

WHO CARES?

THE ROLE THAT ENTREPRENEURS AND
TECHNOLOGY CAN PLAY IN IMPROVING
INFORMAL CARE IN THE UK

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We invest in life-changing innovations that help tackle the major challenges faced by older people, children and communities in the UK.

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INTRODUCTION

The UK population is ageing, and with this shift comes a growing demand for care services. Before long, the current system of care will no longer be able to meet this demand. Communities, older people and their families, policymakers, public service commissioners, social ventures and investors must all play their part in redesigning our care system to respond to the challenge.

In this paper, we focus particularly on the vital role of informal care provided by older people's friends and family. Informal care helps maintain wellbeing and can prevent or delay a person's transition to expensive professional care. Informal care is demanding on carers, juggling caring for older people and children with work and family life. With demand for informal care growing substantially, this paper explores the need for new tools and services to encourage greater supply of informal care and greater support for informal carers. We have identified the significant role social entrepreneurs and digital technology can play in providing such innovation, and we believe this creates a compelling case for impact investment in the informal care sector.

OUR AGEING SOCIETY

The population of the UK is getting older, and this demographic shift is set to continue over the coming decades, with dramatic economic, political and social implications. Ageing is often talked about as a burden or a crisis waiting to happen. But this negative perception ignores the huge contribution that older people can make in the workplace, in the community and in family life.

The House of Lord's Committee on Public Services and Demographic Change concluded that *"the Government and our society are woefully unprepared"* for our rapidly ageing population. *"Longer lives can be a great benefit but...without urgent action this great boon could turn into a series of crises".¹*

We need to prepare for what lies ahead, identify areas of need and respond accordingly. One of the biggest challenges on the horizon will be to ensure older people can access the support they need to live a good quality of life. The provision of public sector support is understandably targeted at those with high care needs, but to improve more older people's quality of life, we also need to improve preventative support and build effective networks of 'informal care' to provide emotional and practical support.

WHAT DO WE MEAN BY INFORMAL CARE?

Informal care is the unpaid help and support that family, friends and communities provide to ill, frail or disabled people. This type of care ranges from the light-touch to the more intense. For example, it might involve doing shopping, cooking and home repairs to help an older person live independently at home; or it might involve more intense personal care and help to manage long-term health conditions.

WHO ARE WE?

Nesta Impact Investment is a fund committed to investing for both social and financial return. Our approach to social impact investing is to target areas of high need where innovation can bring about social change. Our aim is to support the best innovations, bringing investment capital alongside our networks and expertise to take these innovations to scale across the UK.

WHY DO WE CARE?

We have identified informal care as a market ripe for disruptive innovation, and we believe social entrepreneurs have a key role to play.

We have identified informal care as an area of welfare strongly in need of disruptive innovations, and we have found that social entrepreneurs have a key role to play in building impactful, scalable and sustainable new products and services in this space.

We have identified how innovations emerging in the informal care field seek to increase the supply of informal care and to improve the efficiency of informal care (examples of both are explored later in this paper). In many cases technology is the crucial delivery tool for such innovations. The increased adoption and reduced cost of digital technology has opened up the opportunity to deliver low cost, personalised solutions at scale.

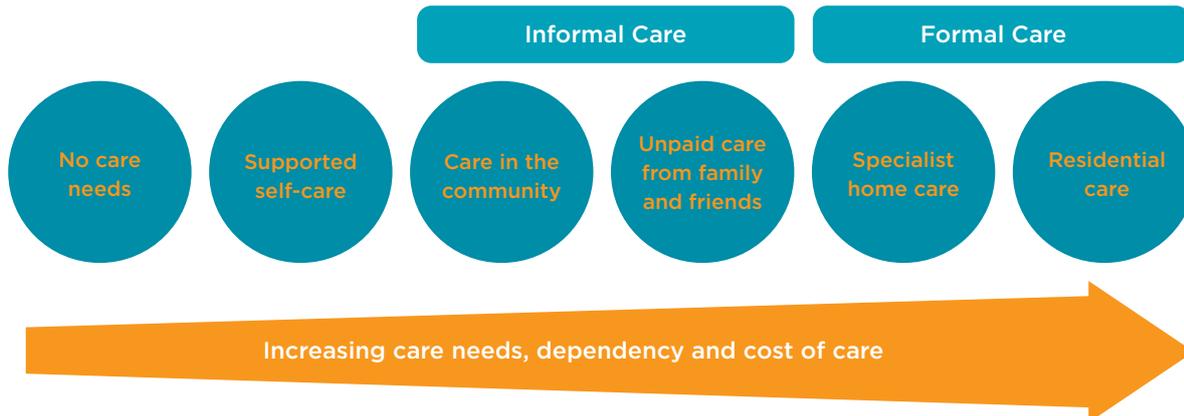
“ The time bomb that is our ageing population is increasingly well documented. The implications for demand on care services are profound, public spending can't keep up. Social entrepreneurs are developing solutions that can avoid the looming crisis, solutions which can also be highly successful businesses over time. But in order to achieve the scale of impact necessary to tackle the problem these entrepreneurs need investment capital. Now is the time for impact investors to engage with this serious social need which is also a significant economic opportunity. ”

Joe Ludlow, Impact Investment Direct, Nesta Impact Investments.

