



A Framework for standards to support innovation in Long Term Care

September 2014

Executive Summary

Innovate UK is the new name for the Technology Strategy Board – the UK's innovation agency. For more information about Innovate UK please see: www.innovateuk.org or contact: support@innovateuk.gov.uk

Innovate UK

Technology Strategy Board

BSI and Innovate UK are working collaboratively in order to set standards at the earliest opportunities in challenge areas, for example emerging technologies and independent living. One of our focus areas relates to the Long Term Care Revolution, and how standards are developed and deployed to support new approaches in the delivery of long term care.

BSI has undertaken some research with nurses, carers and members of the public to consider what excellence in long term care should look like in the future, along with the challenges and barriers in achieving a shift from current practices. The research covered broad aspects, such a medical and care needs, wellbeing, combating isolation and

loneliness, financial aspects and security. It also considered the challenges and barriers to change, such attitudes towards adoption of technologies, payment methods and person-centred care.

The results of the research were used to develop six recommendations for how BSI and Innovate UK could collaborate in terms of the Long Term Care Revolution. Two of these recommendations are currently being developed as pilot standards ("health and wellbeing apps" and "advice and information for older adults living in independent settings"). The remaining four will be explored further over the coming months.

Introduction

Our aim is simple – to accelerate economic growth by stimulating and supporting business-led innovation. Timely, consensus-based use of standards plays a vital role in ensuring that the knowledge created in the UK's research base is commercialised and brought to market as well as playing an important role in driving innovation. Innovate UK is working with BSI, Research Councils and Catapults to establish new standards earlier in the development of new technologies and services.

We are collaborating in four emerging areas to define standards that will accelerate the development of those technologies and services; and provide UK businesses with a competitive “first mover advantage”:

- Synthetic biology
- Offshore renewable energy
- Cell Therapies
- Assisted living

The four technologies are at different stages of development and face different challenges in their commercialisation. All four technologies are internationally competitive areas, and it is important that the UK creates successful capabilities quickly.

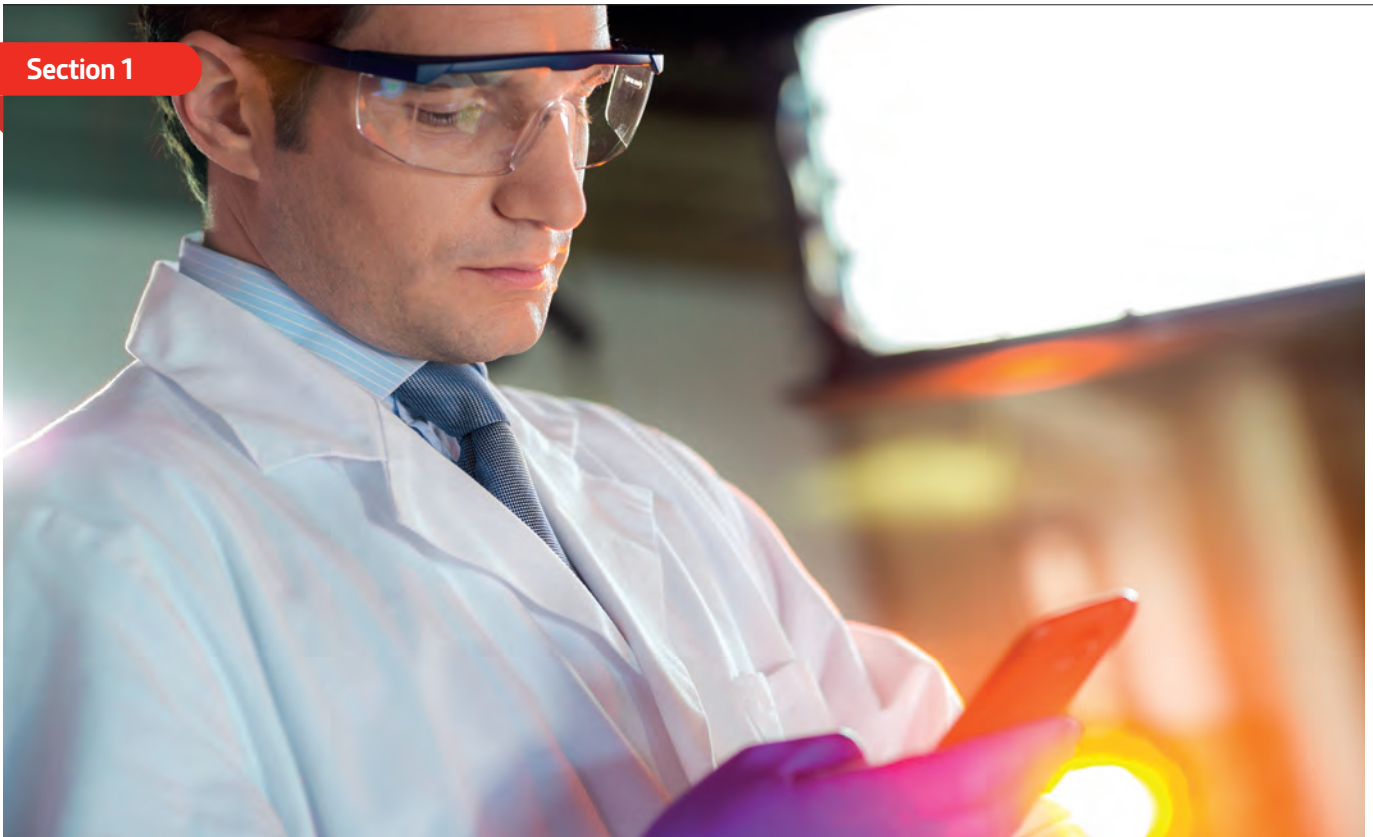
This focus of this report is on Assisted Living. People are living longer, resulting in an increase in those with chronic, long term conditions and disabilities. As a result of this trend, major changes will be needed to enable individuals to live more independently and enjoy an excellent quality of life. Innovate UK's Long Term Care Revolution (LTCR) programme is aimed at stimulating radical new ways of delivering long term care, by disrupting the current institutional models of provision and by changing conventional thinking.

