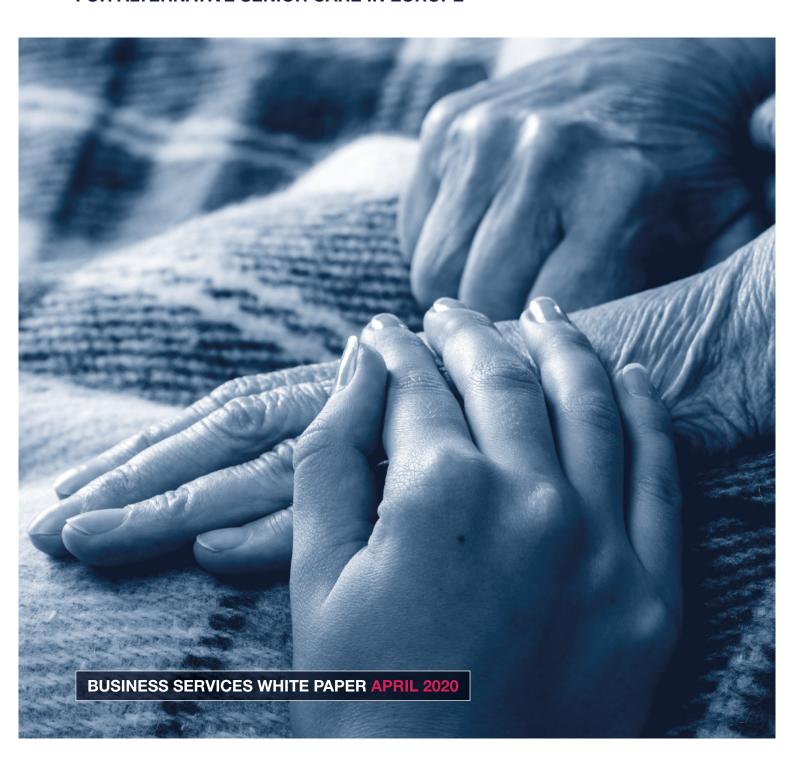


New ways to care for old people

EXPLORING THE FAST-GROWING MARKET FOR ALTERNATIVE SENIOR CARE IN EUROPE



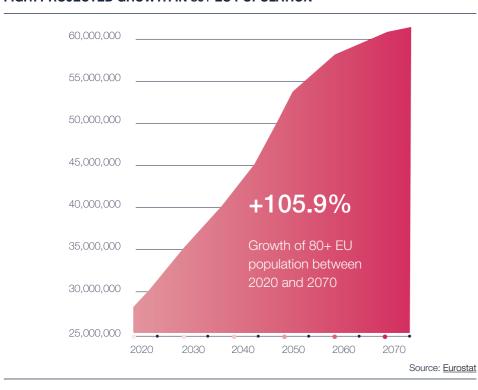
Contents

	INTRODUCTION			
1.	THE AGING POPULATION CRISIS			
2.	THE SHIFT FROM NURSING HOMES TO A NEW MODE PRIORITIZING HOME CARE			
	A new model that prioritizes home care	8		
	Housing solutions to match declining levels of autonomy	10		
3.	HOME AUTOMATION AND IOT AT THE SERVICE OF SENIORS	12		
	Case studies	12		
4.	ALTERNATIVE SENIOR CARE PROVIDERS	10		
	Home care	16		
	Senior co-living and senior housing	18		
5.	CONCLUSION	20		



1. The aging population crisis

FIG.1: PROJECTED GROWTH IN 80+ EU POPULATION



The global population is aging at an unprecedented pace

The global population is aging at an unprecedented pace causing alarm for cash-strapped governments while simultaneously creating new investment opportunities. In Europe, the number of people aged 80+ is expected to more than double by 2070 (Fig. 1). At the same time, the dependency ratio (people aged 65 and over compared to those aged 15-64) is projected to increase from 29.6% in 2016 to 51.2% in 2070. Public expenditure on long-term care is expected to grow from 1.6% to 2.7% of GDP between 2016 and 2070.



Although this is a challenge for governments, business has an opportunity to respond by investing in innovative care service models and infrastructure to meet growing demand.

The European Commission for Employment, Social Affairs and Inclusion notes that demand for senior care nursing and housing solutions largely exceeds supply in many countries¹. New approaches and sources of financing are needed to match demand with supply.