Based on our experience, our analysis of the market and our analysis of emerging innovations, this paper outlines the opportunities for social entrepreneurs and the key challenges of building scalable and sustainable innovations that can make an impact in the field of informal care and improve older people's lives and their carers.

THE NEED FOR MORE PROACTIVE, PREVENTATIVE MODELS OF CARE

In later years, most people experience a range of dependency and care needs:



Older people's experiences are not always as linear as this diagram represents. For example, some need spells of residential care before returning home to live independently; others straddle different care needs, perhaps needing informal care and specialist home care at the same time.

Nevertheless, for many older people, this is a spectrum of decline, so our priority must be to slow it down. The existing model of care in the UK is typically a reactive transactional model, providing specialist professional care to those at the end of the spectrum who are most in need.

To improve health and wellbeing and delay the need for expensive professional care, we need to be more proactive, creating new ways of providing support that increase quality of life at an early stage.

Such preventative interventions need to be targeted at a very early stage, even before people have care needs. Nesta's report *Five Hours a Day* explores the factors that impact on quality of life. It suggests having a sense of purpose and of wellbeing, and feeling at home and connected to others, contribute to improving lives.²

Although not covered in this paper, supported self-care has a huge role to play. Giving people information and tools to identify and manage health issues early on can improve their quality of life. A lot of focus is on how we change and improve the supply of care. Better self-care and health management can help to change the demand for care which can have a significant impact on reducing the need for costly formal interventions.

Informal care has an important role to play when people have care needs. Practical and emotional support from family, friends and the wider community that help to meet those needs enable a person to live well and independently for longer.

THE ECONOMIC IMPERATIVE

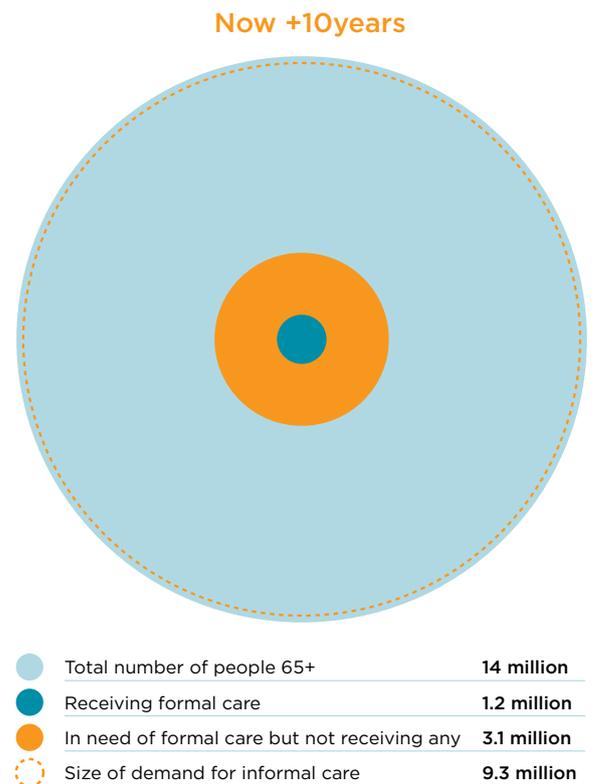
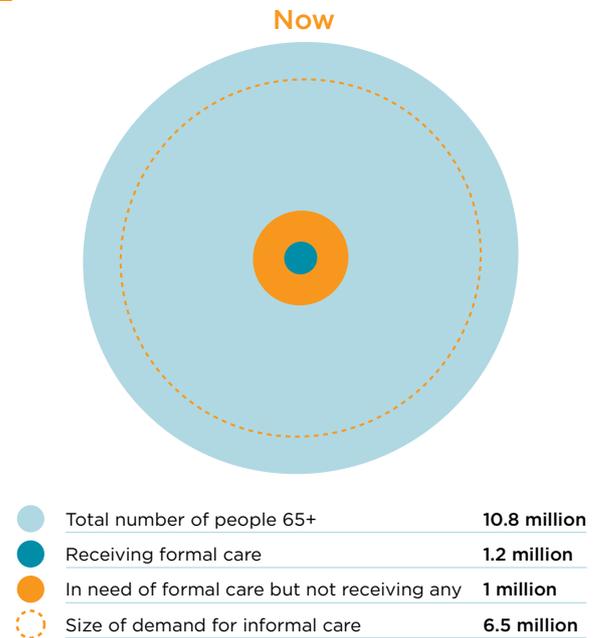
The demand for care

There are currently 10.8 million people over the age of 65 in the UK.³ Approximately 2.2 million people, 20 per cent of this market, have formal care needs. About 450,000 older people are living in residential care homes and 750,000 are receiving some kind of home care. However, the remaining one million reportedly have care-related needs but do not receive any formal support from public or private agencies⁴ and are reliant on informal care if it is available to them.

