)	Implementation science
Ward et al. (2017)	Social care	Business studies
Warwick-Booth et al. (2020)	Social care (volunteering)	Care services research