Future Care Capital

Report

Care Tech Sector Analysis

Dr. Peter Bloomfield, February 2022

About FCC

Future Care Capital is a charity which undertakes research to advance ideas that will help shape future health and social care policy and deliver better outcomes for individuals living in the UK. Beginning life as the National Nursery Examination Board in 1945, the charity has evolved throughout its 70-year history and we continue to have Her Majesty the Queen as our Royal Patron.

About the Author

Dr Peter Bloomfield is Head of Policy and Research at Future Care Capital. He has extensive experience of clinical research, technology research & development and technology start-up acceleration.

The start-ups, technologies and products described in this report are to inform the audience. Future Care Capital and Newmarket strategy are independent, neutral organisations that do not endorse any company or solution.

The Author would also like to thank Dame Caroline Dinenage MP for her work on this review.

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Foreword

The modern generation of people with care-needs, and indeed the care-givers, are more digitally-savvy, more technology-confident than ever before. In our world of smart-phones and Alexa, we are all becoming accustomed to AI and digital assistance as part of our homes and our lives. Today's aging population are experienced and demanding consumers, they want to live long independent lives – with an emphasis on quality as much as longevity. They are discerning customers, with money behind them. The 'silver-pound' has never been more important.

Having served as Care Minister (2018-20) and Digital Minister (2020-21) I see the fusion of technology and care as both a huge emerging marketplace and an answer to some of the big questions we face. How do we tackle the challenges of a population who are living longer and with more complex needs? How do we drive up the quality of care so we can honestly say 'yes – this is good enough for my loved one'? How do we maximise the potential of a sector which has for so long been battling with productivity challenges?

Over the last two years the pandemic has dominated the narrative of the care sector, meaning the long-standing issues which have been left on the 'too difficult' pile for decades remained un-addressed. It's welcome that the Health & Social Care Levy and the 'People at the Heart of Care' adult social care reform white paper at the tail end of 2021 have made those first bold steps towards tackling this and setting out a vison for the future. Inevitably the devil will be in the detail, we need imaginative and bold system reform to rise from these solid foundations if we are to genuinely build a system that's fit to face the challenges of the future.

What Covid-19 has demonstrated is the capacity in the care sector to pivot and adapt to the emerging challenges. The use of technology and remote access to health and care support made enormous strides forward. Adoption of simple, effective solutions – like wi-fi enabled care homes and remote GP consultations made the world of difference. Practices which had previously been 'vanguards' became commonplace. It's hard to appreciate the benefit this has had on productivity because the care-sector is still battling the vast additional cost of Covid on the workforce and daily business practice, but when the dust settles I have a hunch that these innovations will begin to be recognised as game-changing. And there are already a range of other innovative solutions out there, waiting in the wings, to provide further, immediate benefits. There's a lot at stake here – huge potential to drive productivity in the care-sector and the delivery of high-quality care. The prospect of a care-tech eco-system which can help address what is inevitably a global challenge.