However, demand for informal care goes beyond those older people reporting a care need. Although some may receive informal care for high care needs from friends and family in place of formal care, many more may benefit from support for lower level care needs, such as help with shopping and household tasks that support people to live independently. Therefore we estimate that up to 65 per cent of older people could benefit from some kind of informal care, meaning the market for informal care for older people is currently over 6.5 million. We need to remember that this is not a homogenous market; the need and intensity of care will vary greatly between individuals.

If we look forward ten years, the population of older people is projected to grow by over 35 per cent to 14 million. The population of 'older old' is set to grow at a much faster rate. According to ONS, by 2033 the number of people over 85 is set to double, the population of 90+ is set to triple and the number of people aged 95 and over is projected to more than quadruple. As a consequence we can assume that the number of people with high care needs, requiring formal care will increase at a much faster rate than the already rapidly growing older population.

For example, if we assumed that the number of people with formal care needs doubles in the next ten years but due to funding constraints the provision of formal care remains static, then there will be 14 million older people, 4.4 million with formal care needs, 3.1 million of which is unmet. This would mean the demand for informal care grows to over 9.3 million people, with the biggest growth coming from the older old, likely to have the highest care needs.



The supply of care

Currently over half of all NHS spending and over half of Adult Social Care Budget is spent on people over 65. This will need to triple over the next 20 years just to keep pace with the ageing population.⁵ Yet significant cuts are being made to public sector budgets and this trend is set to continue.

With public funding under strain, councils have been forced to make 20 per cent cuts in adult care budgets over the last three years.⁶ While the majority of cuts were reportedly achieved through efficiency savings, adult social care was the sector that was hardest hit, and this trend is set to continue. An estimated 72 per cent of councils have already restricted access to state funded homecare services to those with 'substantial or critical' needs,⁷ and this trend is set to continue.

The result of increasing life expectancy and declining birth rates mean that the age dependency ratio (the ratio of older dependents to working age population) in the UK is growing. This will put a significant strain on public sector support, funded through taxation. Importantly it will also reduce the relative supply of informal carers from family as the number of older people in need of care outstrips the number of adult children able to provide it. The Institute for Public Policy Research predict this 'family care gap' will occur for the first time in 2017.⁸

The challenge will be, on the supply side how to deliver 'more for less' in the face of a growing older population; and on the demand side, how to reduce the need for costly formal care. This is one of the biggest economic imperatives of our time.

“ There is no doubt that we are seeing high demand for services at a time when we are having to make tough decisions about funding and budgets. In Stockport we expect a 70 per cent increase in our over 65 population by 2050, while young people and working age populations are set to increase only by around 10 per cent. We need to find new ways to enable communities to come together to form a vision for their own future, and to shape and direct the services they use. Social ventures are well-placed to offer innovative solutions and help us change the way we work with older people and their families. ”

Nick Dixon, Commissioning Manager, Stockport MBC,

The social imperative

The care of older people is far more than just an economic issue. When debating how to fund formal care, we cannot ignore the fact that most people are reluctant to use it. Provision is often limited and the quality of service can be poor. Disability Charity Leonard Cheshire found that two-thirds of councils are only providing 15 minute care visits, visits which are too short to support people with dignity and recipients of this care report having to choose between going to the loo, getting dressed or eating.⁹ According to a YouGov poll, 70 per cent of UK adults would feel scared about moving into a care home, and the vast majority of people want to ‘age in place’ (live independently in their own home as they age).

Physical and mental health are crucial to independent living and general quality of life in older age. But while the average life span is increasing, the average healthy life span is not increasing at the same rate. Simple solutions could have a big impact here. For example: medication reminders can increase adherence to treatments from 50 per cent to 96 per cent;¹⁰ practical help can empower people to live independently and feel safe; reducing isolation has significant health benefits; and low-level monitoring is an effective way of identifying and responding to acute events.

Improving health and wellbeing increases ‘healthy life expectancy’. Healthy people are more likely to stay socially connected, physically active and economically active – factors known to improve people’s quality of life.

“ A tension at the heart of the care debate is between care as a transaction with a price tag and care as an intrinsic emotion and instinct. A lot of different tasks and needs are bundled into the word ‘care’ and it is worth differentiating between quasi-clinical and intimate support (with bathing, dressing and so on) and much broader, relational needs that all of us have - to have people we trust to talk to, to be listened to, to be loved and valued – as well as tasks that don’t require professionals, such as picking up a pint of milk or sharing a cup of tea.