A significant number of mergers and acquisitions have taken place in elderly care in recent years.

Although the public sector remains the main provider, there is a lack of public funding. Recent consolidation of the sector has mostly benefited the growing private sector.

We are seeing a shift in demand away from the traditional model, which prioritizes nursing homes, to a new model that focuses on home care (Fig. 3).

FIG. 2: PUBLIC-PRIVATE BREAKDOWN FOR EUROPEAN ELDERLY CARE

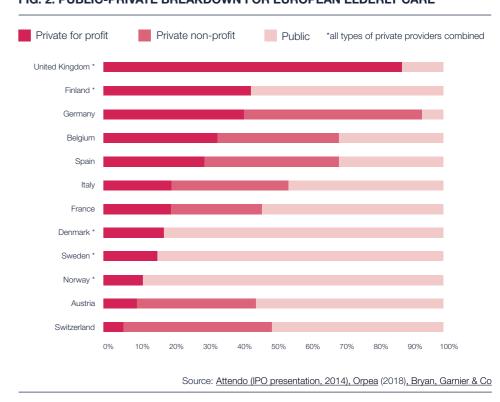
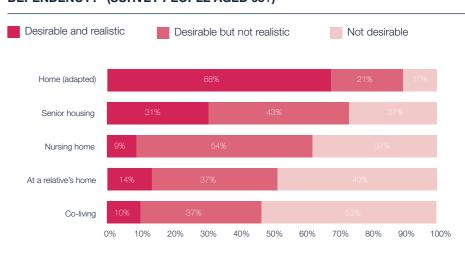


FIG. 3: "WHAT DO YOU THINK OF THESE SOLUTIONS IN CASE OF MEDICAL DEPENDENCY?" (SURVEY PEOPLE AGED 65+)



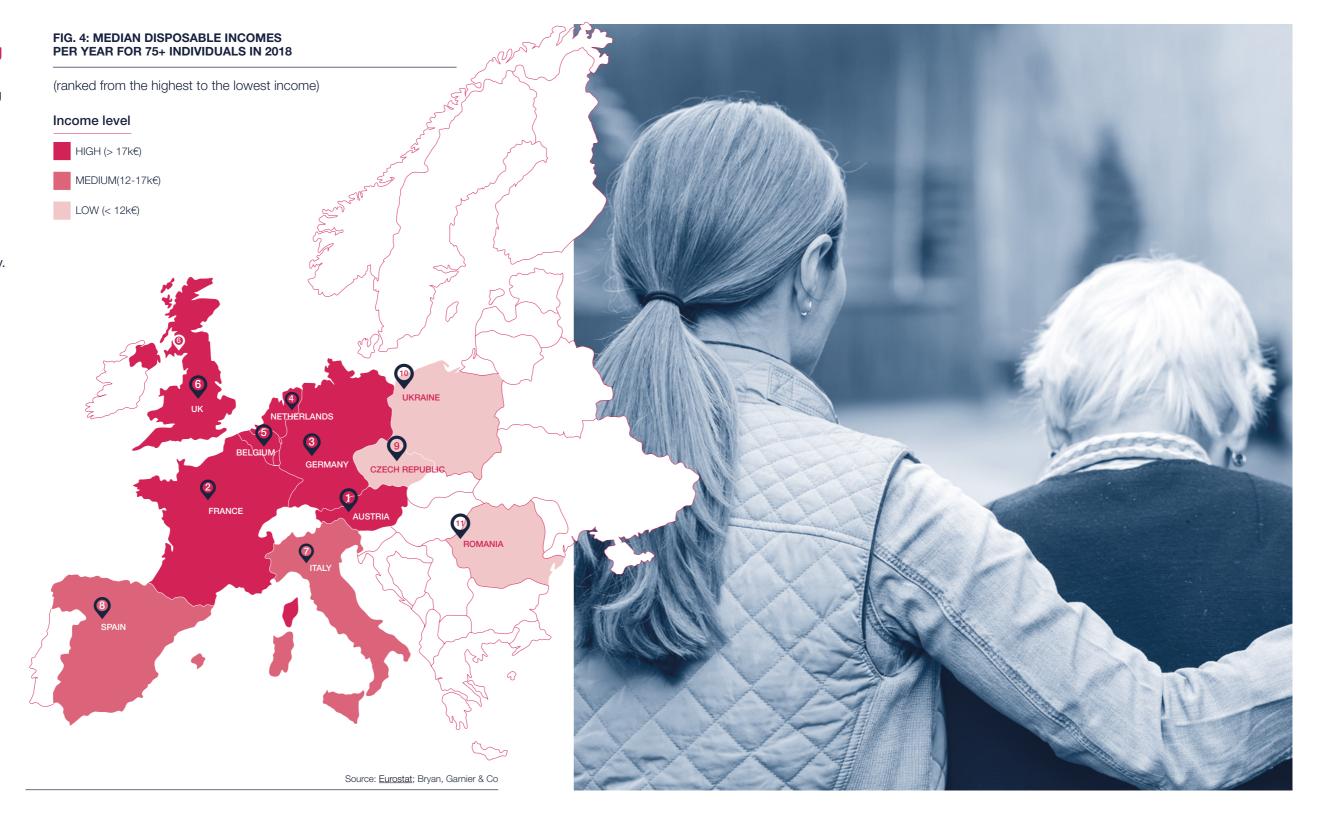
Sources: IFOP, Credoc, Rapport Libault, Etude Cercle Vulnérabilités & Société, Roland Berger

