



INNOVCARE – AAL-2014-192

Open ICT platforms and technologies to reduce and prevent the social and economic impact of elders care

D5.5: InnovCare Guidelines

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1 Introduction

1.1 Objectives

InnovCare project can be classified within the so-called social innovation. As part of it, InnovCare project is said to provide information, knowledge, organisational models, services and social-entrepreneurial models that can tackle social challenges such as unemployment, ageing, social exclusion and social and environmental sustainability. From a societal point of view, InnovCare is a very promising and hopeful solution that can bring such improvements to or society, especially to the older adults, their relatives, friends and all the carers that will utilise it.

This deliverable stands for “D5.5. Guidelines” and, in this first version aims at outlining the expected social impact of *InnovCare* project by mean of a Societal Canvas. As planned this *D5.5 InnovCare Guidelines* deliverable will have a second version which will employ this content as the base and will add all data gathered from partners, external drivers and end-user pilots will be used for creating the guidelines to maximize the impact of InnovCare project. Taking this into account, this deliverable aims at reaching professional and non-professional carers that will have a better and in-depth understanding of how to perform and how to get the utmost benefits from its usage.

It is worth highlighting that *InnovCare* project is very ambitious regarding the social impact because of the reliability of the different components that compose it. Some of them are already into market which pragmatically means that they are already tested in depth.

1.2 Scope of the deliverable

This document is the result of the analyses of the different social impacts that are expected as outcome of InnovCare project.

The societal canvas shows us a basic representation yet complete about the relation model and the proposition to exchange value between providers and users of products or services. The addition of the social approach notably differs from the criteria of value delivery and the way in which the operative sustainability and economic action are understood. Social Canvas is a tool that facilitates the understanding and work with the relation model from a built-in point of view of the service processes that comprise the social initiative or the new social service.

Although this deliverable specially focuses on the social impact of this project, to do so, it is necessary to consider all the technical developments and the likely spread of the outcomes that is better analysed within the business models’ deliverable D5.3. It is also worth noting

that this deliverable lacks data from real pilots and this data will be included in the second version.

The analysis made in the framework of this task is made taking into account several social lean canvas models, specially the following ones [1] [2]. Within this deliverable there is a schematic social lean canvas made by mean of an online tool called Canvanizer [3].

1.3 *Structure of the deliverable*

This document is composed of 6 chapters each of them very well differentiated. Not all of these chapters are fulfilled yet, but they will be so after releasing the second and final version of it. The structure of this document is depicted as follows:

- In chapter 2 we introduce the societal canvas theory.
- Chapter 3 tackles the adaptation of the social canvas to InnovCare case.
- Chapter 4 will be a summary of the collected information from potential partners and external drivers – and will be explored in the final document.
- Chapter 5 contains the guidelines of InnovCare solution.
- This deliverable ends up with a chapter in which the main conclusions are summarized – and will be expanded in the final version of this document

2 Societal Canvas Theory

Within this chapter, it will be developed a theoretical introduction to what a Societal Canvas is.

It is worth highlighting that a business model canvas attempts to clearly articulate the rationale of how an organisation creates, delivers, and captures value [4]. To depict the social impact of companies with a social target, there has been made some adaptations from the original business model. In the following figure, it is shown the blocks that comprise this model:

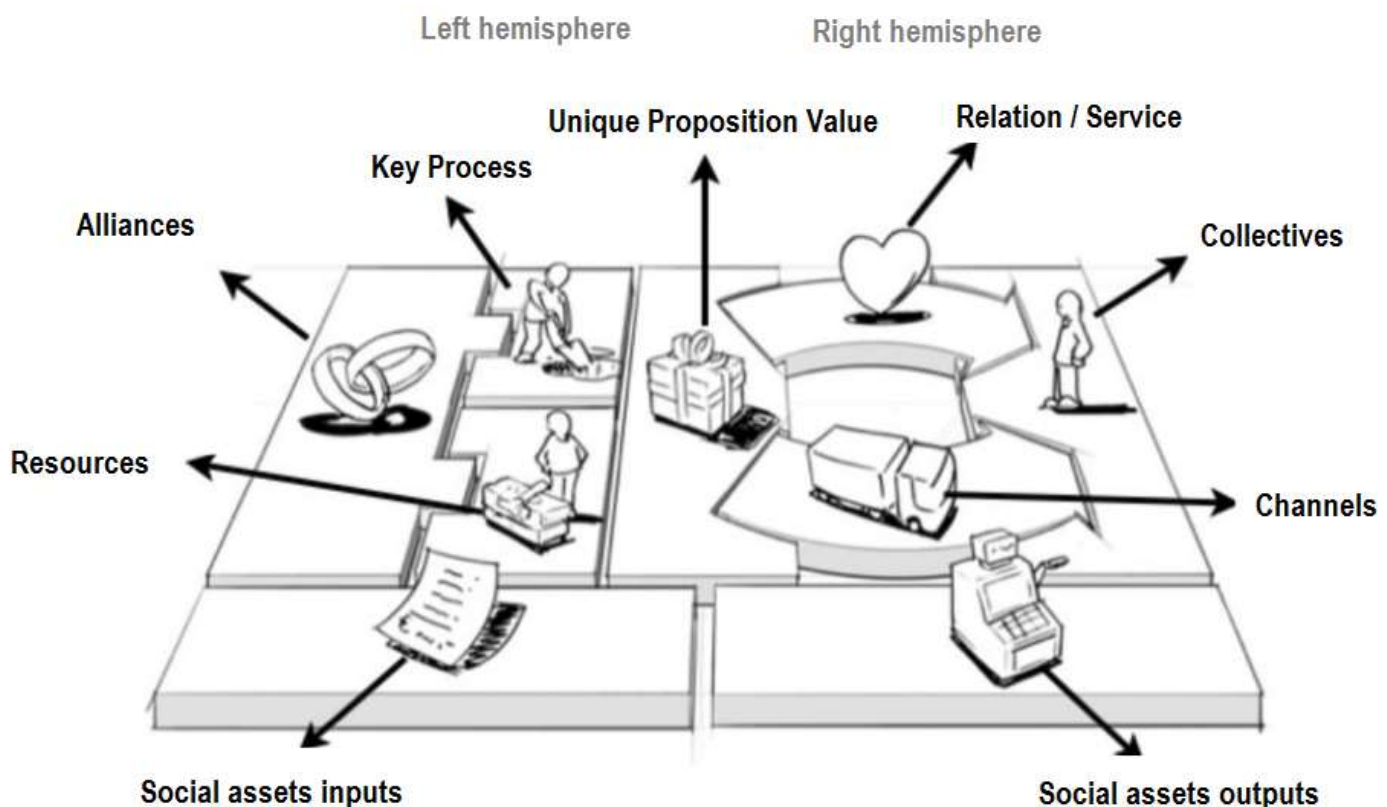


Figure 1 Social Lean Canvas

It can be said that social enterprises organise themselves in achieving these goals:

- They may directly support, train, and employ people who are experiencing some form of exclusion and disadvantage.
- They may provide services or products to directly meet a social need or achieve a social impact.
- They may generate income for a charitable or social purpose.

2.1 Collectives

“The different groups of people or organizations an enterprise aims to reach and serve”.

Collectives are the receivers of our products or services. It is needed to depict their expectations because our *Relation/Service Model* is based on it. The following questions must be very clear:

- What are our more important Collectives?
- How about the size of the collectives? We may measure it.
- How personalized is the service offered?
- Is it a public service or a community resource?
- Is it necessary to transform an inefficient process?
- Are there relations between the collectives?
- Which value receives each of them?

It is important to set the metric of growth considering the target collectives and the level of maturity in their participation. To do so, there are several Social Value Metrics [5].

It is also important to point out who the first customers/users will be, i.e. the early adopters.

2.2 Unique Value Proposition

“The products and services that create value for specific collectives – what keeps customers returning to your enterprise”. When defining a social canvas, this concept is redefined as follows:

“Social value is defined as the social outcomes and benefits that are generated through the enterprise”.

Social enterprises must trade-off social and commerce value in order to succeed. This means that not only from social value an enterprise can climb the ladder, it has to also generate a ‘commercial value’. So, a social enterprise often has two value propositions:

- The impact value proposition, the social value sought and its attractiveness to customers.
- The commercial value proposition, the goods and services produced and sold and its attractiveness to customers.

2.3 Channels

“How an enterprise communicates with and reaches its customer segments to deliver a value proposition”.