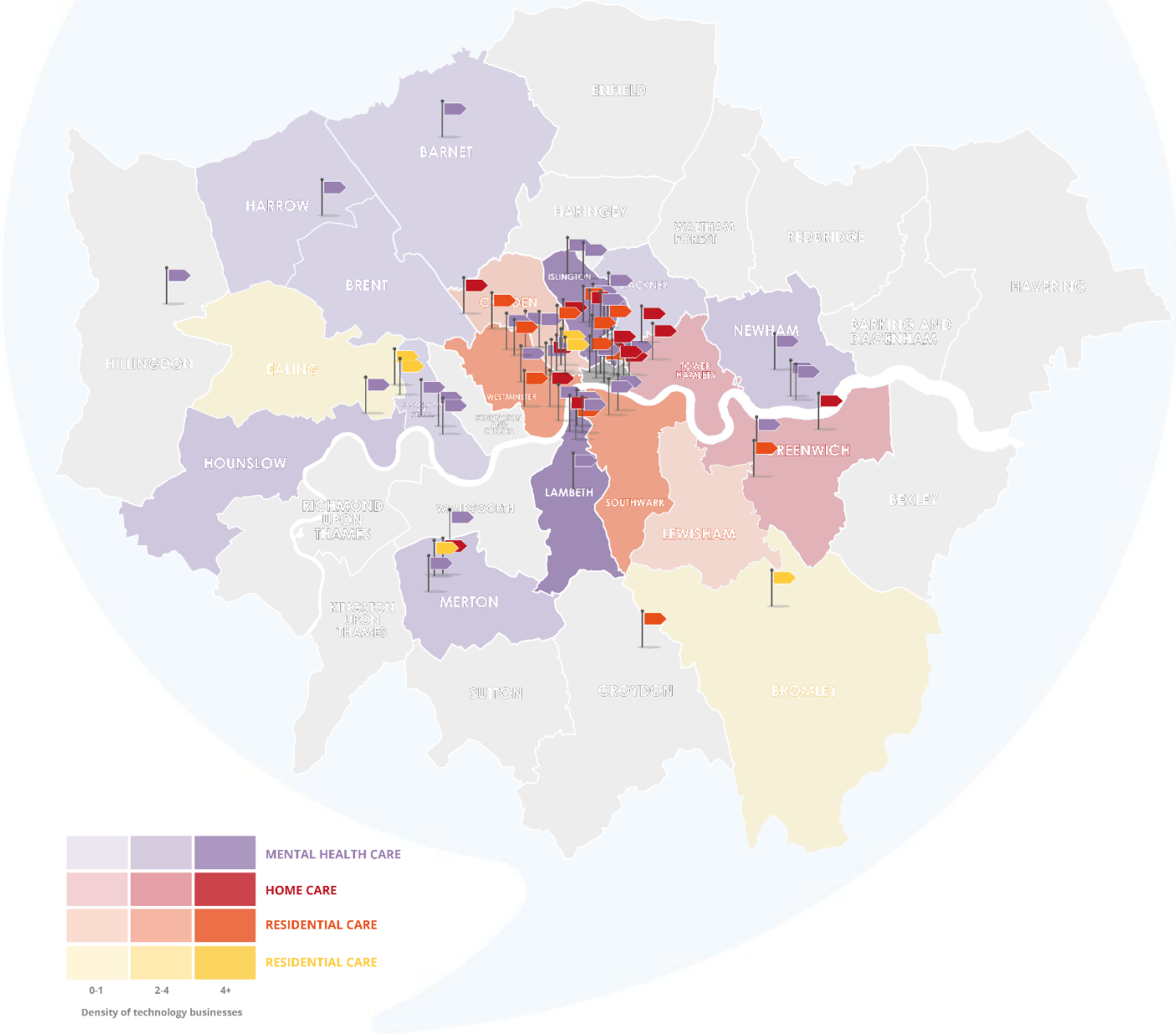
Putting innovation and R&D into practice, bridging the gap to sector adoption and transformation is a key next step. Linking this with carers and people using services is critical to achieving continual improvements. Development of a defined ecosystem, regularly surfacing new challenges and lowering barriers to investment will rapidly advance the sector. This analysis shows real opportunities for technology in care and importantly highlights where it can be used to improve lives and outcomes.

Dame Caroline Dinenage DBE, MP
Member of Parliament for Gosport, Former Care Minister (2018-20)

Key Findings

This analysis is the final installment in a series designed to map out the start-up and SME (small-medium enterprise) technology providers in adult care in England. Through 2021 we segmented the sector into: Home Care, Mental Health Care, Learning Disability Care, and Residential Care.

Combining all research pieces, we discovered 168 companies developing 187 technology-based products and solutions. This supported the development of 16 recommendations (See page 14 and 15) to facilitate growth in solution provision and higher quality outcomes in the sector.