BSI is the UK National Standards Body, and responsible for developing British Standards and related publications that serve the interest of a wide range of stakeholders, including Government, business and society. BSI represents the UK view on standards in Europe, and internationally (ISO), and has a globally recognised reputation for independence, integrity and innovation, ensuring standards are useful, relevant and authoritative.

BSI has developed this framework document to identify early opportunities for setting standards in relation to the LTCR project, and to provide the basis for standards development activities during 2014/15. It covers aspects of how standards should be developed so that they will support innovation. It looks at what defines excellent long term care, and what are the challenges and the barriers to making the necessary changes. Finally, it provides some recommendations for where early standards development could help to change long term care delivery.



Section 1



1. Potential for standards to support a revolution in long term care provision

1.1 General

If there is to be a significant move away from institutionalised care, disruptive innovation will be needed to drive changes. Standards could provide a way of setting out the principles for delivering long term care in a new environment. Standards are documented best practices that are developed by consensus between professional experts. They offer businesses and organisations the tools to fine-tune their performance, to manage risks whilst operating in more efficient and sustainable ways, and to demonstrate quality to their customers.

In a global economy of rapidly emerging new technologies and markets, standards can help to set the rules and establish the frameworks that make it easier to innovate successfully. Standards can provide clarity, consistency, empowerment and choice for consumers. Consideration needs to be given to the areas where standards should be developed in order to allow the public to experience high levels of assurance when their long term care is provided outside of an institution.

1.2 Current scenarios with healthcare services and facilities

Currently, any public service, including facilities that provide healthcare, will be expected to meet regulations and standards in a number of different areas. A regulation is a rule that is made and maintained by an authority, and must be followed. However, standards are generally of a voluntary nature, and are used to demonstrate that an outcome can be achieved. Standards can be used as a means for demonstrating that regulations have been met. They can also be used as an alternative to regulation, where a profession develops and maintains the necessary levels of best practice, without the need for legislation.

