

CM_{UK} meets... Nuno Almeida

Following his experience in the aerospace and defence industry, the founder of Nourish Care Systems initially stumbled across the social care sector. Here, he discusses open collaboration, driving improvement, and why the sector needs to keep its chin up

CM_{UK} How did you come to work in social care?

NA I grew up in a small village in the centre region of Portugal. The family home had a shared boundary with the largest mental health hospital in the country – and growing up in the 1980s when the clinical practice of mental health evolved making it possible for patients to walk out and about in the community – the community kept an eye out for patients who were free to roam in the village.

In the same village, there was a working farm manned by over 150 people with learning difficulties. At the time I had no idea what social care was, and I thought everyone lived in a similar environment. But I was a child of the 80s, so obviously I wanted to be an astronaut. I was academically accomplished and ended up researching in computer science and artificial intelligence, which then led me to join university colleagues building a company providing very specialist services in aerospace and defence.

We grew that business to a substantial size in ten years – in that process I moved to the UK where most of the defence related work was being done – and in 2009 I sold that business, leaving me in Dorset, a county I love, with some money resulting from the sale, and plenty of time to think about what I wanted to do next. This was when I realised that I wanted to grow a business with real impact to people's lives.

When doing market research I stumbled upon the social care sector – and it sounded immediately familiar; I had never called it 'social care' growing up – didn't even know what it was called. I set myself the challenge of learning as much as

possible about the sector – both through volunteering with care providers and socialising with care teams, commissioners or listening from a quiet corner at King's Fund events. The sector felt familiar from day one.

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A decade later I'm still learning with the same energy and curiosity I had for the sector back then, a part of me still feels like an outsider, but I love the sector and there is a lot of work to do to make it fit for the future, and to ensure it takes advantage of digital in a way that truly delivers impact for people leaning on social care services.

How will the backing from Livingbridge be used to develop Nourish Care?

NA While Nourish is growing at a good pace and we have a strong team in place,

the acceleration of adoption in social care, together with the opportunity to expand the business requires expertise which is hard to acquire.

Working with Livingbridge brings decades of expertise in scaling up technology and healthcare businesses, which will be reflected in an ability to accelerate decision making, and our decisiveness in growing our market presence and increasing our impact.

In what ways are you developing the company overseas?

NA Our focus is almost exclusively in delivering impact in the UK. Saying that, we do have care teams using the product in other parts of the world and we expect this to grow as the role of using our products on quality of care and better outcomes for people becomes known in other parts of the world.

How has the introduction of GP Connect within your platform improved 'connected care'?

NA The introduction of GP connect is real progress for continuity of care between health and social care. Once its use becomes widespread, we will say goodbye to poor communication between GPs and care homes, and to an extent between NHS and care providers. As ever, rolling out GP connect as a set of digital functionalities is not in itself enough to deliver impact – this is a journey that will require drive from everyone in the sector – it has real momentum, and I believe it will lead to a very positive impact, in reducing delays triggered by lack of data sharing, and in improving patient safety.



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Chief executive officer, Nourish Care Systems

Career

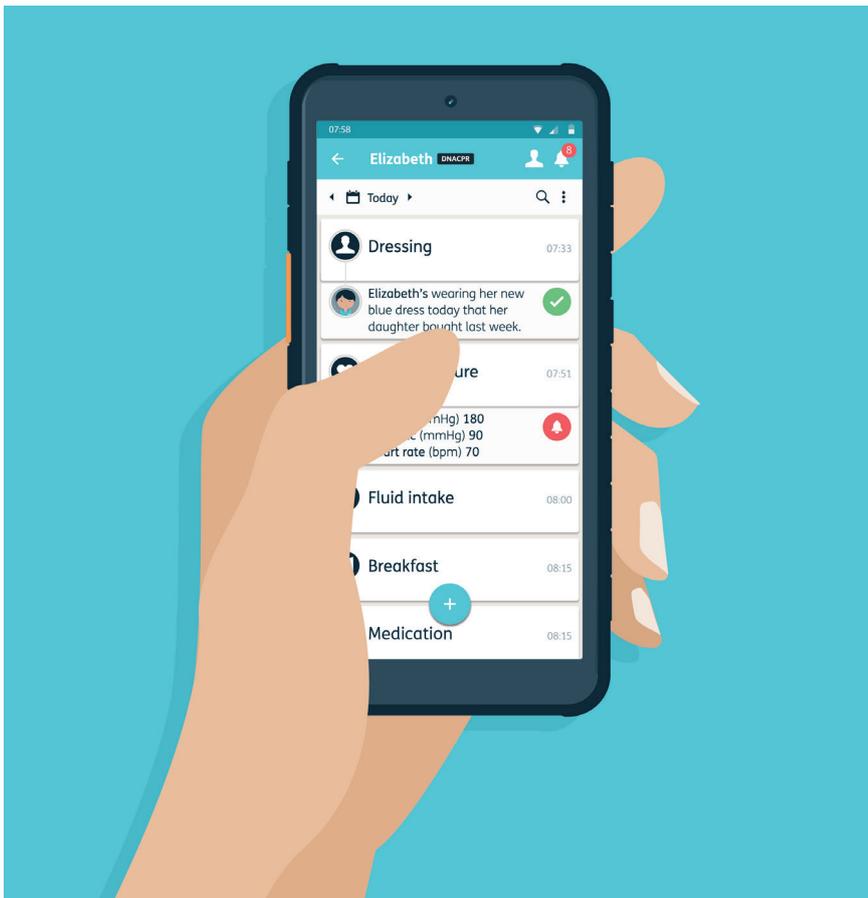
Chief executive officer, Nourish Care Systems (Jan 2012–)
Founding member, Care Software Providers Association (Mar 2019–)
Managing partner, Almeida Consulting Ltd (Sept 2009–Dec 2014)