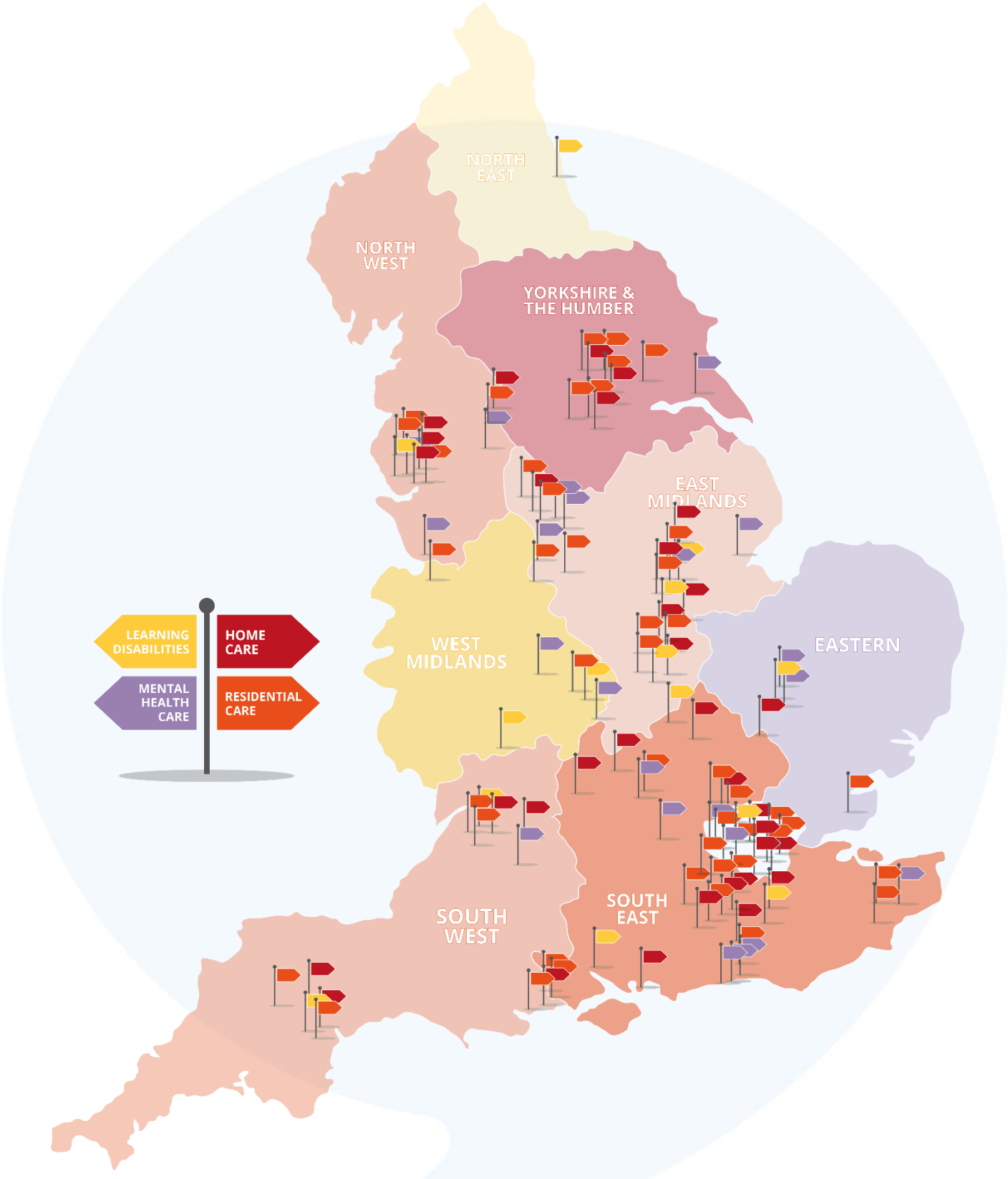


Figure 1. *Above. There is an even spread of companies across the country, with some emerging clusters and "hots spots". Left. London is the single largest cluster of companies (67).*

Introduction

The health and care sectors are in a state of great change. The COVID-19 pandemic has contributed hugely, and many long-standing concerns have been further highlighted by the pandemic. At the same time, technology and innovation are driving changes in delivery and creating new opportunities for health and care. The Health and Care Bill[1] and Integration White Paper[2] present vital opportunities for the sector. Since this series of reviews started, we have had two spending reviews[3] [4], both of which allocated considerable amounts of funding to social care. However, there is a great deal of progress which needs to be made before the intended benefits will be felt by people. The Data Strategy for Health and Care has been published in draft form and many areas critical to care have been highlighted for redrafting[5]. The introduction of the Health and Social Care Levy[6] is being viewed as an important step. However, secondary care and the elective backlog currently dominate the plans, and handling of the ongoing pandemic and a subsequent recovery will need to be carefully balanced with longer term plans for care. Amidst this change, the workforce crisis is deepening, and the now repealed VCOD (vaccine as a condition of deployment) policies have strained the system further[7]. Progress from the measures discussed here will need to be made rapidly for the benefits to be felt by all the people engaged with the care sector. Through 2021 NHSX and Ipsos MORI conducted a review of technology innovation and digital skills in the Adult Social Care sector. This work provides clear quantification of digital adoption in the sector and is useful to consider alongside the present review for context[8].

The care sector touches many people's lives at some point, either directly as a service user or through supporting a user. There are gaps in funding and disparities in access to care, as well as an insufficient number of care workers to provide care[9].

There are many types of care provided across formal and informal settings. These are funded through a combination of government, private and charity sources. Navigating care pathways and types of care is difficult[10] and, in many instances, a lack of high quality, timely, data is a barrier to addressing system level problems.

At the time of writing, the UK is in a complex social and political position. Brexit is ongoing and national inequalities in health and wealth are essential issues needing to be resolved. Research and development (R&D) and innovation are being put at the centre of Levelling Up policy, with new attempts at creating more equality for the future of health and social care[11]. Recent years have seen records for investment in healthcare and technology globally, with the UK and London being top growth hubs[12]. The UK population is increasingly digitally literate, presenting new opportunities for access to and provision of care. A Digital divide exists in the UK, and this severely affects access to health and care outcomes[13]. For example, 11,300,000 people lack the basic digital skills to use the internet effectively, which greatly restricts access to information and services.

Many of the policy interventions described above are part of the solution for care. However, public interest, private investment, and government intervention all need to play a role in funding and delivering change in the sector. As we will see throughout this report there are many novel and exciting solutions which can help address some of the problems the sector is facing. Technology is a tool to improve quality and access, it is vital to the success of the sector. However, there are many system-wide challenges which need to be address at the same time. This report is a sector analysis based on the four installments from 2020-2021, alongside policy and literature analysis and insights from stakeholder events. The recommendations highlight opportunities to progress the sector and deliver high quality care outcomes for all people.