Regulations and standards that are applicable to healthcare services and facilities will reflect the quality of the care provided; but could also include broader areas such as fire safety and prevention; building standards; infection prevention and control; food hygiene; and health and safety. The landscape can be further complicated by overarching legislation, such as the Equality Act, Human Rights Act and Mental Health



legislation; and regional variations between England, Scotland, Wales and Northern Ireland. Some regulations require specific inspections of the premises and services, but others can be supported by professionally developed standards, best practices or guidelines. These are sometimes developed independently from one another, which leads to variations, duplication, gaps, and ultimately confusion surrounding what is best for the public. There are current examples of this in relation to building regulations, where there is a lack of authoritative information about how to design a building that is suitable for those with cognitive impairments.

1.3 How standards could drive innovation?

Innovation is the act or process by which something new (a product, service or system) is created that has a value to the customer. Innovation is about revolution and not evolution. From a political dimension innovation is seen as a way to get growth in the economy. From the public's point of view innovation is about improving lifestyle and the human condition.

The alignment of standards and innovation form a powerful driver for wealth creation and customer value. Firstly, standards development can be used to gain a common approach to the alignment of rules, regulations and best practice by bringing together a broad and diverse group of relevant stakeholders who can re-define the high-level principles around long term care provision. Secondly, standards can ensure that consumers of health-related products and services have clear performance

expectations and recourse about that product or service. Collectively, this provides a route to developing standards that will meet the future needs of the public and those who care for them. It repositions control from professions who may be resistant to radical change and allows multiple sectors to drive forward these changes collectively.

This collaboration will consider what long term care should look like in the next 10-20 years, the challenges and barriers to reaching this vision and some thematic areas where BSI could undertake standards development activities. In undertaking standards development activities in this context, BSI will be mindful of the need to break down the current 'silo' approach, and to empower the consumer to set their own expectations.

Regulations and standards that are applicable to healthcare services and facilities will reflect the quality of the care provided

Section 2

2. Research findings for Long Term Care

2.1 Introduction

BSI undertook research to establish what excellent long term care might look like in the future, what are the challenges in creating new approaches, and how would we remove barriers to changing from current practices. The research was conducted through four separate workshops, with groups of between 7-9 participants. The four groups were separated into nurses, formal carers, informal carers and members of the public who had long term health conditions. Additionally, four in-home interviews were held with people with long-term conditions and their carer, where they were not mobile enough to attend a workshop. The research was undertaken across Birmingham and Greater Manchester in January and February 2014 with a total of 38 participants.

The results of the research perceived long term care needs to fall into seven categories. These were **medical and healthcare needs**; **wellbeing**; combating **loneliness and isolation**; **personal care** (including end of life care); **day to day living**; **financial management** and **security**. The findings from this study helped to form the basis for how standards could help to meet the desires and aspirations of our population in the future. It also highlighted that from an innovation perspective new thinking was an imperative.

The research findings outlined how long term care requirements tended to increase as a person's physical and/or mental health declines. A sense of being part of a community, keeping physically active and not being lonely were fundamental aspects to ensuring wellbeing. Communities are an invaluable source of support as the health and care needs of an individual change. The public need to be able to access medical and lifestyle services easily, to ensure a continued positive outlook on life. As personal care requirements increase, the focus often moves towards accomplishing day-to-day living tasks in the home. With cognitive impairments, planning financial and personal security becomes a greater priority, along with the ever-changing contexts and technologies surrounding financial transactions, economic constraints, reduced incomes and changes to pensions.

Changes in physical and/or mental capabilities are often defined by key milestones that result in greater challenges, such as restrictions on mobility and memory loss, or death of a partner. Some professionals suggest that the increase in single person, or single parent families may encourage greater independence in the future and that the public is now becoming more aware of availability and choice of long term care services in the home.

2.2 Overarching principles of excellent long term care

The research identifies common principles of what participants felt constituted high quality long term care provision. These are focussed on providing health and social care needs in the home. They suggest that care and support should be **tailored** to the wishes of the recipient; be arranged in a **timely** manner; provided **in the home** if desired (and possible); provide **flexibility** over timings; be **well co-ordinated** by a person who **knows** the recipient and understands their needs; and delivered by a team who the recipient **trusts**.