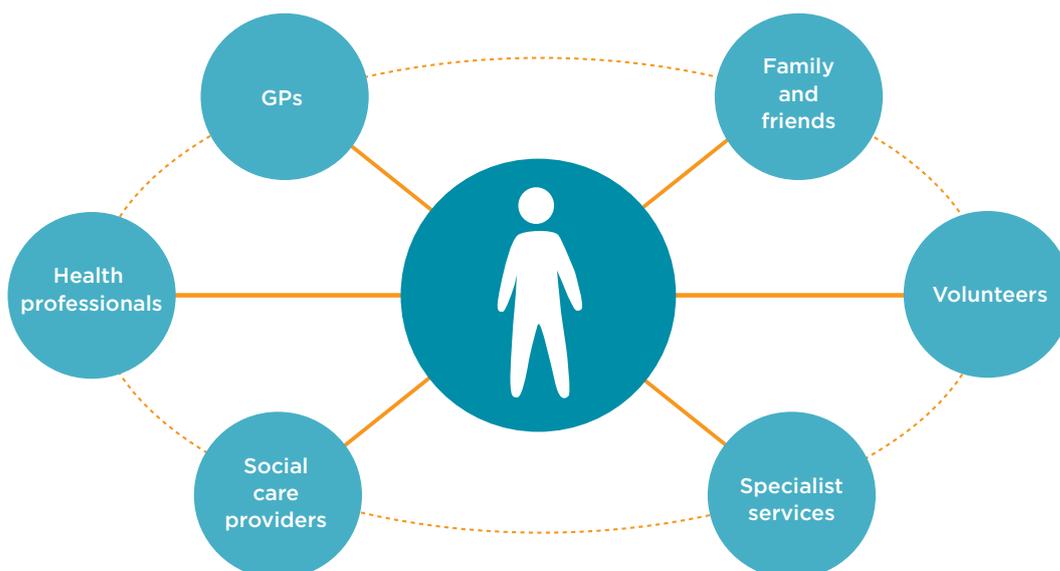
Building social fabric is key to addressing the care gap and this will need to happen in many different ways, whether brokering conversations between neighbours, creating inter-generational friendships, combining family support with other sources of support or building communities of interest that bind people together. A stronger social fabric will enable greater informal support to help bridge the gap between friendship and high-level care needs - and enable all of us we age to remain socially connected and to be both the givers and receivers of care in the broadest sense. ”

Halima Khan, Innovation Lab Director, Nesta

WHAT ROLE CAN SOCIAL ENTREPRENEURS AND TECHNOLOGY PLAY IN IMPROVING INFORMAL CARE?



We believe that there is a significant market opportunity for disruptive innovation to help to reduce the demand for formal care and to improve the provision of informal care. Technology has an important role to play. Digital technology has the power to build and support more connected care. Care will always need to be delivered by people but technology is the tool to bring together individuals, communities and healthcare professionals to build 'networks of care' - putting the individual at the centre and building effective support around them.



“ Society has changed vastly in recent years. Gone are the days of multiple generations living in the same house, street or even in the same town. Generations and siblings now often live in different cities or even countries and caring responsibilities are often shared. Co-ordinating care with relatives, friends and neighbours from opposite ends of a motorway, often alongside other responsibilities such as paid work and children, can quickly become stressful and challenging. Across age divides we embrace technology in so many ways – banking, shopping, entertainment connecting and socialising – and it makes perfect sense to use it for caring too. ”

Madeleine Starr, Carers UK Director of Business Development and Innovation

Our market analysis has identified four key areas of need:

- 1 Communication tools that increase meaningful connections between family and friends, increasing social interaction and reducing isolation.**
- 2 Platforms or marketplaces that engage potential informal carers from the community.**
- 3 Care management tools that build networks of support and enable effective management and coordination of care.**
- 4 Tools that improve integration between individuals, informal care providers and formal care providers to improve quality and continuity of care.**

This categorisation roughly correlates with increasing care needs. Encouraging people to provide care who have not previously done so (the second area of need) is easiest done with older people who have relatively low care needs; tools that help to integrate informal and formal care (the fourth area of need) are most important when an older person's needs are significant enough to need some professional support.

We have analysed 25 early-stage ventures developing innovations aimed at meeting the four needs we have highlighted. There is early-stage evidence of demand and impact, but none have reached significant scale in the UK. In the following sections, we explore the technology solutions and operating and business models, pulling out common opportunities, challenges and barriers to building scalable and sustainable ventures in this space.

1 Communication tools that increase meaningful connections between family and friends, increasing social interaction and reducing isolation.

| Support needs | Social and emotional support through regular and meaningful communication with family and loved ones |
|--------------------------|--|
| Theory of change | Improving meaningful communication between networks of family and friends can reduce loneliness and improve wellbeing. |
| Who provides the care? | Family, friends and loved ones. |
| Who uses the technology? | Older people, family, friends and loved ones. |
| Who pays? | Older people, family. |

The need

Isolation is a significant issue for our older population. Many families are fragmented, separated by long distances, and over half of people over 75 live alone (ONS, 2010). Almost one in five are in contact with family, friends and neighbours less than once a week, and for one in ten, this contact is less than once a month.¹¹ Such loneliness can damage an older person's health and wellbeing.

Meaningful communication between family and friends can have a profound effect on a person's wellbeing and quality of life. A poll conducted by Relate and Ipsos MORI (2013) found that 83 per cent of older people thought that having strong personal relationships with friends and family was the most important factor for a happy retirement.¹² Social and emotional support can improve health and reduce loneliness, depression and stress. Close communication can also lead to increased support from family members, as they become more aware of their loved one's needs.

Opportunities for tech innovations

Technology has the potential to radically improve communication between family and friends living apart, particularly intergenerational communication. Simple communication tools, using video calls, messaging and photo sharing, can make it easy for loved ones living apart to have regular and meaningful communication.

Breezie

Breezie is a simple tablet-based interface that makes it easy for people to get online and stay connected with family and friends. It responds to the user's level of ability. By using simple icons and prompts, it makes social media accessible to older adults who are not familiar with technology.