Spasova, S., Baeten, R., Coster, S., Ghailani, D., Peña-Casas, R. and Vanhercke, B. (2018). Challenges in longterm care in Europe. A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission

Development of innovative senior housing

A variety of innovative senior housing co-living and home care services have been developed to address this demand. By helping the elderly maintain their independence, these services reduce both hospital readmission rates and demand for hospital beds, which can translate to cost savings if health systems can scale down infrastructure accordingly. More importantly, these solutions improve patients' quality of life.

Technology is disrupting traditional models of care and is a vital component in joining up services to create alternative elderly care networks. Tech-enabled care is playing a significant role in redesigning out-of-hospital care delivery. However, a greater need for "connected care" where telecoms technology is used to share health data, most often between a patient and their healthcare professionals - is expected to accompany the increase in technological possibilities.



2. The shift from nursing homes to a new model prioritizing home care

Nursing homes are the ultimate solution in elderly care for people who are completely dependent and need daily medical-grade care. However, although they may not be independent, many seniors aged 80+ don't need this very expensive level of care.

Many alternative solutions have been developed to meet demand from this group, including home care services, teleassistance, telehealth, senior housing and senior co-living. This "alternative" segment of elderly care is not yet well structured: there is an opportunity to build continuity in the elderly care client pathway, with an integrated solution from low to high dependency. This type of offer, matching the evolution of seniors' conditions, could be a main driver of growth in the elder care market.

A new model that prioritizes home care

The goal of home care services is to maximize people's long-term independence and to appropriately minimize the level of ongoing support

required. It includes help with daily activities such as bathing, clothing, eating, shopping and cooking, and can be provided by professional services or by individuals. Other aspects of home care can include subsidized food services such as "meals on wheels" or meals provided in a service centre, alert systems, and technical aids such as nursing beds, support to adapt private houses, social counselling and "teleassistance", in which seniors can connect instantly with care or help.

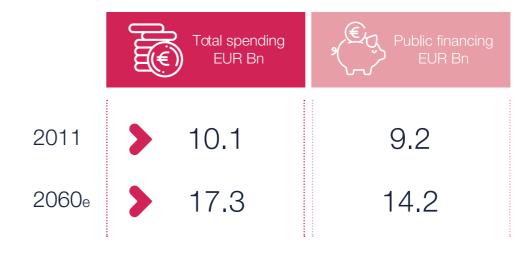
In many countries, home care has priority over residential care². The Nordic countries in particular have made major efforts to make it easier for people to stay in their own homes for as long as possible and to reduce the number of people living in institutions.

To enable the elderly to live independently for as long as possible and reduce reliance on care services, some countries have emphasized prevention. The European Commission for Employment, Social Affairs and Inclusion notes that home care services for the elderly are



underdeveloped in several countries³ (e.g. Estonia, Greece, Croatia, Hungary, Romania and Turkey). In a survey in France, the lack of home care solutions was cited by 55% of respondents as the reason why they left home for nursing care⁴.