2.3 Medical and healthcare needs

Requirements may include the provision and review of medical prescriptions, diagnosis and management of acute conditions. Examples could be management of adverse drug reactions and poly-pharmacy, or acute confusion due to infection (delirium). Nursing and social care requirements may include the administering of medication at the right time and ensuring appropriate equipment and adaptations are in place. Examples could be wound care, injections, physiotherapy and managing the symptoms of long term conditions.



The public is keen to receive health and social care in settings beyond traditional GP surgeries, clinics and hospitals. These could include "24/7 one-stop" healthcare centres with no waiting times, offering a full range of services; drop-in centres for health and other community services in shops and pharmacies; clinics in the high street or community centres; physiotherapists in leisure centres; and where feasible, services such as podiatry, ophthalmology dentistry and physiotherapy in the home.

Our research participants are keen to see support that is well co-ordinated across medically qualified professionals. Improvements to out of hours services would be required, and a greater willingness of services to visit the home, or other locations. Some health professionals are wary about non-professionals recording diagnostic measures, but the recipients can see the advantages to this. There is a desire to use more digital technology to remove unnecessary appointments and waiting times.

Our research showed that in order to support new ways of delivering higher quality long term care in the future, healthcare services would need to be delivered in more convenient locations and allow real choices for the recipient. Additionally, systems for making appointments would need to become simple and remote consultations (e.g. via Skype) will need to become routine. Healthcare professionals should be able to spend more time with individuals to assess and review their needs, wishes and aspirations. Consumers of long term care services should be able to undertake regular reviews involving themselves, their family, medical and care professionals to discuss their overall wellbeing and satisfaction.

There is a need to bring together emerging products and services; new systems and trends in order to provide assurance between the public, service providers and technology developers. An example of where this is currently happening is with the role of health and wellbeing apps, that can be applied on smartphones and other devices. Consumers are increasingly utilising apps to help record their own personal information, such as vital signs, sleep patterns, and what they eat and drink. Apps can also assist people with managing conditions, or providing medication reminders. This information should be given gravitas so that the public can choose how to use their own data for their own long term care needs, whether that is for clinical interventions, accessing social care, or identifying consumer products.

Recommendation 1: BSI should develop a standard to provide assurance in the emerging digital health market between app developers, health service providers and the public; and develop principles that allow personal information to be used as a commodity for accessing the right healthcare.

2.4 Wellbeing

Wellbeing is about an individual's inclusion in exercise, leisure and spiritual activities that allow them to enjoy their life, as well as giving something back to the community if desired. It can involve befriending services, and a role for people to support others across their community. The consumers of long term care and their families see the value in paying for activities so that they enjoy life, but a barrier can sometimes be the lack of concessionary rates. Wellbeing is also about respecting and recognising that individuals are intelligent, experienced adults with a right to make their own choices for socialising and leisure activities (rather than having certain activities forced upon them).

The participants in our research highlighted that in the future, broader activities should become available so that there is something for everybody to enjoy. Leisure centres should run classes and programmes for different levels of fitness. For those unable or unwilling to participate, technology currently used by the digital gaming industry could provide an alternative. Models from other countries could also be considered, where for example the older adults can take state-funded holidays, that allow breaks for informal family and carers.

2.5 Combating loneliness and isolation

Combating loneliness and isolation involves providing companionship and helping people with all of their communication needs, from physical meetings to remote contact. It is relevant to the home environment and also outside, from day centres to shops and churches.

Informal carers that we spoke to considered family and friends as the main source for this support. However, healthcare professionals and recipients also saw this as a wider role for the community. Businesses and professionals may need to encourage the socialising aspects (e.g. by provision of transport). Access to pets was regarded as an important aspect of companionship.

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Our research groups predicted high quality long term care would consist of effective local services, that nurses could direct people towards. Technology was seen as an enabler to bring people together who want to be connected (e.g. video calls).

2.6 Personal care

This covers the ability to dress, bathe, go to bed and get up, and the associated moving and lifting of people. This could apply in the home, in an institution or another location (e.g. on a holiday). Personal care needs to fit in with the cultural norms and attitude to long term care provided by the family or community. The individual should always have a say in the choice of their carer. Overall, the public wants consistency and competence.