Mindings is available on any tablet or web device and enables easy communication between families. Users can send personal text messages and captioned photos, which Mindings links with existing social media content.

Examples

Building scale – effectively building supply and demand

The primary users of these tools are older adults – indeed, these tools are irrelevant unless used by older people. The key challenge is that around half of people aged over 65 do not yet use the internet, and there is huge disparity in levels of digital literacy. Many find such technology too difficult or irrelevant, and may be reluctant to try new and unfamiliar digital tools. Tools therefore need to be attractive and relevant for ‘reluctant’ older people to use. As well as being simple and accessible, they need to accommodate the varying levels of digital literacy and disability among the primary user group.

These tools are also aimed at family members and friends who are informally caring for older people, often living long distances apart and leading busy lives. To drive this supply successfully, solutions need to fit into people’s existing routines and not require users to recreate processes. For example, video calls that link with Skype, messaging linked to existing text and email accounts, and photo sharing that links with Facebook and Instagram.

The market opportunity and business model

Direct to consumers: Consumers are typically adult children or grandchildren purchasing tools to help them stay connected and care for an older relative. The need for regular and meaningful communication is relevant for those with any type of care needs (low to high) and their families, so the market size is vast. The main challenge here is how to monetise tools: there are vast numbers of communications and social media tools available for free, so the product must have enough value that people are driven to pay. Free or low-cost solutions, either monetised through advertising or a ‘premium’ model (basic functionality available for free and upgrades available at a cost), could be the way to achieve market share.

Another way to achieve market share is through partner organisations: Communication tools sold through distribution partners as an add-on to existing care packages, or through existing internet, tablet or hardware subscriptions.

2 Platforms or marketplaces that engage potential informal carers from the community.

| Support needs | Practical support with everyday tasks that become more difficult |
|--------------------------|--|
| Theory of change | Building and sustaining a network of support from the community to provide practical help enables a person to live a higher quality of life and stay independent for longer. |
| Who provides the care? | Community networks, volunteers, trusted local services. |
| Who uses the technology? | Older people, community organisations, local volunteers, local tradesmen/services. |
| Who pays? | Older people, family, local authority, housing association. |

The need

Above all else, what the vast majority of older people want is to live independently and age in a dignified way in their own homes. As health and mobility start to decline, simple tasks such as changing a light bulb, cooking and carrying shopping become more difficult. If these everyday needs can be met in a simple and affordable way, many older people can live a happy, confident and independent life at home.

Institute for Public Policy Research estimates that by 2030 there will be more than two million people aged 65 and over with no child living nearby to give care if needed.¹³ Support from the community, through local volunteers or trusted low-cost services, has a vital role to play in meeting practical needs and improving quality of life. There are a number of good initiatives supporting older people through volunteer services. As the number of older people increases, we need to find ways to increase the supply of such support. In many communities there is a large and relatively untapped supply of informal care from volunteers and local services. Giving them an opportunity to make meaningful connections can have a big impact.

Opportunities for tech innovations

Technology is creating new marketplaces for people to give and receive support and informal care. For example, community volunteering platforms link local people who can offer or benefit from support. Homeshare platforms enable older people to rent out a spare room at below market rates in exchange for practical support in their home. Concierge services act as a brokerage between older adults and local trusted tradesmen. Timebanking platforms allow people to volunteer in exchange for receiving volunteer credits that can be 'banked' when they are in need.

Examples



Casserole is a digital tool that connects older people with their neighbours. Participants share portions of home cooked food with older people who are not able to cook for themselves.



My Support Broker (MSB) recruits and trains people to become support brokers. Brokers use MSB technology to support people in need of care to develop a personalised care plan and to access local services.

Building scale – effectively building supply and demand

Demand: Many older people would benefit from support, but we cannot assume that they would necessarily seek it out or sign up to receive it. Older people do not want to be considered a burden and are often reluctant to receive ‘charity’. Research has shown the importance of reciprocity in governing neighbourly behaviour, especially among older adults. When people can both offer and receive help and support, such as through timebanking and reciprocal networks, motivation and uptake can increase.

Supply: To build supply from the untapped pool of informal carers in the community, it needs to be easy for people to connect and offer support. Successful ventures, such as the Casserole example above, enable people to provide support through their everyday activities, such as cooking a meal. Volunteering will have the most long-term impact if meaningful connections are made.

The market opportunity and business model

Public sector commissioners: Local authorities, public sector commissioners and housing associations are increasingly looking for ways to support communities to become more self-sustainable. Some are recognising the need for preventative spending, adopting low-cost solutions that lead to better outcomes and ultimately reduce demand for services.

Direct to consumers: The market for older people and their families is vast. There is demand for support that is trusted and easily accessible. The challenge is getting people to pay for it. There are successful examples in other countries (Japan and US for example) of ‘insurance’ type business models, where older people pay a membership or subscription fee to get access to the services they need to live independently, such as transportation and home repairs.

CASSEROLE USER STORY



Munna is an outgoing lady in her early eighties. Originally from Shimla in the Himalayas, she now lives in North Barnet, where she lives in sheltered accommodation but with little contact with other people. Munna signed up to Casserole club after the team came to speak to her and others at her home. She saw it as a way to meet new people in the area.