The channels are the manners in which a venture aims at reaching the customers or users in a scalable way. Depending on the nature of the venture, these channels will vary significantly. It is also needed to differentiate the channels in which the venture will reach the different users segments, that is to say, depending on the beneficiaries you are trying to reach, you may have to get creative in reaching them. Identify channels that are easy -or at least possible- for them to access.

2.4 Relation / Services / Customer Relationships

“The types of relationships an enterprise establishes with specific customer segments”.

In social enterprises customer relationships are critical. Customers may be attracted to our value proposition just from a purely business perspective, and we should aim to retain their custom on this basis. It is worth noting that social ventures have positive feeling from customers that sense they are not only purchasing a product or receiving a service but also collaborating with a social end.

Another approach to this block is how social ventures are interested in pushing out the ‘traditional’ customer relationships with a business, and explore how customers could become our ‘community’ or how they could co-create or co-produce the business with us.

2.5 Social Asset Outputs

“Outcomes expected from the performance of the value delivery”.

The economic income is one of the key metrics of this block, but there should be added more indicators based on humanistic laws and integral and systemic vision of the quality of life of people.

In [6] it is said that a development system over which we want to measure the evolution of a human collective should have the following features:

- Customizable
- Stable and inter-generational
- Cohesive

- Innovative
- Applicable in small scale
- Integrator

An integrator vision of the social wealth should comprise and extend the achievements previously obtained during the economic development period with the new requirements of quality of life and wellbeing.

2.6 Key Resources

“The most important assets and resources (physical, intellectual, human, financial) required to make an enterprise work”.

Key resources are the assets, tangible or intangible, that make your business model work. In the case of social enterprise, this refers to the resources that drive your commercial model and the resources that drive your impacts.

Resources	Commercial	Impact
Physical	Facilities, infrastructure, buildings, vehicles, systems, distribution networks.	Special equipment and infrastructure, systems, accessible buildings
Intellectual	Brands, knowledge, contact management systems, partners, business knowledge and skills	Impact knowledge and skills, pro-bono support partners
Human	People, staff, partners	Support staff, brokers, powerful allies, support networks
Financial	Cash, lines of credits, access to finance	Access to funds to cover impact costs
Impact		Methods and networks to assess and evaluate impact, all other assets needed to ensure impact delivery

Table 1 Key Resources

2.7 Key Activities

“The most important things that need to be done to make the enterprise work”.

To deliver the proposition value it is needed to carry out some key activities (commonly these are the processes of study, diagnose, production, communication, evaluation...). These activities allow the venture to deliver to its users the value proposition through different channels and with a concrete kind of personal or technological relations. These activities must ensure both commercial and social value.

Key activities across the commerce and impact of social enterprise may be:

- **Complementary:** Complementary activities may be leveraged for greater efficiencies across the delivery of commercial and impact value
- **Opposing:** there may be activities where it is difficult to balance commerce and impact value delivery

Being specific about what activities are critical to support and deliver your impacts is helpful not only in understanding what needs to be done on a daily basis to maintain your impact focus, but also to costing your impact.

2.8 Alliances / Key Partnerships

“The network of suppliers and partners that make the enterprise work”.

This block must include the alliances need to execute our relation / service model with guarantees. These partnerships must complement our capacities and empower our value proposition, optimizing the consumed resources, and decreasing the uncertainty. These are the entities that actively participate in the building of the needed services and processes.

2.9 Social Asset Inputs

This block collects the social assets that play a role as input within the social process or initiative. Some intangibles like confidence or culture may be necessary as input to the process, since in the case of their inexistence, the service may be blocked. The trade-off of social asset input and output must be positive to consider an initiative of social interest.

In common lean canvas business models, this block refers to the revenue streams, the cash an enterprise generates from each customer segment (subtracting costs from revenues to create earnings). As aforementioned, in this case the focus is a trade-off between these streams and the intangible of the impact generated.

3 InnovCare Societal Canvas

In this chapter, the societal canvas is adapted to InnovCare project outlooks and forecasts for its solution.

In first place, it has to be cleared out the anchor purpose of InnovCare project: *“to provide and enhance the quality of life of the older adults by mean of personalised assisted living ICT services for this segment of the population to enlarge their autonomy, improve their physical, mental and emotional wellbeing, prevent further dependence, and facilitate networks to support self-care. Better self-management does lead to healthier citizens, more appropriate (health) service usage, and fewer unplanned hospital admissions”*.