Results

Our research discovered 168 companies in England developing a range of solutions designed for care provision. Since the original searches were done, a small number of new companies have formed and some previously identified companies have ceased operation. For full details of company searches, readers are recommended to refer to the original reports.

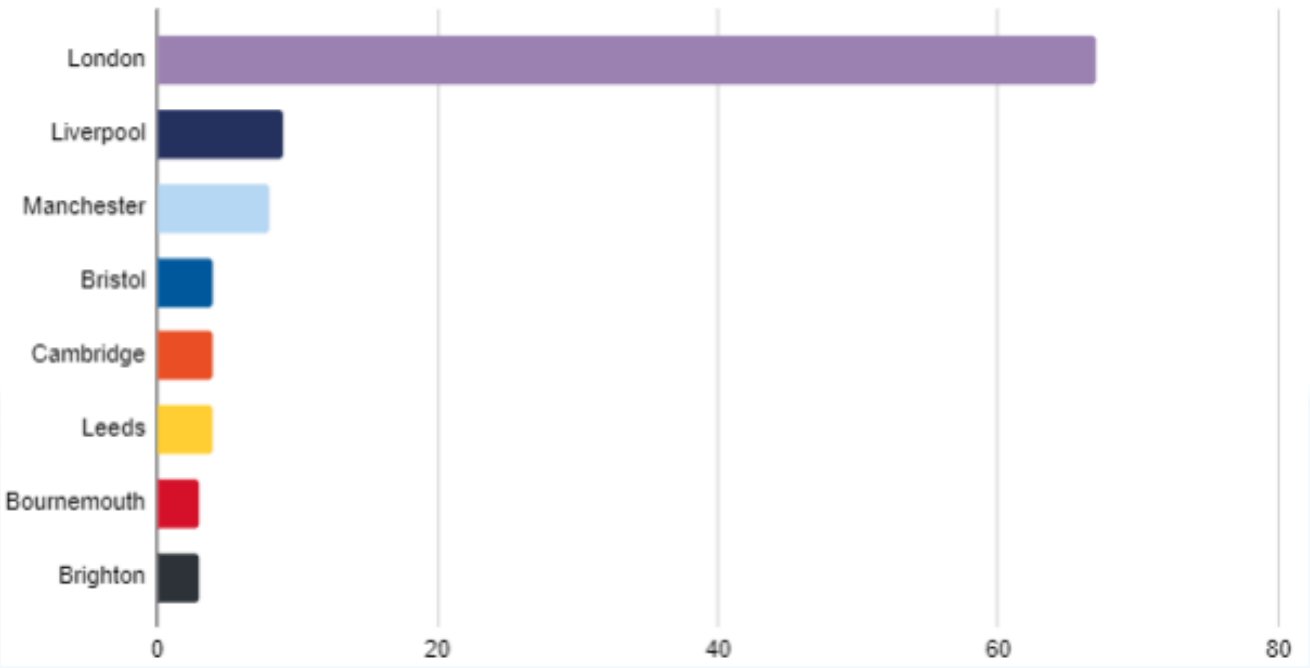


Figure 2. Company Locations, *London is the single largest hub, representing 67 (33%) of all companies, Liverpool and Manchester were a close second and third with 9 and 8 companies respectively.*

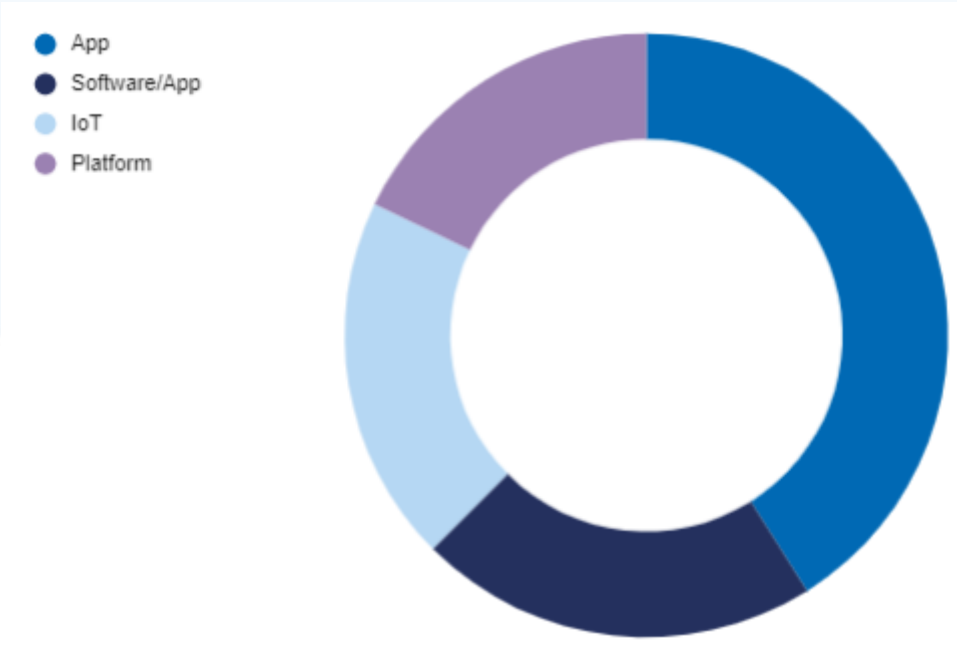


Figure 3. Technologies*, The majority of companies were developing mobile Apps (46), with software combined with an App (24), IoT (Internet of Things) solutions (22) and platform technologies (20) being the other major categories of solution.*