FIG. 5: SENIOR HOME CARE SPENDING GROWTH IN FRANCE



Source: DRESS, Bryan, Garnier & Co calculations

France, Spain, Germany, Austria, Denmark, Slovenia, Norway, Sweden. Finland.

^{3.} Spasova, S., Baeten, R., Coster, S., Ghailani, D., Peña-Casas R. and Vanhercke, B. (2018). Challenges in long-term care in Europe. A study of national policies, European Social Policy

Network (ESPN), Brussels: European Commission.

4. Source: Terra Nova « L'heure du choix: l'entrée des personnes

Housing solutions to match declining levels of autonomy

Senior co-housing

This solution features shared living spaces, with around 10-20 independent dwellings. It is aimed at elderly people with small to medium mobility difficulties, but who are able to carry out most domestic activities themselves.

Senior co-living

In senior co-living, small units with fewer than 10 residents have a shared living room and kitchen, and are managed by non-medical staff. This solution is for elderly people with small to medium mobility difficulties who need help with bodily functions, meal preparation, grooming and dressing. This solution is more concentrated in rural areas.

Senior housing residency

Again, managed by non-medical staff, this level of housing features independent spacious rooms and includes catering, laundry and additional services. It is designed for elderly people with small to medium mobility difficulties who need help with bodily functions, meal preparation, grooming and dressing. These facilities are mostly concentrated in urban areas.

The European Commission for Employment, Social Affairs and Inclusion notes that demand for senior housing residency largely exceeds supply in many countries (Portugal, Greece, Hungary, Latvia, Romania, Serbia, Turkey⁵). Operators can usually freely set their prices and there is often less supervision of the care quality standards offered. In Europe, the average facility houses 80-100 residents and costs average EUR1,600 per month including rent, meals and 24/7 teleassistance.

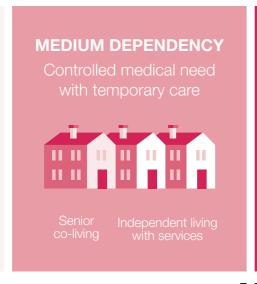
Nursing homes

Nursing homes provide residential care for elderly people with medium to high mobility difficulties, for example who are confined to a bed or chair and who require the continuous presence of skilled medical caregivers. The average size of these facilities is 85 residents, with costs averaging EUR50-75 per day. Luxury nursing homes cost from EUR145-220 per day.

 Spasova, S., Baeten, R., Coster, S., Ghailani, D., Peña-Casas, R. and Vanhercke, B. (2018). Challenges in long-term care in Europe. A study of national policies. European Social Policy Network (ESPN). Brussels: European Commission.

FIG. 6: SOLUTIONS AND DEPENDENCY LEVEL







High home care applicability

Low home care applicability

Source: Bryan, Garnier & Co



3. Home automation and IoT at the service of seniors

Home automation, or domotics, has significant potential to improve elderly care solutions and provide greater independence. Applications include emergency assistance systems, security features, fall prevention, automated timers and alerts, and remote monitoring by medical staff or family members.

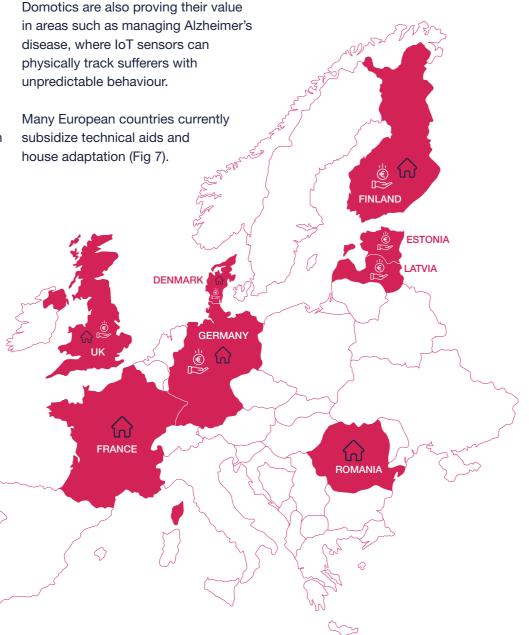
Smart homes with environmental and wearable medical sensors, actuators, and modern communication and information technologies can monitor elderly health and wellbeing at a low cost. However, the adoption of internet of things (IoT) technology for care facilities is held back by fragmented technology that results from IT constraints, marketing and business policies. This also prevents interoperability among smart devices, platforms and systems. Despite this, domotic and tech-enabled care are clearly playing significant

