**Katie’s Story – Eligible for Funding**

1. Remove need to visit multiple websites inc. failproof handovers.
2. Online needs assessment
3. SMS and emails to see how she is doing
4. Online financial assessment
5. HR support tool for hiring PA
6. Online accessible help
7. System that help trigger assessment review
8. Create a single record, not having to keep putting info in.
9. Real world gadgets and tools eg. Vacuum
10. Joined up health and care record
11. ‘My friend has MS’ app
12. App/Online tool to help you be in control. Put people in centre – personal and professional network
13. Digital social tools to make involving friends and family better
14. Diagnosis support
15. Online support to build a support plan
16. More information upfront and from one source
17. Info care prescription
18. More direct connection between doctor and social care at point of diagnosis
19. Single online assessment linked to the options available.
20. All entry points directing to same place
21. Prompts and telling what’s coming next
22. ‘Rent a room’ support
23. Build ‘capability’ into the assessment
24. Time banking ‘points’
25. Life planning tool
26. Digital resource that helps to build up real world support and connections
27. Tool to help get best PA
28. Ability to connect with broker
29. Social tools for interaction with friends

**Frank’s Story – Self Funder**

1. Digital memory board – meds appointment – link with daughters
2. Dementia clock (physical object) – time of day ‘Mindings’
3. More interactive food deliver e.g. Casserole club/Community eating
4. Safer cooking app
5. Virtual communities – social support for rural people, Telefriends and real world interactions
6. Wii-fit (gaming) and health and physical activity
7. Digital picture frame – help with cues
8. Live updates/status of support
9. Diary with timelines including visitors
10. Link with health appointments
11. Link with family/carers/GP?
12. Carrier for devices – wearable tech
13. Curated e-social support
14. GPS – App on top/service on top info re: time to get to door
15. Local authority support
16. Third sector orgs - Relevant
* Right service/right time
* Sign-posting
* Personalising to own needs
* Match.com style
1. Referral to LA (digitally)
2. Tools to manage payment and caps
3. Digital tools to manage home etc. gas, H2O, temp
4. Classification for directories and national standards
5. Smart houses: CCTV, alarms
6. Sharing with carers (Cost effective for self funders)
7. Reminder and prompts, remote medication prompts and monitoring

BUT: Big brother feelings? or confusion re: voices
Legislation/policy re: telesales
Bank as middle man/protection

1. Community meal sharing
2. Financial morals need development ?? LA and private sector (more about info sharing – more about closing market gap)
3. Tele-health prompts as preventative care and ongoing customisation for users
4. One stop shops for info
5. Storing records in real time
6. Sharing safely
7. Less paperwork
8. Increasing capacity
9. GPS (with consent)
10. Care navigator
* Pulling data and content
* Pioneers
* Dialogue with existing IT suppliers
* Build open standards core system and common transactions – cost savings
1. Care package calculator and personal budgets
2. Directory to push people to LA – Local digital programme
3. Make existing info accessible
4. Proactive ‘ill’ service
5. NHS Choices to capture data re: user and personalise
6. Challenges: user centred vs orgcentric payment
7. Package for council re: using digital to support and identify users
8. On relevant pages (eg. Stroke) – highlight carers needs
9. Quality mark

**Judy’s Story**

1. Skype and blog with Judy’s mum’s care home (M)
2. Integrate assessment (H)
3. and information prescription (H)
	* at the beginning of care pathway
	* more than a leaflet
	* link to local support and groups
	* individual
4. Carers to produce own profile with want and needs
* Matching resource
1. Automate interactions with NHS
2. Integration between health and social care – PHR and assessment
3. Consent and access to tech and support at her home to use tech
4. Access to broadband and community links
5. Use of SMS
6. Libraries as centre for digital inclusion
7. Partner with voluntary agencies to support digital access in home
8. Integration of health and care interaction
* Single and co-ordinated package of care
* Integrate data
* Single electronic record for health and care
* Digital care plan
1. TVs – smart TVs to deliver info
* Whole family
1. Prompts – “people like me like/choose this…”
2. Record of who has(not) viewed my record -IG framework
3. Carer and user passport
* Essential contacts and actions
1. Care navigator – single contact – linked to integrate assessment – CRM system to manage whole pathway and prompting (eg. It’s showing, can you get to shops?)
* Combo of a person and tech (intelligent systems) with option of self service
1. Online forum to connect to others
* Voluntary sector input
1. Skype/Facetime her mother
2. Identify early needs (GP)
3. Key triggers and deliver package of care at discharge
* Automated package of info delivered to Judy
1. Info needs to be seen as an asset
2. Full carer’s assessment – values based
3. Car/taxi sharing for Judy to see her mum – app
4. Social app to track social contacts and goals outlined in carer’s assessment
5. Tool to assess local care home availability
6. Role of care home to undertake early intervention
7. Web chat – DementiaUK
* On back of existing systems
1. Budget – similar to online tax credit assessment
* Scenario planning
1. Amazon like recommendation
* . . .other users got an iPad
1. Council – going digital at assessment.