INNOVATING VALUE IN SOCIAL CARE

Learn here about innovating value in social care through leadership and artificial intelligence for outcome-driven transformation

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Social care plays a vital role in supporting independence, safety and well-being, yet it lacks a coherent value framework comparable to those emerging in healthcare. Recent work on Value-Based Healthcare (VBHC) shows that artificial intelligence (AI) delivers system-level value only when aligned with leadership, data infrastructures and collaborative governance (Rees et al., 2025). Technology alone is insufficient; organisational and social capabilities determine whether AI moves beyond isolated pilots.

Extending this perspective into social care, we argue that its ethical and relational dimensions – autonomy, dignity, relational support and subjective well-being – require a reconceptualisation of value. We propose Value-Based Health *and* Care (VBH&C), integrating social care into a broader value paradigm supported by AI-enabled measurement and commissioning structures that align incentives with meaningful human outcomes.

From VBHC to VBH&C

VBHC has evolved rapidly, emphasising outcome measurement, patient-centred value creation and system-wide accountability. Value is typically defined as outcomes relative to cost, supported by interoperable data and multi-stakeholder leadership (Katz & Martens, 2020). Evidence shows that scaling AI in VBHC depends on leadership operating systems, trust-by-design and collaborative data ecosystems (Rees et al., 2025).

Social care, however, is shaped by fragmented funding, variable regulation and inconsistent outcome measurement. Whereas healthcare focuses on clinical efficacy and patient-reported outcomes, social care emphasises autonomy, relational quality and participation. These differences demand a distinct conceptualisation of value that accommodates subjective and contextual outcomes. Crucially, success in social care may mean maintaining rather than improving well-being or independence.

Conceptualising value in social care

We define value in social care as the extent to which interventions enhance four interconnected domains:

- **Independence** – self-direction and everyday agency.
- **Safety** – protection from harm and avoidable crises.
- **Well-being** – emotional, social and psychological health.
- **Dignity** – respect for identity, autonomy and privacy.

These domains blend objective and subjective elements and cannot be captured by administrative metrics such as hours of care or task completion. Instead, they require richer, dynamic data reflecting lived experience and trajectories over time – data increasingly accessible through digital technologies and AI.

The role of AI in VBH&C

AI can transform how value is generated and assessed in social care by providing continuous, granular insights unavailable in traditional reporting.

- **Independence indicators** – activity pattern analysis, remote monitoring and predictive modelling of deterioration.

- **Safety indicators** – fall-risk prediction, anomaly detection and medication adherence analytics.
- **Well-being indicators** – natural language processing of care notes, social engagement metrics, and wearable-derived physiological signals, alongside structured measures such as EQ-5D-5L, SF-36, and ZBI-4 (Herdman et al., 2011).
- **Dignity indicators** – qualitative feedback analysis, communication pattern assessment and privacy-preserving monitoring.

Together, these tools create a multidimensional evidence base for care quality.

AI also supports value creation. Predictive systems enable personalised care planning by anticipating needs before escalation. Decision-support tools help staff prioritise work that enhances dignity and well-being. Automation of documentation and scheduling reduces administrative burden, freeing time for relational care – a core contributor to dignity and well-being.

However, these capabilities carry sociotechnical risks. Poorly governed monitoring can erode privacy and autonomy. Biased algorithms may reinforce inequalities. Over-reliance on quantifiable metrics risks crowding out relational aspects of care. Ethical frameworks grounded in human rights, transparency and participatory governance are essential (Coeckelbergh, 2020; Held, 2006).

Leadership as a system enabler

Leadership is central to implementing AI-enabled VBH&C. Leaders must articulate a clear vision of value grounded in independence, safety, well-being and dignity, achieved at the lowest possible cost. They build organisational readiness by establishing ethical data governance, fostering trust in AI and ensuring technology investments align with person-centred priorities (Dye, 2023).

Operational leadership is equally important. Managers must integrate AI insights into workflows in ways that support professional judgement rather than replace it. Leaders cultivate open communication, co-production and shared decision-making, creating conditions for continuous learning and responsible innovation (Heifetz et al., 2009).

Leadership acts as the connective infrastructure linking technological capability to system outcomes. Without committed, ethically grounded leadership, AI adoption risks fragmentation or misalignment with user needs.

Outcome measurement and governance

Operationalising VBH&C requires multidimensional outcome frameworks that capture lived experience while remaining interpretable for commissioners and providers. Leadership shapes these frameworks by defining meaningful outcomes, setting expectations for transparency, and ensuring that measurement reflects independence, safety, well-being, and dignity.

Evidence from value-based outcomes frameworks in reablement services shows that success depends on organisational structures, clarity of roles, relevance of outcomes and practitioner engagement – factors closely tied to leadership and governance capacity (Cooke & Laing, 2026).

Governance structures rely on leadership stewardship. Transparent algorithmic design, responsible data use, bias auditing and robust consent processes require deliberate action. Leaders must ensure staff understand how AI-generated outcomes are used and foster cultures that prioritise fairness, accountability, and relational integrity.

Commissioning reform in an AI-enabled system

Traditional activity-based commissioning is increasingly misaligned with the personalised, outcomes-oriented ethos of VBH&C. Leaders must shift commissioning away from input hours and tasks toward rewarding outcomes that matter to service users: independence, safety, well-being and dignity.

In an AI-enabled environment, leaders must interpret complex outcome intelligence, steward adaptive contracts, ensure ethical data-sharing infrastructures and build provider relationships grounded in shared responsibility for value. Leadership is essential to preventing AI-driven commissioning from becoming reductive or overly metricised.

By combining AI insights with principled leadership, commissioning reform becomes a cultural shift toward value generation rather than a technical redesign.

Ethical and sociotechnical considerations

Ethical AI implementation requires leadership that foregrounds dignity, autonomy, justice and relational quality. Leaders must mediate tensions between innovation and the personal nature of care, ensure co-design with service users, and provide accessible mechanisms for redress and contestability.


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Social care's complexity – high workforce turnover, variable digital literacy and diverse providers – requires leaders who can build coherence and digital confidence. Inclusive, explainable and participatory deployment approaches are essential to ensuring AI augments rather than displaces relational work (Gurumoorthy et al., 2025; Mitchell, 2022).

Conclusion

VBH&C extends value-based principles into a domain where value is relational and multidimensional. Aligning AI with this conception offers the potential for more responsive, person-centred and sustainable social care. But leadership determines whether this potential is realised. Leaders must shape definitions of value, guide cultural and technological transitions, and ensure that AI enhances autonomy, dignity, and well-being.

AI may illuminate new forms of value, but leadership determines whether that value is realised at scale. Future empirical work should examine not only AI-driven value-based models but also the leadership practices and organisational conditions that enable them to succeed.

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