After Munna’s details were put on the Casserole Club website, she was contacted by Oruj, a cook who shares more than just a love of food with Munna as she has a daughter with the same name. When they first met Munna says:

“I was a bit nervous but we chatted and shared feelings. She brought her daughter who is also called Munna along. So now I’m known as big Munna and she is known as little Munna.”

After the success of the first meal share, another one was organised for the following week. Having the chance to meet more of Oruj’s family means a lot to Munna as it provides the companionship that she feels is missing from her life. She puts it very simply, *“this is one of the best things that has ever happened to me.”*

3 Care management tools that build networks of support and enable effective management and coordination of care.

| Support needs | Support for carers to manage and co-ordinate everyday care activities |
|--------------------------|--|
| Theory of change | Improved communication and co-ordination between carers helps to manage care tasks and improves quality of life for the carer and quality of care for the recipient. |
| Who provides the care? | Family, loved ones, carers. |
| Who uses the technology? | Family, loved ones, carers. |
| Who pays? | Older people, family, carers, employers, commissioners, insurers. |

The need

Informal carers are the largest source of social care and support in the UK: according to Carers UK, there are 6.4 million informal carers supporting people of all ages. However, these carers are not well supported. Many report financial hardship and a decline in their own wellbeing, and they are twice as likely to suffer ill-health and social isolation themselves.¹⁴

The overall direction of public policy appears to be towards greater individual responsibility. The growing need for care and the reduction in the provision of formal social care means that older people's families and households will be increasingly responsible for bearing the burden of care, either financially or providing care themselves.

An estimated three million people are juggling going to work with providing informal care, and this figure is set to rise sharply. One in five carers give up their jobs because they are unable to manage both working and caring. With the pension age rising and the increase of so-called 'sandwich carers', a growing number of carers will face this challenge. **There is therefore a need for tools and services to help carers to manage and co-ordinate care.**

Opportunities for tech innovations

Managing care responsibilities requires juggling multiple tasks at the same time. Technology has the power to offer accessible and personalised solutions to help to co-ordinate and manage care tasks. Platforms that make regular communication easy ensure that carers are up-to-date on needs and can therefore respond. Functionality such as shared calendars, task lists and reminders make management and co-ordination of care easier and more effective, especially between several people.

Examples



Jointly is a simple app developed by Carers UK to help take the stress out of caring. It enables multiple carers to share a calendar, task lists and group messaging, and it stores information, for example, on medication.



HomeTouch is a digital service with a tablet-based interface for care recipients. It offers simple communication tools such as messaging and video call, and a care dashboard for carers including a shared calendar, medication reminders, mood and activity tracking, access to specialist advice and emergency carer call.

Building scale – effectively building supply and demand

Users of care management tools are informal carers themselves. The primary user is the main carer, and other users are additional providers of informal care, such as family members and friends. These carers need tools to help manage care responsibilities alongside work and family responsibilities. The burden is often difficult and stressful, and users want simple, everyday tools that reduce the burden.

The key challenge is building demand for these products. There are some relevant tools, but none have reached scale, and need has not yet translated into demand. Many informal carers often do not see themselves as ‘carers’, and few are actively looking for care management tools. To reach these people and create demand, tools need to be rolled out with a campaign strategy and the right distribution partners.

To have the most impact, care management tools need to be simple and useful. They can be particularly effective in times of crisis, but it is difficult to engage people with new products during such emotional and stressful times. Tools that are useful on a daily basis are therefore more likely to be used and effective in times of high need.

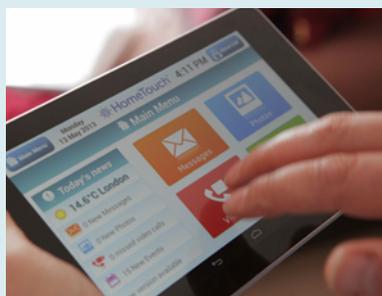
The market opportunity and business model

The beneficiaries of care management tools are widespread. Families benefit from being able to better manage and co-ordinate care; the state benefits from cost savings; and employers benefit from improved employee retention and improved productivity of sandwich carers.

Direct to consumer: Consumers are informal carers, including spouses and adult children, who bear the majority of the responsibility for care.

Through partner organisations: Employers can purchase tools as an employee benefit, to help employees manage work and care duties. Health and social care may also recognise the role these tools can play in improving health outcomes and reducing the need for formal care.

HOMETOUCH USER STORY



Janet found out about HomeTouch after becoming worried about her mother’s memory. Janet’s father had died the previous year and her mother was now alone at home and socially isolated. Janet lives in the Midlands and has a busy job in HR. She has been to the family GP and NHS memory clinic with her mother but because she does not have diagnosis of dementia, she has been unable to access a care package. She found out about HomeTouch and taught her mum how to do basic tasks like videocall and checking her calendar. Now they can speak a few times a week. Hometouch is also helping with health and care management medication reminders, mood tracking and additional medical advice.

