



The **ENSAFE** project is part of **Active and Assisted Living Program** and involves **10 partners across 4 Countries**.

Challenges

Current demographic trends call for a prompt adaptation to the rapidly changing equilibriums of the economic and social structure. Providing citizens with **health and care services of adequate quality** is an increasingly challenging task due to the combined effect of the recent financial crisis and population ageing.

There is a progressive **imbalance between caregiving availability and needs**. **Informal care givers** - often a



spouse, children or friends – are deeply affected by the elderly family members' increasing need for care.

At the same time, **formal health and social care systems** as well as their insurance fundamentals are also under great pressure, especially when the elderly lack an informal caregiver network.

The **limited capacity of both formal and informal caregivers** to look after elderly people has induced a shift of the care paradigm towards an increasing role of prevention and the early diagnosis of potential health issues. **Prevention or early diagnosis** practices, however, affect a **much wider range of users** than disease treatment.

Objectives

The main objective is to improve the quality of life of elder people and enable them to live their lives independently and in their own homes, even as they increasingly suffer physical or mental problems. Secondly, the programme will support the European economic and industrial base. Solutions will be based on the needs and wishes of elderly people and their informal carers/families. They will be involved at all stages of the programme.

- Not only is **Technical Innovation** essential but also **System Innovation** to:
- Share progress and evidence generated throughout the project
- Share findings across multiple networks including clinical leaders, health and care organisations and commercial enterprises
- Ensure that the views and requirements of institutions are fully compatible with the proposed solution, acknowledging varying institutional and socio-economic contexts

Target market for the technical innovation

The **target group** for the proposed innovation are **elderly people with mild to moderate care needs**, The project will also target **secondary and tertiary end users** who for the purposes of this project are defined as the family members and the formal caregivers (state institutions).

The ENSAFE project will devise innovative care services targeted at:

Elderly people with mild to moderate care needs who are physically able to use a normal **mobile phone** and to **independently manage their personal care**. The technical innovation will become a supportive part of the individuals' lives supporting and enabling them to live longer and more independently at home.

They will interact with the ENSAFE system through their smartphone in a friendly and accessible way, and will receive feedback information in the form of motivational messages, advice on improving their lifestyle and most importantly guidance on self-care.

Informal caregivers, who will be given simple tools to have the care receiver constantly monitored, providing them with analysis of the sensor data stream and with prompt signalling of abnormal situations needing their attention

Formal caregivers (Health/Care Professionals), who will have access to the full set of data through effective organization and visualization tools, suitable for being linked to clinical data management tools and policies.

Interested and want to find out more?

For more information about the opportunities to get involved in an innovative new preventative solution contact:

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www.ensafe-aal.eu/home/

Case Study

John lives in a semi-detached house close to town. He suffered with serious diabetes and a slight depression ever since he had lost his wife 6 years before. He did not care much about his insulin treatment (hardly seeing his therapist) or a healthy lifestyle (eating regularly, physical activities etc.) and he did not socialize much. He also hardly tested his blood sugar level. However, he clearly did not dislike modern technology as he called his son (Dan) on his mobile phone frequently. His son, who had a large family and a busy life in the city, visited him every weekend and even rushed from work to his father's emergency calls, which sometimes proved to be fake. This started to have a negative impact on Dan's efficiency at work.



Two years ago Dan met an old friend who suggested using the ENSAFE smart phone system. Dan managed to get the system for his Dad. John gradually started to use all the applications and got linked to the available care services, mainly his therapist social services. John is now providing data regularly on his blood sugar level and even uses sensors to have his movement traced in the house, which Dan can follow up via his mobile. Feeling safe and looked after, John's depression vanished and he does not disturb his son unnecessarily any more. Instead, he visits his family and often meets with old friends. He does not visit his doctor more frequently than before, but these meetings are nice discussion about the user profile that the novel data the system produces about him. They discuss the ways John can keep himself in an even better state of health and mood.