Subsidies for technical aids



Support for adapting private houses

roles in enabling home care and maintaining clients' long-term independence, while minimizing the quantity of ongoing support required. FIG. 7: COUNTRIES FUNDING HOME CARE ASSISTANCE, DEVICES AND HOME ADAPTATION75+ INDIVIDUALS IN 2018



Devices used in senior care are often linked to teleassistance. Most devices are provided by teleassistance service companies or insurance companies.

Penetration rates for these services vary through Europe. In the UK and Sweden, where teleassistance is primarily a public service, 15% and 12% of over-65s respectively use them. This contrasts with France, which has 60% private-sector provision and only 5% penetration. Another reason for this disparity is that players in France primarily offer an alarm service only, while in other countries, teleassistance is enriched with connected technologies such as fall detectors and extra assistance solutions.





Connecting care facilities

With EUR6.2m in sales, French company Bluelinea is expanding its consumer teleassistance offer with a B2B solution, Serenea. This uses LoRa networking technology to connect a care facility with motorized shutters and doors, lighting, nurses' pagers, medical connected devices and wearables such as emergency buttons and fall detectors. Solutions like this can not only improve comfort and security for seniors, but also drive productivity and cost management for care facilities, reducing workload for the staff.



CASE STUDY

La legrand®

An outsider entering the elderly domotic market

This French electrical installations company has accelerated its expansion into the assisted living market with the acquisition of four companies, most of them frontrunners in teleassistance and related devices, particularly in their own countries:

- Intervox Systems, France's leader in remote assistance systems (2011).
- Tynetec, a frontrunner in assisted living in the UK, include wireless nurse call systems (2013).
- Neat, the Spanish market leader and a major player in assisted living in Europe (joint venture agreement – 2014). Portfolio includes smart terminals for remote assistance.
- Jontek, specializing in management solutions for assisted.

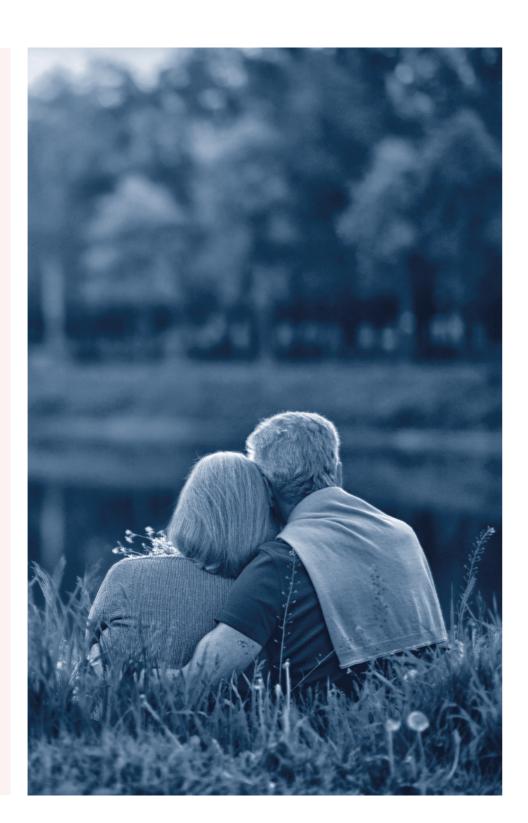
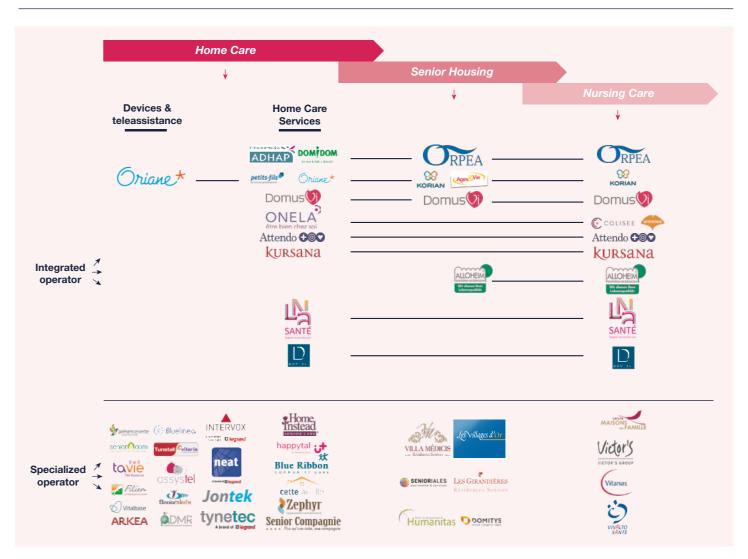