4 Tools that improve integration between individuals, informal care providers and formal care providers to improve quality and continuity of care.

| Support needs | Informal and specialist support to people with care needs to manage declining health and/or long-term conditions. |
|--------------------------|---|
| Theory of change | Improved information and communication between health professional, carers and care recipients enables better self-management of health and more proactive specialist intervention. |
| Who provides the care? | Family, informal care network, social care providers, health professionals. |
| Who uses the technology? | Older people, family, informal care network, social care providers, health professionals. |
| Who pays? | Health and social care providers, individuals. |

The need

As people's care needs become greater, they require the support of more specialist providers. During this phase of care, there are typically a number of different individuals and agencies working with the older person, including informal carers and health care, primary care, social care and voluntary sector providers. In these situations, the people involved in care do not always communicate effectively.

Care could be more effectively managed if more accurate information was more regularly shared. For example, a GP could update the network of carers on medicine adherence, or social care providers could tell the network of carers about a particular concern with an older person's wellbeing. This level of communication leads to greater transparency and improved action and response. Improving care provision at this stage, before crisis or severe decline, should reduce or delay the need for more expensive formal care.

Opportunities for impact tech innovations

Public policy is moving towards more integrated care. Private and secure communication and information sharing platforms can enable better communication, but cross-agency communication is difficult and sharing of private information is treated with caution.

Examples



Patients Know Best has developed electronic personal health records. Linked into this, it has also developed 'Circles of Care'; a tool that enables patients or carers to invite anyone they wish to join their network, including family, friends and healthcare professionals, such as GPs. It has integrated into the NHS secure system, meaning it is approved for use by all NHS employees. It offers a safe place for carers to communicate and share personal information.



How are you uses personal health records to help patients self-manage their health. It connects patients to specialist condition-specific information, creates personal health plans, and enables patients to share information and communicate with health professionals.

Building scale – effectively building supply and demand

This will be the most challenging market to penetrate. It requires driving demand and uptake from multiple users and care providers (older individuals, carers, social care providers and healthcare providers), all of which have their own technology requirements. Developing a platform that is useful and suitable for all users is a huge challenge.

Integration is key when building scale. Platforms need to be as easy as possible to use, and they need to integrate with existing care enterprise management software packages to enable simple, seamless communication, without adding any operational or administrative burden.

Privacy, security and ownership of data are also crucial factors to consider. The right people must get regular access to the information they need to provide care effectively, but platforms must also be safe and trusted when exchanging and communicating personal health information. They must therefore allow for privacy groups and different levels of security, integrating with organisations' secure networks and firewalls. Platforms must also have the backing of the organisations so that care staff feel confident using them.

Electronic Medical Records (EMRs) are opening up opportunities for such tools to penetrate the market: putting ownership of medical records in the hand of patients to share with people and organisations of their choice. However, the NHS still has a relatively old-fashioned paper based administration; EMRs have not yet had the uptake in the UK market that they have in the US. Although there are signs that the market is changing, it is a complex environment with procedural, cultural and security barriers.

The market opportunity and business model

The predominant customers in this market are direct to consumers or public sector, with the purchasers being formal health and social care providers looking for ways to improve care provision. Products will be purchased and adopted to improve care and health outcomes for those in need of more intense care.

Theoretically, improving care before a time of crisis will improve health outcomes and reduce the need for more expensive formal care. Generating long-term cost savings should unlock preventative spend. However, the different agencies in health and social care operate from different state budgets, so the beneficiaries and amounts will need to be evidenced to unlock significant preventative spend.

“ Putting the patient in control of their data means costs are lower, care is safer, and patients are happier. Symptom-tracking, home testing kits and personalised care planning mean that L&D's patients can self-assess and self-manage, saving A&E costs while freeing up clinicians' time to focus on the patients who need the extra help. ”

Dr Mohammad Al-Ubaydli, CEO Patients Know Best

FINAL THOUGHTS

The ageing of our population is one of the biggest challenges that UK society is facing. Older people need decent support and care to have a good quality of life. However, the fact is even if the supply of care significantly increased, it would still not meet demand. For real and effective change to take place we need transformation across the spectrum of supply and demand: more care services, new types of care services, and a cultural shift of demand by changing people's attitudes to health and care.

This paper argues that one thing people need is to build, mobilise and sustain a network of family, friends, neighbours, volunteers and services to help them live independently. Technology has a role to play in helping to mobilise support and build networks of connected care.

Through our analysis, we have considered how innovations can reach scale and deliver impact while generating sustainable revenue streams. Some common themes have emerged from our analysis.

DEVELOPING IMPACTFUL TECHNOLOGY

Technology as an enabler

Technology is a powerful tool and can make a real difference in people's lives. But it is nevertheless **only an enabler**. Support and care must ultimately be delivered by people, and technology solutions must be in the hands of the right people and used in the right way to have a real impact.

User-led design focused on outcomes

The best products and services are designed with the needs of users in mind. The informal care market is large and complex, consisting of multiple users who have a variety of needs. Often the person or agency paying for the technology is not the user or beneficiary of the technology. User-led design is therefore challenging. Products need to be developed with a clear outcome in mind, co-designed with older people and carers and tested against the target outcomes.