Our research suggested that future long term care approaches should provide more time for carers to spend with individuals to cater for their needs as defined by them, rather than being bound by the constraints of workload and regulations. It should also provide flexibility in timing for when tasks are carried out (e.g. showering at an appropriate time of day). Homes would be developed where it is easier to provide long term care, and to retrospectively adapt the setting. Digital technologies would be utilised to request services or assistance.

Additionally, the public identified that end of life care would involve an earlier discussion of preferences, including the option of living wills and spiritual support. Professional support would be provided by a consistent team that all work together.

Greater support and counselling would be provided to spouses and offspring for a sustained period after a loved one has passed away.

2.7 Day to day living

Day to day living involves activities such as cooking, shopping, housework, laundry, gardening and transport for getting about. It includes provision of suitable individuals and services to allow this to happen effectively.

Members of the public want carers who are not time-pressured and therefore sometimes do an inadequate job because of this. There is an interest in the wider population providing services, possibly using a 'time bank' model. Some services could be outsourced (e.g. laundry) or accessed virtually (i.e. internet shopping, prescriptions). Private providers are already recognising this opportunity, but they need to provide cost-effective solutions.

Our research showed that to ensure day-to-day living requirements are met, providers would need to become more aware of the needs of those with long term conditions, in particular cognitive impairments. Businesses, including supermarkets could offer services that are designed for older adults. Communities could offer better transport options, such as more disabled car parking spaces to reflect increasing population. Tasks that are not included in care packages but are considered important by the public, such as gardening, should become routinely available to those who need them.

2.8 Financial management and planning

Financial management and planning involves daily banking, using money, paying bills and for care, ensuring all entitlements are received, protection from fraud and planning your future (particularly as long term care needs change).

Many people are unsure who to trust. Everyone likes the idea of an independent trusted organisation (e.g. Citizens Advice Bureau) who can act as an adviser for the service user and family, or informal carers. There is a need for clarity around the entitlement to resources (this differs depending on the condition). Local authorities become involved with planning of long term care and budgets but things change, and this provides uncertainty.

The participants in our research agreed that in the future, clearer financial support should be provided to those who require long term care services. The burden on family members taking on management of personal budgets could be removed. Earlier diagnosis of some conditions can trigger more money and support, and therefore it is important that the public understand how to receive this.

The financial governance aspects of independent living will need to be addressed, to ensure that the public can make informed decisions for how they wish to be cared in the future, and be able to manage money successfully, without the fear of being conned.

Recommendation 2: BSI should develop a standard to highlight the principles of handling money and finances, as long term care moves away from institutionalised models. The scope of this standard should look to include best practice for businesses and financial institutions for the financial transactions of older adults who are living with impairments.

2.9 Security

Ensuring people are safe inside, and outside the home is widely recognised as an important aspect of assuring the public against unusual, criminal or adverse events. It can include protection from robbery, fire and extreme weather conditions.

In the home, social alarms worn around the neck are well known and effective in alerting someone, should an incident occur. However, they come at a cost, do not always work outside the home and can be set off in error. CCTV is utilized

in some instances, particularly where many different carers are accessing a property. Some neighbourhoods prohibit cold-calling to prevent unwanted visitors to the doorstep.

Outside the home, certain technologies have been applied to assist those with cognitive impairments. However, these are not in mainstream use and are subject to controversy (e.g. tracker devices). Banks and supermarkets are beginning to train their staff to become more aware of societal issues (e.g. the Dementia Friends Campaign). This demonstrates the start of a move towards tailoring of services towards the needs of society.

The research highlighted that in the future, digital technology will provide a way of integrating information from around the home, along with personal data (e.g. location) to ensure that a person is safe and secure.

2.10 Specific aspects in relation to paying for care

The research investigated different ways of how people pay for their care. This ranges from those who have their care paid for directly by a local authority, to those who manage some, or all of a personal budget. There is a trade-off between having some choice over your care but with considerable commitment needed to manage your own budget, versus leaving it to a local authority to sort out but having to accept the care that you are given. In one instance, a participant spoke about an accountant who was employed to help manage a personal budget.