InnovCare aims at supporting older adults in independent living and at detecting functional decline, consequently avoiding hospital admissions.

InnovCare proposes an integrated care programme, which includes physical, cognitive, and social activities, InnovCare brings an important added value to all health and care systems in the sense that it proposes a well-structured programme which can be easily adopted in any institution while is very well accepted (adherence rates demonstrate it) by the end users.

3.1 Collectives

The potential stakeholders can be distinguished among the next three well-differentiated following groups:

Older adults: to enhance and promote behaviour change in older adults – going from passive care recipients to well-informed, active, engaged, and committed individuals. In addition, the system aims at empowering older adults in self-management and detecting functional decline (trend analysis) in an early stage. Focus is on healthy older adults with mild age-related impairments as physical limitations, sensory thinning, and cognitive decline. Patients in advanced stages of their disease are out of the scope.

- Older adults are monitored through wearable technology in a continuous, unobtrusive way. In addition, they can perform health measurements by making use of tele-monitoring devices or apps on the smart phone, and answer simple questions to collect more subjective data about their state.
- Older adults receive reminders, alerts and coaching based on automatic data analysis or based on suggestions from others.
- Older adults have direct access to a (fully integrated) health record combined with information centres and apps concerning health and disease specific topics. They can grant others access to this data through a permission module.

- Older adults can initiate or receive video calls in order to communicate with both formal and informal caregivers.
- The older population will be enabled to be socially active – in several dimensions:
 - in their homes by being digitally engaged with people, games, and other activities;
 - by providing them with the information and motivation digitally – to be active and participate in outdoors activities in their communities;
 - by enabling them to communicate (web/mobile video conferencing and chats) with other InnovCare members – in order to create a social community of people with same goals.

It is important to distinguish older adults taking into account their level of digital literacy:

- a. Low level digital literacy older adults: people who grew up before Internet became part of our lives. This group it is also composed by people that suffer from digital illiteracy. This is the most challenging potential group of stakeholders within the framework of InnovCare project.
- b. High level digital literacy older adults: this group belongs to a new generation. They are more assertive, more active, and highly value self-determination. They are also more familiar with ICT and other aspects of modern technology.

Informal caregivers: to facilitate (remote) monitoring and support of independent living in older adults by training informal caregivers to use web services, apps and interactive tools allowing them to communicate, share their experiences and support each other while keeping active in the society through their daily activities.

- Informal caregivers can be granted (full or partial) access by the older adult through a permission module. Also, a one-time, password-enabled access option can be chosen. Different roles can be defined.
- Informal caregivers can receive an alert when something seems to be wrong.
- Informal caregivers can use the video call functionality to start or receive video calls to communicate with the older adults.
- Informal caregivers can make use of an agenda to be shared with the older adult, family and friends, other informal caregivers, and care professionals. In this agenda, informal caregivers can manage appointments and reminders. This way, they play a supportive role in daily planning. In addition, this agenda function might be also beneficial for the informal caregiver, enabling a better balance between their personal life and caregiving.

- Informal caregivers can offer support to older adults in configuring, personalizing, and using the system through a web interface and mobile devices, using a browser. When preferred by the older adult, informal caregivers can act as administrator as well.

These stakeholders will gain visibility and become active partners for supporting seniors in their new self-care lifestyle. Making a parallelism with the ICT sector, we consider informal caregivers as active sensors of Senior's health related activities and status. Both older adults and informal caregivers are increasingly referred to as "experts by experience".

Formal caregivers can make a description of a single visit (EMR) themselves or upload data. This data is always accessible for the professional who created this information.

- Formal caregivers can consult the full patient history (EHR) when granted access by the older adult. Besides continuous access, there is a one-time, password-enabled access option as well.
- Formal caregivers can perform research and analysis on anonymous aggregated data from all older adults.
- Formal caregivers can use the video call functionality to start or receive video calls to have e-consults with the older adults.
- Formal caregivers can use InnovCare as a tool for accurately measuring and quantifying specific signs or symptoms, consequently supporting them in decision making. Based on this information, they can empower and coach the older adults.

To summarise, *health professional and formal caregivers* will empower and train their patients to enhance their autonomy.

3.2 Unique Value Proposition

The main unique value proposition is to help older adults stay independent in their own homes. This is done in a cost-effective manner to become a mass market solution for this segment of the population that lacks good incomes in many cases.