FIG. 8: INTEGRATED AND SPECIALIZED SENIOR OPERATORS IN THE EU



Source: Bryan, Garnier & Co

4. Alternative senior care providers

These short profiles outline some of the innovative European companies and offers in home care and residential solutions for the elderly.

HOMECARE



Korian continues to diversify its offer as an integrated operator of solutions for elderly people and launched Oriane in September 2019. Oriane is a comprehensive home-care services solution that builds on the expertise of Petits-fils. It combines the potential of a digital platform and personal visits from professionals who provide support and care for the assisted person, while keeping family and carers closely involved. Services includes help for domestic tasks, health monitoring via nurse visits, home equipment, concierge services and teleassistance. Korian is targeting 1,000 customers for its first year of operations (through the Petits-fils network) and aims to grow this number to 15,000 by 2023.



Home Instead Senior Care is a US private home care company founded in 1994, and franchised in 14 countries including the UK, Ireland, Germany, Italy, Austria, Switzerland and the Netherlands. The company has more than 65,000 employees worldwide, who provide care services that span the care ecosystem from personal care to specialized Alzheimer's and hospice care.



Acquired by Korian in December 2018, Petits-fils is a senior home care company created in 2007. Its services range from meal preparation to accompanied walks and help with personal autonomy. It has a network of 115 agencies in France, and aims to expand to 200 by 2023.



Groupe Zephyr is a French private company created in 2007, with EUR58m of revenues in 2018. It is a combination of four home care companies offering complementary services:

Zephyr

- FreeDom (Domestic tasks).
- Senior Compagnie (home care) 82 agencies in France.
- Libelia (transport).
- SynergieMed (Home medical care).





Happytal is a France-based private company created in 2013, which provides personal care services in nursing homes and hospitals. It offers services and products that contribute to the well-being of patients and facilitate the daily life of their families. This includes concierge services such as the delivery of essentials and in-room hairdressers and beauticians. Happytal is present in 100 hospitals and nursing homes in France and targets presence in 700 by 2023.



Launched in 2016, CetteFamille arranges for lonely older people to live with hosts. Its proposition is less expensive than senior housing, and CetteFamille currently has 4,500 hosting families hosting 8,000 seniors. Having raised EUR4m earlier in 2019, CetteFamille plans to develop its offer and build 100 senior housing residencies over the next five years.





Blue Ribbon is an independent senior home care provider, offering personalised care and support services throughout the UK via a franchise business model.



SENIOR CO-LIVING AND SENIOR HOUSING



Ages&Vie is a French senior co-living housing company created in 2008. Korian became the main shareholder in 2018. Shared homes are organized around a common living space, where residents meet to share meals. They are helped in their daily lives by life assistants, some of whom live on site. Each of the eight residents also has a private space that they can furnish and decorate according to their tastes. The existing housing development has 50 residences and Korian aims to expand to 300 by 2024.



In Deventer, Netherlands, the Humanitas senior residence provides free accommodation for students. In return they commit to spending at least 30 hours of their time every month with their older coresidents. This win-win solution enables students to access accommodation in a country where rents are high and offers support for residence in looking after seniors.

Other senior co-living and senior housing players include:

Korian (Europe), Orpea (Europe), Domitys (France), Les villages d'or (France), Les Senoriales (Pierre&Vacance, France), Les Girandières (Groupe Reside Etudes, France), DomusVi (Europe/ Latam), Villa Medicis (France), Alloheim (Germany).