Section 3



3. Challenges and barriers to creating new approaches in the future

3.1 Person-centred long term care provision

Our research showed that the challenges around providing a long term care service that is joined up, and centred on the person included: achieving an early diagnosis (especially with a cognitive impairment, because of extra support it can trigger); putting products and services in place when it is needed, particularly when a sudden deterioration in health is experienced; and smooth communication and sharing of information between agencies. In addition, there are challenges around the provision of a 'client champion' that can look after the person's best interests; and providing an accessible interface with range of agencies with which the consumer has to deal.

Consumers of long term care identified barriers to overcoming these challenges, including the fragmentation of different agencies; not just in health and social care but also different public, private and third sector providers. There is a protective attitude towards record keeping and communication, and the Data Protection Act is frequently used as an excuse for not sharing information. There is a loss of continuity of key, trusted workers as they move to other roles, or become less accessible due to cutbacks. NHS bureaucracy is identified as a barrier, but

there is also some resentment of the private sector 'cherry picking' certain services to suit their businesses.

Standards development should bring together different professions to provide a cross-sector approach that is centred around the specific needs of the individual. This is important for when a person has more than one long term condition, and there are interdependencies between them..

Recommendation 3: BSI should work with the public, charities and other professional bodies to consider the key principles around developing a person-centric service for those that require long term care for a variety of conditions and scenarios.

3.2 High quality long term care

The research suggested that the challenges to providing high quality long term care are related to having competent, motivated carers who give the recipient confidence and agencies that offer services that assure the user.

People thought that the barriers to overcoming these included the privatisation of long term care services and dependence on these by local authorities; the economics for care services; and poor 'out of hours' services. Many carers earn low wages or are employed on zero hour contracts. The roles do not always attract high quality candidates and in some cases, training is carried out on the job.

3.3 Care that works for the recipient

Our study identified that there are challenges around providing the individual with some choice about who cares for them and when and how long term care is delivered. This enables formation of a level of friendship, and builds trust with their carer, along with the flexibility to give their time when it is most needed.

The research suggested that the barriers to overcoming these challenges included the size of caseloads for carers and other health professionals, constraints on what carers are allowed to do, agreeing how family members fit into a care plan, as well as the complex nature of managing personal budgets, reassessments, and shifting goalposts.

3.4 Maintaining wellbeing and combating isolation

The public identified challenges relating to wellbeing and combating isolation, involving the enablement of the individual to access opportunities for taking part in activities, and socialising. A variety of activities are needed to suit different cultures, levels of education, interests and abilities.

They perceived that the barriers to overcoming these are the lack of services in terms of activities, transport and concessionary rates; lack of clarity around how personal budgets and carer's time can be used; and lack of different environments that can be accessed, and afforded. In addition, there are issues around identifying the sorts of activities that consumers wish to participate in, especially if they are cognitively impaired.