The value propositions can be enumerated as follows:

- Novelty
- Cost reduction
- Risk reduction
- Customization

- User friendliness
- Efficiency

From the user side (older adults), the impact value can be seen as an increase of:

- their autonomy
- their wellbeing

This is one of the most important parts of InnovCare project because of these two highly valued facets. Increasing the older adults' autonomy and wellbeing in an unobtrusive and user-friendly way will keep older adult engaged to this solution, fostering the use of it, enhancing the quality of life of their relatives, improving the cares coming from both formal and informal carers.

3.3 Channels

In first place, it is worth highlighting the necessity of involving all the stakeholders in order to accomplish a solution that solves the problems in the most suitable way. To do so, older adults, informal and formal caregivers must be part of the decision making during the development stage. This is done by mean of the different pilots in which InnovCare is evaluated and improved after the feedback obtained from them.

3.4 Relation / Services / Customer Relationships

InnovCare aims at enhancing the traditional relations between older adults and their caregivers (formal and informal).

The relations can be clearly differentiated depending on each collective:

- Older adults: although the relation with this group can be thought as indirect from a business perspective, it has to be taken into account that it is expected to work closely with this collective in order to offer the best solution based on their feedback from pilots and reviews.

Older adults will interact with their carers (formal or informal ones). At the beginning, carers will have to teach how to use this solution. Another important duty is the engagement of their relatives in order to foster the usage of InnovCare.

- Carers: the relation with carers must be very close. InnovCare must solve the issues that arise after the deployment of the solution. Moreover, its continuous

enhancement and update must be a requirement. The evolution of the platform based on their feedback has to be made to keep engaged the users.

The relation between the different collectives interested in InnovCare can be seen as follows:

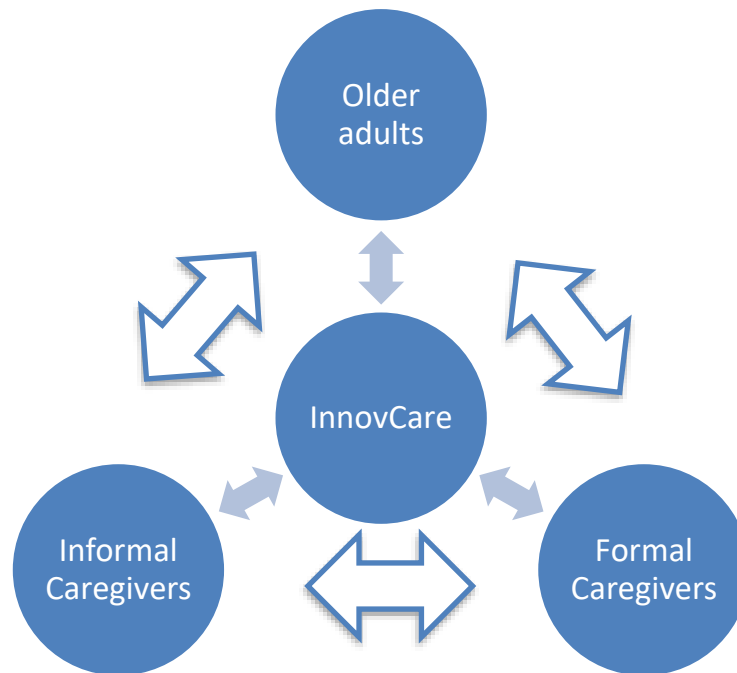


Figure 2 Relation between collectives

It is worth highlighting that every collective is able to interact directly with the InnovCare solution, but also with the other collectives. InnovCare solution will enlarge the collaboration and interaction among the different collectives.

3.5 Social Asset Outputs

InnovCare has a massive potential impact in terms of social wellbeing because of the increase of older adults and the services they need. These two reasons will also lead InnovCare to a magnificent goal in the economic field.

InnovCare will directly impact on the lives of older adults. There are several forecasts about the size of this segment of the population that foresee that by 2020 around 25% of the EU population will be over 65; People aged from 65 to 80 will rise by nearly 40% between 2020 and 2030

Moreover, it is expected that InnovCare solution plays an important role on the mHealth penetration across the Member States. InnovCare will help the development of the new and sustainable health and care systems.