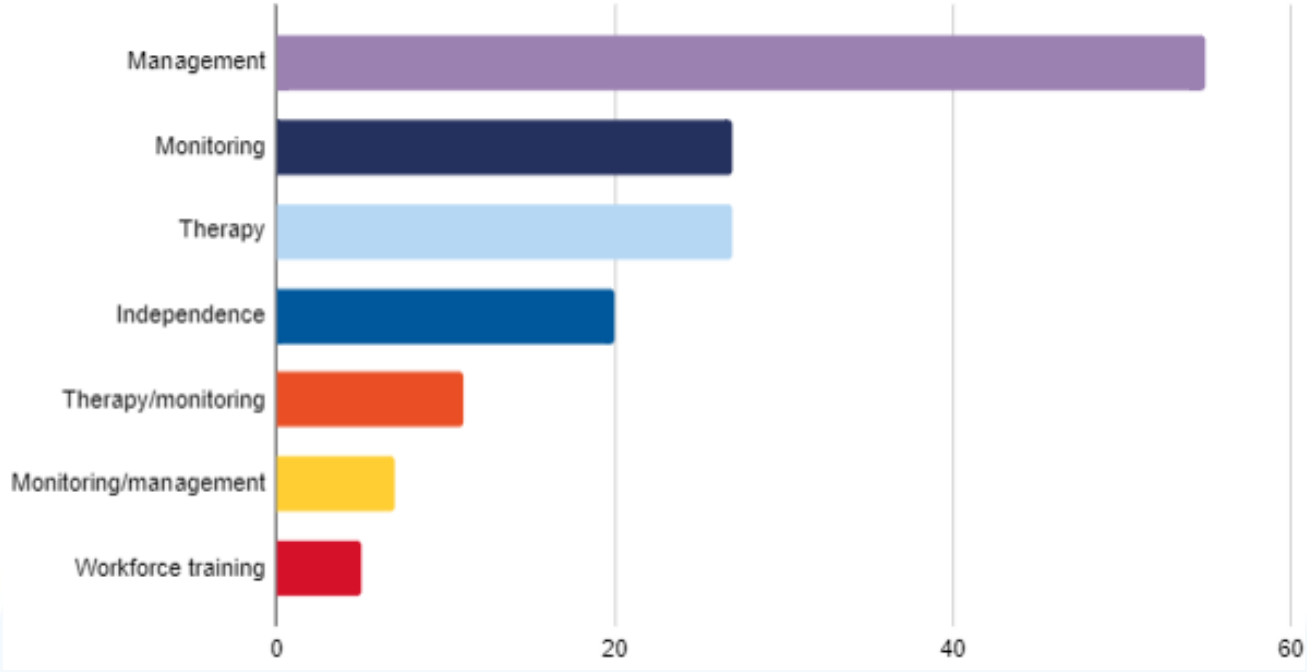


Figure 4. Functions, *Across all subsectors, care management solutions (55) were the dominant product type, combined solutions and workforce training solutions were less prominent in the sample.*

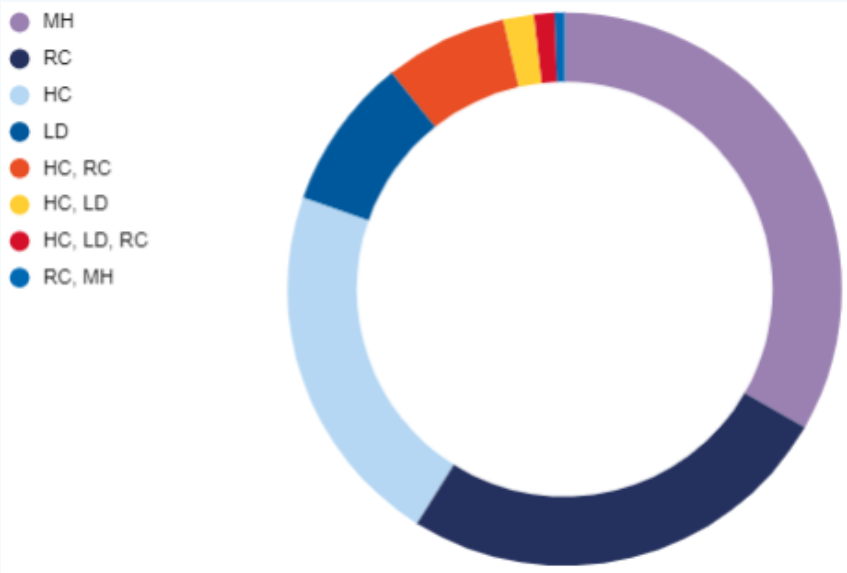


Figure 5. Subsector distribution, *The majority of solutions focused on a single subsector (150), home care and residential care had the most companies with solutions for both subsector (12) and there were no companies with products deployed for all four subsectors. MH = Mental Health Care, RC = Residential Care, HC = Home Care, LD = Learning Disability Care.*