3.5 Developing the home environment

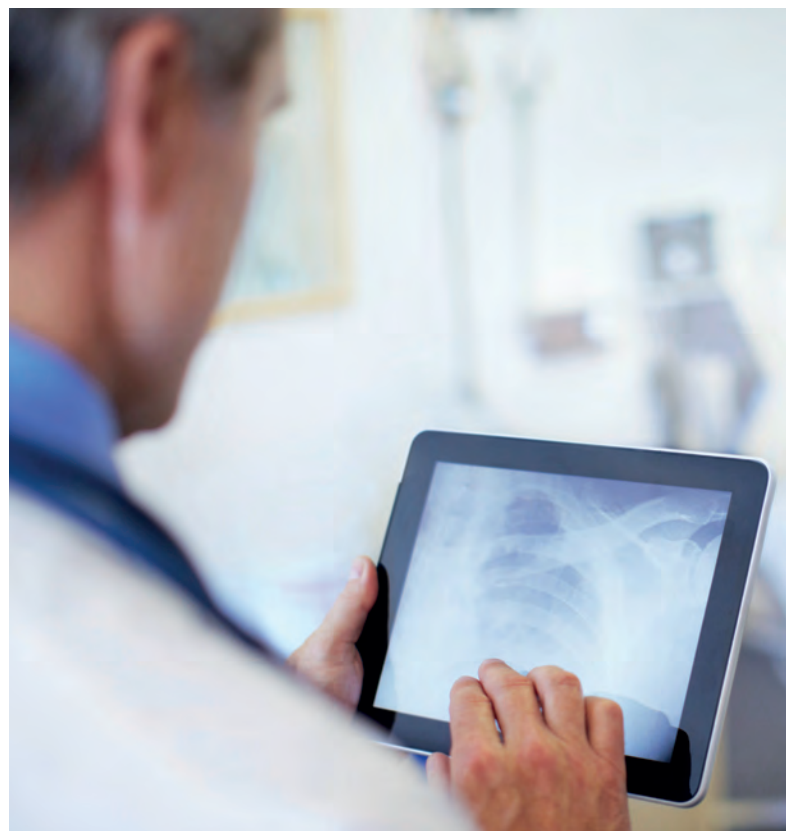
Our research highlighted the challenges around allowing people the choice of staying in their own home (or moving to somewhere more suitable). If they are staying in their home and adaptations are required, these should be achieved quickly, and to a standard that meets the person's and their family's needs, and should be updated as required. Newly built housing needs to take account of requirements of older adults (e.g. space for carers to move around a bed; IT adaptations; wet rooms).

People thought that the barriers to these changes were the cost of adaptations and how they are paid for. In addition, there needs to be better quality, design and style of adaptive devices to ensure that the public will enjoy using them. There are already some well-designed 'retirement villages' but the main barrier to these is their availability, and their ability to meet the requirements of those with serious conditions that require space for medical equipment.

3.6 Interface with technology

The research identified challenges around technology, including: it is not universally welcomed (although it is seen as a benefit in most cases); lack of user-friendliness and reliability. It is important that technology is seen as complimentary, and not replacing the human interface.

Digital health is expected to become a growth area, with new generations of telecare and telehealth equipment and services providing assurance for those living independently. Standards could be developed to ensure that these new "technology enabled care" services are innovative, and meet the needs of the public. They need to break down the perceptions that existing technologies can be expensive and unreliable and remove the fear of replacing human interface.



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Recommendation 4: BSI should work with providers of technology-enabled care products, services and systems to consider how standards can support the next generation development and open up new markets.

3.7 Planning and paying for long term care

Our research highlighted different views about planning and paying for high quality long term care. Professionals identified a need for people to plan ahead, rather than waiting until they experience a real deterioration in their health and find themselves either unwilling to seek help or assuming that help will be given. They felt that people need to be encouraged to be independent for as long as possible and to be educated in using technology to help in this. They believe many people have high expectations of what they are entitled to, including having a great deal of choice which may be difficult to fulfil. Informal carers and the public feel a greater sense of entitlement and should be able to have whatever they need. There is resentment about having to sell your home to pay for long term care, and frustration about the requirement to give back benefits to pay for care in certain situations. There appears to be unfairness in a system that rewards those who had not saved and penalises those who have.

It was perceived that the challenge will be to build a system which is seen as fair, affordable and makes sense to people. Where funding is provided, it will allow recipients to buy health

and social care products and services that meet their needs, rather than to a specification already set down (e.g. beds, medical supplies). It will allow willing and suitable family members to receive funding as part of the care team. Where budgets are managed by the recipient, the task will not be onerous and help will be provided at a reasonable cost.

3.8 Societal attitudes

Many people thought that the key challenge to creating a society in which those requiring long term care services can get the most out of life is by developing a more caring and respectful attitude, both in individuals but in businesses generally.

It was noted that families are not always available, or interested in offering support and need to be encouraged to play a greater role. There needs to be greater respect for those requiring long term care, and those who provide support for them across businesses as a whole. There is a view that young people can play a practical role in providing better support, for example visiting neighbours; undertaking work experience; and providing physically demanding help, such as gardening.

Our research showed there is a perception that the health and social care profession is tied up with issues relating to pay and training. Whilst individual formal carers are valued, the public are critical of their agencies, young and inexperienced carers, as well as those doing the job solely to earn money. Many of the perceptions could be removed by providing an enhanced status with better training and pay so that higher calibre, motivated carers were attracted to the profession.