From an economic point of view, we can depict the impact of InnovCare solution as follows:

- Almost all developed markets already have mobile penetration greater than 100%. mHealth could save 99 billion EUR in healthcare costs in the European Union (EU) and add 93 billion EUR to the EU GDP in 2017 if its adoption is encouraged. About 70% of the revenue is expected to come from countries in Western Europe with the remaining 30% from countries in Eastern Europe. The forecast illustrates the mobile health market share in Europe in 2017, by service category. Monitoring is projected to account for 65 percent of the mobile health market opportunity in Europe. Germany accounted for 1 billion U.S. dollars of the European mobile health market. In 2017, the mobile health revenue is projected to amount to 23 billion U.S. dollars worldwide.

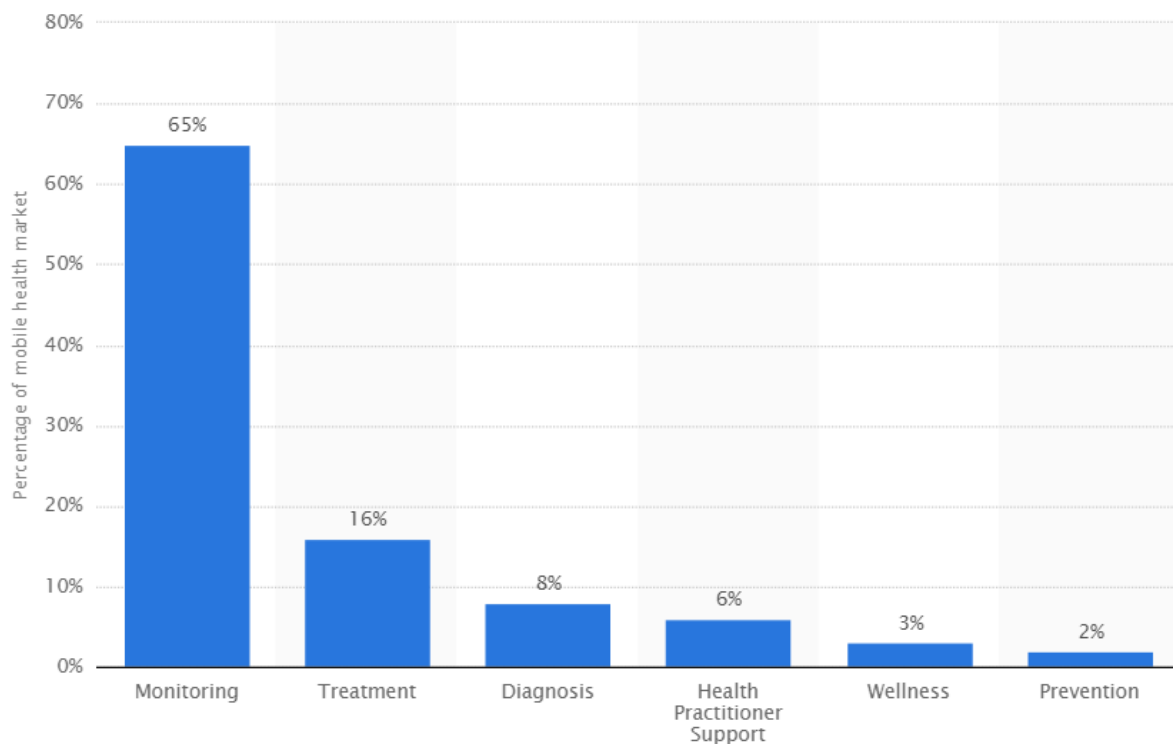


Figure 3 Mobile health market share in Europe in 2017 [7]

3.6 Key Resources

Taking into account the different resources depicted previously, we can address the ones related to InnovCare solution:

- Physical Impact:
 - **eHealthStudio platform**: this platform, provided by LifeOnKey, was designed to meet challenges of the health information space to build connectivity between healthcare professionals, marketers, and patients, with their associated family, and informal caregivers.

- **Dashboard subsystem:** this is an agnostic, web-based framework designed by Wellness Telecom to provide a flexible yet powerful tool for graphical interaction with big data repositories. The dashboard's agnostic character enables interoperability among various systems by relying on widely used standards. *This framework has been adapted to match InnovCare's requirements.*
- **Communication center:** this feature just needs a standard web browser and it relies on webRTC technology. Overall it provides a simple, clear interface and includes all common interaction functionalities. Although most of the communication sessions will involve only two people, it also supports conferences with multiple users.
- **Wearable technology:** the wearable technology of ACROSSING project is provided by Brevidius. This wearable is a kind of smart watch with new functionalities that suit older adults' requirements and needs.