Subsector	Average Funding (£mil)
Home Care	0.8
Mental Health Care	3.7
Learning Disability Care	0.4
Residential Care	4.0

Table 1. Average funding by subsector

Technology for the Future of Care

Through the series, we have seen the value delivered by IoT sensing/actuating technologies, data capture and analysis, alongside platforms and mobile Apps. In some instances, there are also examples of more advanced emerging technologies being deployed in exciting new ways for the sector. Here we explore some of these in more detail and consider future deployments:

Emerging

AI – Across several of the reports in the series, companies are starting to make use of care data and environmental data to build Artificial intelligence (AI) models. Some of these are for predicting adverse events, others are decision support tools which aim to better tailor care plans to individual needs. This pool of companies will expand, and other products will build in AI enabled features over time.

5G networks – In the home care report we saw products which had been trialed as part of the Liverpool 5G programme. Mobile network technology and 5G networks have potential for better connectivity, lower latency, and greater bandwidth for connecting 10s-100s of devices.

VR – In the mental health care review, we saw unique solutions which were different to the other three subsectors. This included consumer led technology. This was the only subsector where virtual reality (VR) experiences were being introduced to the market. VR has been used in research and pilots in other subsectors but is not yet market ready for care.

Future

Alternative networks – New forms of connectivity through satellites and low powered networks can connect devices in different ways. More experimental network approaches such as LiFi can be applied for security purposes and enable connectivity where network access is limited.

Cybersecurity – The care sector has taken decisive steps forward with the adoption of the DSPT (Data Security Protection Toolkit). However, there wasn't a single care specific cybersecurity company identified in our research. With the amount of special category data being collected and analysed in the sector, cybersecurity should be of increasing importance. Cybersecurity and risk may be built more explicitly into standards and regulation of care technology products.

AR/MR – Other sectors (including manufacturing, design, and healthcare) are benefiting from augmented and mixed reality (AR, MR, respectively). The ability to overlay designs and concepts in the real world has great potential for training and support in the care sector. There is an opportunity here for workforce benefit, as well as environmental enrichment and accessibility.

Haptics – Providing artificial physical sensation, haptic feedback technology has the potential to enrich experiences of care and care provision. Simulation, education, and physical connections can all be improved through haptics.

DLT/Blockchain – Distributed ledger technology did not appear in our analysis. Many solutions are being developed in finance and other industries, for payments, audit, provenance, insurance, encryption, and data transactions. Use cases in health and care may still be some years away.

EVs/Autonomous vehicles – Electric Vehicles and autonomous transport solutions have great potential in health and care. Transport of people, equipment, and medicines are essential in health and care and there are several pilots exploring cars, ambulances, drones, and other technologies to move goods more efficiently and autonomously. We didn't find any companies specifically focused on care sector applications.

SWOT Analysis

Strengths	Weaknesses
• Technology for care management • Digitally skilled technical businesses • Passion for the sector and problem at hand • Longer term potential for making use of more advanced solutions • Elderly tech at home and in care homes • Emerging hubs with geographical reach • App based solutions • Growth of data centric research and innovation	• Infrastructure and connectivity in all care settings • Active linking of national hubs and access to digital solutions • Accessible solutions for all • Tailored solutions for the full spectrum of care • Care solutions for young, economically active people • Person centric technology designed for all settings • Market data on funding of companies • Total number of companies and solutions • Quality and safety metrics
Opportunities	**Threats**
• An increasingly digital population • Consumer drive of tech adoption • Pandemic recovery and better digital buy in • Better communication of the challenges to be solved • Novel funding and support mechanisms • Collaboration between people using services and the sector to enable a wider range of appropriate products • Passive data collection and insight • "Jumping forward" with knowledge from the health sector • Action on climate, standards, safety of tech • Network/connectivity improvements • Application of research, market exploitation and adoption • International inspiration • Measuring impact and demonstrating ROI	• Funding availability • Digital exclusion deepening inequality • Cost of entry for evidence, proof of concepts, clinical safety, and assurance • Digital literacy within the sector • Health and adjacent sectors (e.g. consumer tech) outcompeting for investment • Reputation and safety issues of unregulated tech • Workforce recruitment and retention pressures • *Rapidly changing policy landscape, ICSs and ICBs – this is an opportunity as well as a potential threat*

Table 2. Strength weakness opportunities and threats analysis *for the future of the care technology market.*

Discussion

This series of technology reviews has highlighted where the sector is advancing, and crucially, where impactful gains can be made. It is particularly interesting to see which advanced technologies are emerging for the sector first, as well as considering where benefits are being realised early. The future of health and care is unclear in the context of the ongoing pandemic and subsequent recovery. Delivery of care is made more difficult with a workforce crisis, which has potential to be at a 29% deficit by 2035[14]. In looking to the future, we need to ensure the skills and essential care provided by humans is valued, and that the infrastructure for digital solutions can reduce burdens and optimise tasks which do not need to be done by people. There are large differences between the subsectors of care in the types of technology deployed and the function the solutions are performing.