4. The role of BSI in revolutionizing long term care

4.1 Introduction

When considering the development of standards in new areas, BSI can utilise a number of different interventions, including:

- **Establishment of committees** – to develop national standards, or to provide input in to European and international (ISO) standards development;
- **Standards Development** – to secure resources to deliver UK standards, or as a basis for future submission to European and international work programmes;
- **Research and fora** – to inform strategies and to build stakeholder groups;
- **Pilot studies and communication events** – to test standards and provide case studies to encourage increased uptake and influence of standards;
- **Other tools** (e.g. self-assessment tools) – to provide further means of promoting uptake of and understanding of the purpose of a standard.

All of these interventions could play an important role for the Long Term Care Revolution, but the primary focus for this time will be the development of two pilot standards. Events have

been held to formalise the scope of these standards, and to build awareness during the consensus building process. In parallel, BSI will consider the establishment of a steering group, that can provide the basis for future work in this area (based on Innovate UK priorities and other initiatives). This committee could also provide a focal point for UK input into emerging European and international standards development activities.

4.2 BSI and the public

Consumers of long term care, and the public in general are important to BSI, as they actively support public interest involvement in the standards making process, and ensure their views are properly taken into account. BSI operates a Consumer and Public Interest Network (CPIN), which is made up of representatives and co-ordinators who contribute to the standards development process, and work with BSI on prioritizing activities. The CPIN also includes affiliated organizations.

There is a need to radically change the way that standards are conceptualised by consumers of long term care, so that they become familiar with what to expect from a product or service,

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and have a right to redress when these fall below expectations. The public need to become familiar with standards, and be empowered to use them in a way that will provide them with better long term care. There should be a framework for the evaluation of feedback from standards, so that they can be changed if they are not fit for purpose.

Recommendation 5: BSI should focus on the needs and wishes of the public in order to build standards that will address further aspects of 21st century long term care provision, as outlined in this strategy document.

4.3 BSI and International Standards

BSI has a network of national standards committees that cover a number of topics that are relevant to long term care. These include standards for medical devices, financial and customer services, health informatics, security and information governance.

The majority of these committees provide a UK perspective into the development work of European and international (ISO) standards. BSI is also involved in early discussions with ISO to

develop a strategy for standardisation related to our ageing society, and independent living. By collaborating with Innovate UK, BSI can position itself at the forefront of setting these international standards and best practice, in order to help drive changes, and to allow the UK to become a global leader in long term care provision.

Recommendation 6: BSI should work with other countries to develop strategies and programmes for international standards that will help to place the UK as cutting edge in innovative long term care provision globally.

There should be a framework for the evaluation of feedback from standards

5. Conclusions and Recommendations

Long Term Care will change significantly in the future, as the population expects to be able to live independently and enjoy a high quality of life. Innovation and innovative new technology enabled products, services and systems will help to enable people to do things in different ways. The development of standards can help with addressing some of the changes that need to be made. During 2014/15, BSI will be collaborating with Innovate UK to develop some pilot standards, along with other activities to address the recommendations in this strategy.

Recommendations

1. BSI should develop a standard to provide assurance in the emerging digital health market between app developers, health service providers and the public; and develop principles that allow personal information to be used as a commodity for accessing the right healthcare.

2. BSI should develop a standard to highlight the principles of handling money and finances, as long term care moves away from institutionalised models. The scope of this standard should look to include best practice for businesses and financial institutions for the financial transactions of older adults who are living with impairments.

3. BSI should work with the public, charities and other professional bodies to consider the key principles around developing a person-centric service for those that require long term care for a variety of conditions and scenarios.

4. BSI should work with providers of technology-enabled care products, services and systems to consider how standards can support the next generation development and open up new markets.

5. BSI should focus on the needs and wishes of the public in order to build standards that will address further aspects of 21st century long term care provision, as outlined in this strategy document.

6. BSI should work with other countries to develop strategies and programmes for international standards that will help to place the UK as cutting edge in innovative long term care provision globally.



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