As well as functionality, products need to focus on design and user-experience. Historically, tools for older people have not been strong on this and have been driven more by functionality than the desire to come up with something attractive and engaging.

Digital Inclusion

Digital Unite's research of older people who use the internet has shown that four out of five (86 per cent) said it had improved their lives, 72 per cent said being online had helped reduce their feelings of isolation and 81 per cent said using the internet makes them feel part of modern society. However, over five million people over 65 say they don't use the internet.

With older people being the main user of many of these technologies, levels of tech literacy and accessibility of technology need to be considered. Technology often faces resistance or reluctance from older people who are less comfortable with using it. However, many organisations are working to break down these barriers with some success and the rise of the baby boomer generation will substantially change this. Digital infrastructure is also a barrier to adoption, users may have to incur set up installation and costs to be able to access products.

GROWING SUSTAINABLE VENTURES

The need to build a marketplace

While there is evidently a big need to increase the supply and efficiency of informal care, the market is underdeveloped. Healthcare and social care are established markets and are looking at ways to improve supply and efficiency of care. But to build networks of connected informal care, which this paper argues for, individuals, families, communities and commissioners will have to contribute. Currently the market is not showing strong signs of demand. This could be because the need is not well recognised, or because there is a culture of expectation in the UK that care is a universal entitlement that the state provides. Whatever the reason, individual health and care management tools have not been widely adopted. Tools and products need to be launched with a strong strategy for building demand, driven by campaigns and education, supported by strong partnerships. Individuals and organisations within health and social care, from public, private and charity sectors, can play an important part in communicating the need for innovations and endorsing them.

The need for investment

Innovation by nature is unproven and risky and needs finance that is willing to take this risk to enable growth. Ventures within the informal care sector will need to find investors that understand the need for innovation in this space and understand the complexities of the market.

Nesta Impact Investments provides early-stage risk capital to social ventures. We identify innovations that are starting to show evidence of demand and impact, and we invest capital alongside our sector expertise, knowledge and networks to help ventures to substantially scale across the UK. Our aim is to support ventures to deliver impact and to generate sustainable financial returns.

The need for evidence

As public sector budgets come under strain in the coming years, the need to improve outcomes and reduce costs will increase. Alongside this is growing demand for evidence of what works. Public sector bodies will need to spend more on preventative interventions that reduce demand for more expensive formal care. **An evidence base that demonstrates outcomes will unlock significant preventative spend.**

To capitalise on this opportunity, social entrepreneurs who are innovating in this space must prioritise the evaluation of outcomes and impact. Robust evaluations are rarely straightforward, can be costly and can take many years, but they are nevertheless vital.

At Nesta Impact Investments we have developed the Standards of Evidence for Impact Investing, a framework to help plan and implement an evaluation strategy to evidence outcomes.

CONCLUSION

With a growing older population comes a growing need to transform the care system, with more support for and encouragement of informal care. Social entrepreneurs are at the forefront of designing new technologies, products and services in this sector – they tend to be better at innovating than local authorities or formal care providers, being bolder and more willing to take risks.

However, the market is underdeveloped, and although some solutions have been created, none have yet reached the scale to meet demand. It takes time to build a new marketplace and to generate evidence of what works and what does not work. Social entrepreneurs have an important role to play, but they cannot transform the entire care system on their own: they are only one part of a wider system that needs to change. Social entrepreneurs need to work with commissioners and care providers, and they need the support of investors who understand the market and are willing risk supporting new and unproven innovations. With the right backing, such innovations can encourage and improve informal care and help to transform the care system, ultimately improving older people's lives.

ENDNOTES

1. Select Committee on Public Service and Demographic Change (2013) 'Ready for Ageing?' London: House of Lords.
2. Khan, H. (2013) 'Five Hours a Day.' London: Nesta.
3. Age UK (2014) 'Later Life in the United Kingdom.' Factsheet. London: Age UK.
4. Age UK (2011) 'Care in crisis: causes and solutions.' London: Age UK. See: <http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/Care%20in%20Crisis%20-%20FINAL.pdf?dtrk=true>
5. Porteus, J. (2011) 'Living Well at Home Inquiry.' London: Counsel and Care.
6. Association of Directors of Adult Social Services, Survey May 2013.
7. Care Quality Commission (2011) 'The state of health care and adult social care.' London: Care Quality Commission.
8. McNeil, C. and Hunter, J. (2014) 'The generation strain: Collective solutions to care in an ageing society.' London: Institute for Public Policy Research.
9. Leonard Cheshire Disability (2013) 'Ending 15-minute care.' London: Leonard Cheshire Disability.
10. Farkas, C. and van Biesen, T. (2012) 'The future of healthcare – there's an app for that.' Bain & Company.
11. Campaign to end loneliness research. See: <http://www.campaigntoendloneliness.org/loneliness-research/>
12. Ipsos MORI/Relate (2013) 'The key to a happy retirement? The person you're sharing it with.' London: Ipsos MORI/Relate.
13. McNeil, C. and Hunter, J. (2014) 'The generation strain: Collective solutions to care in an ageing society.' London: Institute for Public Policy Research.
14. Carers UK (2011) 'Valuing Carers.' London: Carers UK.

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