Business development director, managing director, Critical Software (Sept 2006–Sept 2009)
Business development director and programme manager, Critical Software (Jan 2004–Oct 2008)
Integration management/advisor, AgustaWestland (Sep 2004–May 2006)

Education

Automation and Robotics (MSc), Universidade de Coimbra (2002–2005)
Bachelor of Science, Electronics Engineering, Instituto Superior de Engenharia de Coimbra (1998–2001)

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What is needed to really drive technology and digital solutions in the care sector?

NA We need a combination of three key factors for success. First we need well designed technology: ten years ago it was commonplace for technology which was really difficult to use, barely fit for purpose, to be sold – and what always upset me, was that as a result of poor technology, I saw frustrated care teams who felt their attention was being taken away from caring to spending time inputting data into cumbersome database systems; this has created a perception that social care is slow at adopting technology – when the reality was that care workers adopted technology very quickly when the user experience provided was right.

Second, digital solutions need to clearly demonstrate impact for people receiving care and care teams – it is very common for technologies to be rolled out as a mechanism to collect information for third parties, while not creating benefits for a care team – recent examples include capacity tracker, or remote monitoring of patients in care homes – where gathering information remotely gives the department for health and social care or NHS trusts good information, but this information adds burden to the care team. If a system is meant to be used by social care teams, then it needs to be designed with them, not for them – it makes a huge difference

– and unfortunately, it's still common that care teams aren't consulted.

Finally, if digital is to deliver impact in terms of positive outcomes for people, care teams, and integrated care systems, then we need to ensure there is a degree of alignment in how digital transformation will happen. Institutional alignment and involvement of all relevant institutions in setting a vision for what good digital transformation looks like is an essential part of this journey. A wide range of organisations have been contributing to this effort – either through defining key principles (such as the North Star principles proposed by the Care Software Providers Association), or promoting dialogue, as has been the role of Digital Social Care, bringing providers, regulators, commissioning, and NHS bodies to the table.

At Nourish we evolved our product over the years in active collaboration with care teams, and we are active contributors to the wider system change – both by supporting the sector in setting a vision for digital, quantifying impact of digital solutions, and driving change.

What needs to be done to achieve true integration between health and care?

NA The biggest issue in the relationship between health and social care is the disparity of leverage between both sectors.

In one of my favourite books *Being Mortal* by Atul Gawande – the author

explores the power of purpose, and describes how bringing a large number of pets into a nursing home in upstate New York, helped each resident find purpose – whether it was walking the dog – for a person who is mobile, feeding a cat for a person in a wheelchair, or reminding a carer to feed a parakeet for a resident who is bed bound. For each person, as soon as purpose was found, a transformation would happen – their personal narrative would become less about their health issues, and a lot more about their duties. What followed was a drastic reduction in psychotropic prescriptions, more predisposition for social interaction and an overall happier life.

This is ultimately the role of social care – giving people independence and a purpose. My favourite description of a vision for social care comes from *Social Care Future*: 'We all want to live in the place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us.'

This doesn't translate into the world of the NHS. The NHS was designed to be transactional – to assess trauma, diagnose, operate on, treat. Its transactional nature, which made it so successful with the conditions that were prevalent in the past, now makes it look out of kilter with the current needs of a population living with multiple chronic or long-term conditions. But given the political gravitas driven by the equity achieved in the eyes of the public, the NHS – an organisation smaller in headcount when compared with social care – has a lot more power whenever there are discussions of integration.

This lack of balance of power means that the NHS fails to learn from what social care does well – in reality, social care is much fitter to deal with long term conditions than the NHS is. Yet, we keep seeing the NHS being put in charge of driving improvement or innovation, the 'next thing' – usually with initiatives that are designed by the NHS in isolation, and then roll-out into social care as a *fait accompli*.