As an example, if we compare mental health care technology with residential care technology, we see that mental health care solutions are largely products which enable people to manage their self-care plan or better understand their own mental health, including through access to therapy (40/56)[1]. Residential care solutions are more designed for the management of care delivery in a care home and the number of consumer-focused solutions deployed in a residential setting is relatively small (12/63). Similar can be observed of home care solutions designed for individuals compared to overall management of care (12/54). In a similar vein, 13/19 learning disability care solutions were for direct use by the person engaged with care. As the population ages, and indeed as digitally native generations transition to a context of formal, or informal care, the ease with which the primary care group uses technology should be greater. User centric products with intuitive interfaces developed through co-design will still be of great importance. There may however be more options for greater functionality and a larger range of products, providing new models of care, to fulfill the needs of users. Games consoles, a variety of realities and sensory augmentations could be a central part of the care settings of the future.

The formality of care is certainly changing, many of the technologies we see here focus on independence and are exploring ways to enable self-care and management of a person's own care, as part of an active life. There are many opportunities outlined in the SWOT analysis for the transformation of the sector and shaping of a more advanced market. The human aspects of care are highly valued by people using services and the relationships with carers are, and should remain, prominent. Using technology to provide less invasive monitoring, facilitate better communication and promote safety in formal and informal settings is a huge opportunity. There are however problems which need addressing with urgency. Where care technologies are new and, in some cases, experimental, evidence of efficacy and safety need to be established as a priority. There is a blurry line between lifestyle products and clinical products, and it is in this space that many care technologies currently sit. The Multi-Agency Advisory Service for AI and data-driven technology (MAAS) funded by the NHS AI Lab and in collaboration with The UK National Institute for Health and Care Excellence (NICE), along with the Care Quality Commission (CQC), Health Research Authority (HRA) and Medicines and Healthcare products Regulatory Agency (MHRA) seeks to address some of these regulatory concerns across health and care[15]. There is however a growing need for an approach for evidence and standards outside of AI technology.

In collecting data for this series, it was difficult to find complete and accurate data on funding and support available. 34% of companies had funding information available online, largely only reflecting

[1] The numbers of companies in this section total >168, as companies providing solutions to multiple subsectors will be counted multiple times here. For example, an assistive technology deployed in residential care and home care settings would appear in both subsector totals.

equity raised from venture capital funding. It is difficult to analyse trends or draw conclusions based on the data available. There are many press releases and pilot programme write ups which highlight where companies have been involved in R&D initiatives. However, quantifying the associated funding is not possible in most instances.

The care sector is moving forward with digital transformation. In formal settings such as care homes, infrastructure is being put in place to ensure 80% of care homes are connected by 2024[16]. Currently there are approximately 7,000 care homes without connectivity (>40% of the total number). Half of this group, and any new care homes, will need to be connected within two years to reach this target. This would still leave many people excluded from the benefits digital solutions can bring.

Funding for social care appears to be gradually increasing. The introduction of the Health and Social Care Levy, Integrated Care Systems (ICSs) and the expansion of the Better Care Fund[17] all provide opportunities for improved care through innovation. However, there is a considerable risk that bringing health and care closer together results in relatively more funding being taken by the NHS, as appears to be the case with the distribution of funds from the Health and Social Care Levy, with the bulk (85%) initially allocated to elective procedure backlogs[18].

In the academic domain, R&D initiatives such as the ACRC (Advanced Care Research Centre) at The University of Edinburgh, and NICA (National Innovation Centre Ageing) at Newcastle University are certainly stimulating innovation and discovery. However, a concerted effort is needed to address care beyond aging and longevity, as well as taking successful innovations to market and establishing an ecosystem of thriving solutions developers and adopters across the sector. The geographical spread of businesses is worth considering alongside ecosystem development. 67 companies are based in London, the next largest hub appears to be Liverpool with 9, closely followed by Manchester with 8. These hubs all need to grow, and outside of London, growth needs to be significant to rival the capital. A key change would be to ensure companies developing in each location have a clear path to adoption outside of their geographical base.