In first place, this smart watch has an adapted interface for older adults to ease its usage. The users can make phone calls regardless the matter of them, (normal calling to their family, friends and whoever; and emergency calls). This smart watch can also be used to measure the heartbeat, to set alarms or reminders...

- **mHealth "Mememtum":** this is a smartphone application capable of providing real-time neurological evaluation and in combination with a knowledge database also provide early detection of neurological problems.
- **Decision Making System:** this software delivers real-time, automated provision of personalised services and interfaces to be used in any platform or system.

The DMS is used to analyse the data coming from the rest of modules and act depending on this data. The main target of the DMS is to establish a rule-based adaptive interface relying on the cognitive state of the users. By doing this, there are some expected outcomes such as engagement of the users, ease their interaction with ICT technologies and so on.

- Intellectual impact: the IPR agreements, certifications and the "knowhow".
- Human: the people involved from developers to administrative workers.

Regarding the impact assessment, the most important key metric is the number of older adults that are engaged to use InnovCare platform. The bigger this number is, the more success is accomplished. But not only this number is important, to engage them, it is necessary the attraction of the other two potential stakeholders.

3.7 Key Activities

The solution is a platform with a high malleability. The project idea and the implementation can be modified to accommodate other user segments or organisational environments than those included in the primary implementation. In spite of concentrating on the described special user groups in the project phase the utilisation of InnovCare is not restricted to them. In fact, one of the big advantages of InnovCare is its easy and flexible expandability. So, if other user groups will be identified to need a special service it is just necessary to survey the special needs and the resulting service requirements in a formal way and InnovCare will (semi-) automatically provide them a usable service. In case some users need or want implementations of new services widgets.

InnovCare project takes advantages of the opportunities that ICT offers:

- This technology offers the chance to boost older adults' independence.
- To enable care organisations and local authorities to deliver better quality at lower costs. It is also worth highlighting the personalisation of services that ease the relation between older adults and ICT technologies leading professional/informal caregivers to enhance their services.

InnovCare proposed solution comes from the enhancement and promotion of behaviour changes among elderly so as to make them go from passive patients to active, engaged and committed individuals.

Instead of starting from scratch, InnovCare project set down its pillars on the adaptation and integration of different innovative commercial solutions, mostly based on Ambient Assisted Living technologies.

To foster the usage of InnovCare solution, it will be designed following accessibility and usability guidelines. Usability focuses on how intuitive and easy a solution is, and comprises five characteristics: effectiveness, efficiency, engagement, error tolerance and easiness to learn.

3.8 Alliances / Key Partnerships

It is utmost important to establish strong alliances and partnerships in order to make InnovCare succeed.

First of all, the consortium must establish a strong alliance, at least, all those partners willing to reach the market. This involves the conciliation of a trade-off to make the commercialization noteworthy for all of them, IPR management, roles designation...

- Governmental carer organizations: nursing homes, older adult residences, Dependency law carers...
- Informal caregiver organizations and community carers are the two groups more reachable from the consortium.
- Physical device providers such as wearables, the needed infrastructure...
- Dissemination agencies to help broaden the expected outcomes during the first stage and to regularly promote InnovCare diffusion campaigns...

3.9 Social Asset Inputs

Some intangibles expected coming from older adults:

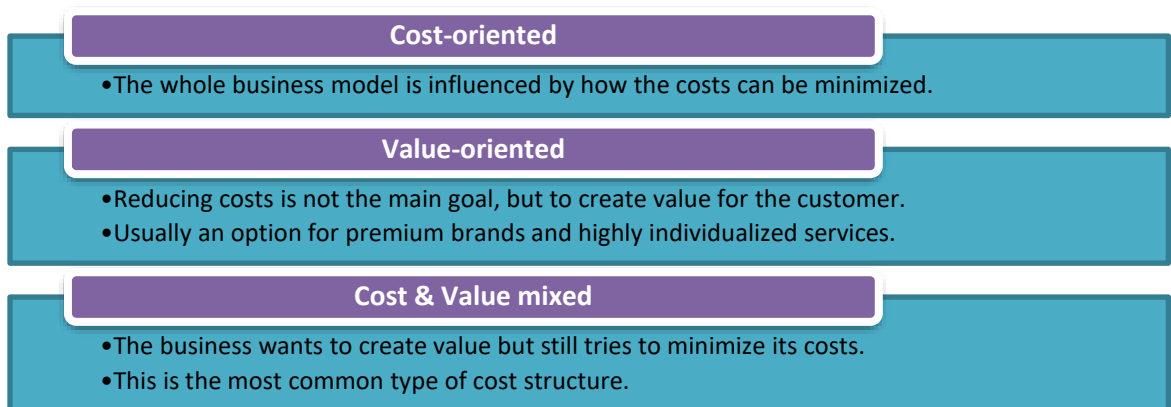
- Confidence
- Self-esteem
- Health
- Wellbeing
- Social wealth
- Independence
- Self-sufficiency
- Freedom
- Happiness
- Comfort
- Safety

Some of the tangible inputs come from the expected revenue streams that depend on the different exploitation strategies:

- Software as a Service
- Monthly subscription
- Related consulting services
- Concierge Services

- Upfront implementation
- Licence
- Leasing
- Usage fee
- Commission

There are different types of cost structures, the most important being a *cost-driven* or *value-driven* model, or a mix of these two. The *cost-driven* business model focusses on minimizing the incurring costs at all ends. The *value-driven* model, on the other hand, is less concerned with the cost implications but does rather focus on the value creation. This approach is implemented by high-end solutions and the luxury industry.



3.10 *InnovCare Societal Canvas*

<p>Alliances / Key Partners</p> <ul style="list-style-type: none"> • InnovCare consortium • Governmental and informal carer organizations • Device providers • Dissemination agencies 	<p>Key Activities</p> <ul style="list-style-type: none"> • Adaptation of commercial solutions • Dissemination campaigns • Engagement by mean of promoting behaviour changes • Pilots 	<p>Unique Value Proposition</p> <ul style="list-style-type: none"> • Increase older adults Independence • Cost-effectice • Customizable • User friendly 	<p>Relation / Services</p> <ul style="list-style-type: none"> • Initially carers teach older adults the usage. • Close relation between carers to enhance their services 	<p>Collectives</p> <ul style="list-style-type: none"> • Older adults • Formal caregiver • Informal caregiver
<p>Key Resources</p> <ul style="list-style-type: none"> • eHealthStudio • Dashboard subsystem • Web video conferencing • Wearable tech • Mememtum • DMS 			<p>Channels</p> <ul style="list-style-type: none"> • Dissemination • Governmental carers associations • Pilot testing 	
<p>Social Asset Inputs</p> <p>Tangible:</p> <ul style="list-style-type: none"> • SaaS • Monthly subscription • Related consulting services • Licence • Funding from government • ... 			<p>Social Asset Outputs</p> <p>Tangible:</p> <ul style="list-style-type: none"> • Monitorization of data • Cognitive tests • Interface adaptations • ... <p>Intangible:</p> <ul style="list-style-type: none"> • Wellbeing • Independence • Happiness • Health • Comfort • ... 	

Figure 4 InnovCare Social Canvas

4 Collectives from Partners

This section will be finalized in the final deliverable after gathering the data from the different partners and external drivers.

5 InnovCare Guidelines

This chapter will contain the guidelines to use InnovCare solution. This will be added in the next version of the deliverable.

6 Conclusions

InnovCare solution will succeed at enhancing and enlarging the independence of older adults. InnovCare platform builds, integrates and merges different highly innovative components already tested that bring up an effective solution to achieve its purposes.

InnovCare's outcomes have been studied from the perspective of the social impact that it will generate. To reach these targets it is necessary the involvement of the carers that will have to teach how to use this software to older adults. Dissemination activities play a crucial role to make InnovCare known. It is also worth highlighting the necessity of keeping the value propositions active throughout the whole life of this project and the future updates of InnovCare will have to take them into account. The contribution of all partners belonging to InnovCare consortium, formal and informal caregivers, device providers, and all the allies has to remain truthful.

As an AAL project, the inclusion of InnovCare to the market will improve the wellbeing, independence, happiness, health, comfort and many other intangible key metrics related to older adults' wealth.

More will be added in next version of this deliverable.