The most recent example of this in the digital world, is the event of the Shared Care Record – an information infrastructure which was completely designed by the healthcare system. It was only at the eleventh hour that social care was involved in adding social care information – as if it was a bolt-on to the health – in an exercise that is absent-minded about the fact that social care holds much richer

information about individuals – both in depth and breadth about each person. In data modelling terms, healthcare data is a subset of the whole person.

If we want to talk about integration, we need to talk about an integration that delivers improvements to the experience of each person. Integration around people can be achieved through digital in a way that was not possible before. Institutions should not be the building blocks. Over the past 24 months we've witnessed a significant shift in thinking. It was good to see the principles behind the creation of integrated care systems (ICSs). It was fantastic to see the progress that was done under NHSX in achieving a good understanding of the experience of people relying on care and care teams. It's very positive to see the Professional Record Standards Body being commissioned by NHSX to create information standards for social care and in doing this work in a way that is extremely collaborative – including people with lived experience in the definition of standards.

We all must remain positive that this is possible, and that it's a worthwhile endeavour. Even if we see ICSs being (again) dominated by what used to be called NHS clinical commissioning groups, and if NHSX is now part of NHS England, where historically, the understanding of the role of social care is less developed. This is a multi-decade journey – I personally don't believe in shortcuts. Lots of dialogue and perseverance will get us there.

What are the challenges in getting the sector to embrace technology and digital solutions?

NA As I mentioned above, I believe the challenges are a lack of understanding of the sector by technology providers. Once the sector has gained exposure to technologies that make sense, that work, that lead to better outcomes, I would say the sector is a lot faster at adopting technologies than other comparable sectors.

If we look at the journey for digitising patient records in GPs in the 1980s – and bear in mind that there are far fewer GP practices than there are registered social care providers – that was a journey with significant financial incentives, which took a whole decade. Social care has adopted digital for care records at a far faster pace – achieving 50% of adoption without any government support – and of these 50%, 30% were all adopted in the past four years. I don't perceive this as slow adoption – I would dare say that social care is

leap-frogging the NHS when it comes to the use of digital and analytics.

In terms of safety in handling data, how is this evolving?

NA Security is part of our DNA. We created our first information security risk register well before we started developing our products. As part of our ISO27001-certified processes, this continues to be part of how we function: it's part of our culture.

Nowadays, as the company scales to a significant size, we continue to adopt a proactive approach to security and information governance, with our clients, our suppliers, and partners. This includes regular reviews of our security and information governance procedures, as well as independent external assessments to our procedures, where – under controlled circumstances – our systems are regularly tested for vulnerabilities.

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Being a pioneer in secure handling of data in mobile devices, Nourish has also continued to innovate over the years, with services that allow us to manage hundreds of thousands of handheld devices used by care workers, ensuring they are within known locations – that the software installed is safe and doesn't expose a care team to the risk of data leaks, and if a device is lost or stolen, having the ability to protect personal data and erase it remotely if required.

What would you like to see from the government's digital strategy?

NA My wish is that there is a clear direction of travelling towards co-design with citizens, with people who are – at the end

of the day – the users of digital services. There are clear signs of hope. The government has been listening to social care stakeholders in aspects related to digital, and I believe this trend will continue. It is widely accepted that digital can have a big positive impact on how care is delivered.

What is your vision for social care?

NA The next ten years will see the baby boomer generation driving demand in the sector. I believe that if we have a healthy, competitive system, that is agile and completely focused on supporting everyone, I believe good digital transformation can achieve this – it's not a pie in the sky goal, it's within reach.

Whether it's people and families at the point in time when they experience their first need – using good assessments and signposting, which helps people get in touch with the right service, services that are well informed about the outcomes that are expected of each interaction – and care pathways that give people as much control and choice as they can manage. I believe we can get there without revolutions – this is achievable with good communication – more openness to challenge from commissioners, and good, open collaboration.

I also think we will witness a more defined clustering of care services depending on their operating modes – there will be a rush for quality – primarily driven by self-funders, and a rush for logistical optimisation, driven by commissioning paradigms. I believe there will also be an opportunity for providers who want to position themselves as the reasonable compromise – with baby boomers opting for services that are priced sensibly, offering outcomes-based interventions, delivered through a mix of technologies and highly skilled services.

If you could change one thing about the sector, what would it be?

NA: The one thing I would change is the negativistic narrative parts of the sector that perpetuate about the sector itself. I know the sector has suffered a lot and there are many things that need fixing but if we are always in complaining mode the world stops listening. We are a vibrant sector, full of brilliant, extremely resilient people, full of innovation, a sector that plays a very important role in the tapestry of our communities and our country. We need to keep our collective chins up and show this to the world consistently.