The care sector appears to struggle at times with signaling demand and surfacing challenges for developers to address (as highlighted by Professor Martin Green in the Residential Care Tech Review). Where this is difficult in a formal care setting, it is even harder in less formal models of care. In such settings, solutions and products become more of a consumer choice than an enterprise solution. There will need to be structured opportunities for people to engage with solution developers. This will ensure digital care is made accessible where people with most need are not often the group with the loudest voice as consumers.

Accessing care in the right place and at the right time is crucial for high quality outcomes. As the pandemic progresses, more understanding of 'long COVID-19', the changes to lives and potential strategies needed for people to care for themselves, and access care are being highlighted[19]. Average life expectancy has shrunk in many nations during the pandemic[20] and quality of life has been drastically altered. If the UK Government is to achieve a healthy life expectancy +5 years (HLE+5), unequal health, care and quality of life outcomes seen through the pandemic will need to be addressed swiftly.

Through this research and sector analysis we have identified key opportunities and the 16 recommendations below highlight where technology enabled care can improve quality and outcomes.

Recommendations

1. Introduction of a formal demand-signalling mechanism (regional and national) for the care sector and people using care. It would be advisable for this process to connect start-up companies with established brands, care organisations, charities, and commercial entities. This would support the process of technology co-development, and adoption, through trusted partnerships.

2. Specific ring-fenced funding pots to research, develop, and scale innovative solutions across care would help the sector to grow. There is an opportunity for consortia of charities, life science companies, NHSX and the Government to build on existing initiatives in this area. Achieving parity of esteem between health and care will be helpful to this.

3. More research and design are needed to better enable the development of a wider care technology ecosystem and explore the challenges in care which need to be addressed in order of priority. With this is in place, a more coordinated, targeted intervention can be implemented to shape the market and grow the sector.

4. Education strategies need to be developed for the general population to improve care technology access, this would also enable signposting to appropriate resources and support mechanisms. Carers and family members can sometimes act as the enabler, or obstacle, to digital access. Hence it is also important to spark a cultural change whereby stakeholders focus on encouraging and facilitating initial exploration and subsequent independent use of technology by people engaged with care.

5. A cultural shift is needed to consider care technology as a part of a lifelong approach to care "Technology which cares for everyone throughout life". This should be embedded in the sector with care solutions for the workforce being central as a theme.

6. There is a lack of technologies that integrate care with high user engagement that is consumer focused. Collaborative partnerships between academics, commercial partners, charities, end-users, and digital innovators should facilitate the right skill-mix to develop technologies that better address system and user-needs.

7. Pre-Market Evidence Generation - Assessment mechanisms for digital technologies are not yet fully mature or widely implemented across England. Similarly, there is minimal infrastructure for digital care trials. Taking inspiration from the MAAS services, a broader technology evidence approach should be developed for care-based solutions. Such an approach should offer guidance on the development of robust evidence-bases for a variety of digital technologies, not just AI.

8. A standardised way to capture the benefits of technology in care. Targets for digital transformation need better monitor and reporting. This should be structured to provide insights into care outcomes and ROI (return on investment).

9. Cybersecurity needs to be addressed beyond the DSPT, in a synergistic fashion with "Better Security, Better Care". A comprehensive, progressive, and future focused plan is needed. A clear timeline should be set and communicated to developers and adopters rapidly.

10. In addition to scaling current uses of technology, there is an opportunity for the introduction of new interventions and an assessment of opportunity for the emerging and future technologies explored here. This would be useful to enable prioritisation and transitioning from pilots to deployment at scale.

11. As highlighted in part by the recommendation to support ecosystem development, a crucial step for the success of care technology is to better link the research and innovation communities with the market and adopters. A market shaping exercise will be useful here and a diverse range of partners and collaborators would need to be engaged for this recommendation to be successful.

12. Social care should be afforded the same levels of flexibility and innovative deal-making as other areas of healthcare. New funding and access models to encourage technology development and equity of access could be piloted, such as the subscription-style payment model being piloted in antimicrobial resistance. This is where companies are paid for the perceived value of their product rather than the volume used[21]. As well as incentivising market entry in new ways and considering new business models, such approaches would enable value-based capturing of ROI.

13. More research is needed into how much care is funded by individuals independent of traditionally government funded care. This needs to be interpreted alongside consumer care technology and analysis is needed to assess outcomes and value to individuals.

14. Many technologies discovered collect and process large quantities of data. Insights from this data would be useful for system level understanding of needs, best practice, and outcomes. A more formalised mechanism for surfacing insights should be implemented by an independent organisation.

15. There is a significant gap in green and climate focused R&D in the care sector. Research into the development of sustainable technology solutions should be conducted to future-proof the use of technology in care settings.

16. The implementation of digital technology relies on engagement with the users (currently in many instances, carers) who will be required to use it daily. Access to a widespread digital upskilling programme for carers in multiple settings would provide the technical capabilities for this behaviour change, as well as career development and progression opportunities. This, in turn, could increase job retention and attracting younger or tech-savvy workers to care jobs. A clear career path in digital care should be established and demonstrated to jobseekers.

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