FIG. 9: M&A TRANSACTION IN ELDERLY CARE MARKET, 2018-2019

Feb-20 SANTÉ FR Chronic diseases clinics CORPEA n.a. n.a. n.a. n.a. n.a. n.a. n.a. n.a	DATE	TARGET	COUNTRY	TARGET DESCRIPTION	ACQUIRER	EV (€M)	REVENUE	EBITDA
Feb-20 Fe	Feb-20	∂ ove in med	FR			n.a.	n.a.	n.a.
Sep-19 SINOUÉ FR Psychiatry ORPEA 90 1.4x n.a. Jun-19 GRUPO ES Nursing homes NL Nursing homes Sep-19 Stephing Stones NL Nursing homes SENIORS SENIORS ES Nursing homes SENIORS FR Home care SENIORS SENIORS SENIORS FR Home care SENIORS SEN	Feb-20	SANTÉ	FR	Chronic diseases clinics		n.a.	n.a.	n.a.
Sep-19 SINOUÉ FR Psychiatry Jun-19 GRUPO ES Nursing homes Apr-19 SteppingStones NL Nursing homes Sep-19 Sep-19 Sep-19 SteppingStones NL Nursing homes Sep-19 SteppingStones NL Nursing homes Sep-19 S	Feb-20	SOLIA A R GERORESIDENCIALES	ES	7 nursing homes	VIVALTO VIE	42	n.a.	n.a.
Jun-19 GRUPO ES Nursing homes RORIAN n.a. n.a. n.a. n.a. n.a. n.a. n.a. n.a	Sep-19	exelus	ES	Telemedecine	ORPEA	n.a.	n.a.	n.a.
Apr-19 SteppingStones NL Nursing homes Serian Seria	Sep-19	SINOUÉ No for the Very of Alexander	FR	Psychiatry	ORPEA	90	1.4x	n.a.
Feb-19 BE Senior care residential centre Coulse 550 1.12x 12. Jan-19 SENIORS ES Nursing homes Nov-18 Petits-fils FR Home care Nov-18 Aleris NO In-patient nursing and rehabilitation services Oct-18 Nov-18 IE Nursing homes Oct-18 FR Nursi	Jun-19	GRUPO 5	ES	Nursing homes		n.a.	n.a.	n.a.
Jan-19 SENIORS ES Nursing homes Nov-18 PETITS FILS FR Home care Nov-18 PATITION Nov-18 No	Apr-19		NL	Nursing homes		25	1.92x	12.0x
Nov-18 petits-fils FR Home care Nov-18 petits-fils FR Nursing homes Nov-18 petits-	Feb-19	armonea	BE	Senior care residential centre	€ COLISEE	550	1.12x	12.5x
Nov-18	Jan-19	SENIORS	ES	Nursing homes		20	1.3x	12.0x
Oct-18 NO In-patient nursing and rehabilitation services Oct-18 THEMARLAY IE Nursing homes Carechoice 20 n.a. n.a. Oct-18 Sep-18 ALLE®ZORG NL Nursing home and homecare services NL Nursing home and homecare services Jul-18 Cecoplar ES Nursing care homes and rehabilitation centers Nursing care homes in Madrid Undisclosed 50 n.a. n.a. Nav-18 Dagelijksleven NL Nursing care to elderly individuals who suffer	Nov-18	petits-fils services aux grands parents	FR	Home care		n.a.	n.a.	n.a.
Oct-18 Cot-18 Co	Nov-18	a xion	DE	7 nursing homes	O RPEA	n.a.	n.a.	n.a.
Oct-18 FR Nursing homes Sep-18 ALLE®ZORG NL Nursing home and homecare services NL Nursing home and homecare services Jul-18 Cooplar ES Nursing care homes and rehabilitation centers Nay-18 Dagelijksleven NL Nursing care to elderly individuals who suffer	Oct-18		NO	In-patient nursing and rehabilitation services	ambea:	256	0.57x	n.a.
Sep-18 ALLE®ZORG NL Nursing home and homecare services ORPEA n.a. n.a. n.a. Jul-18 Cooplar ES Nursing care homes and rehabilitation centers ORPEA n.a. n.a. n.a. May-18 Orgelijksleven NI Nursing care to elderly individuals who suffer n.a. n.a. n.a. Nav-18 Dagelijksleven NI Nursing care to elderly individuals who suffer n.a. n.a. n.a.	Oct-18	THE MARLAY	ΙE	Nursing homes	carechoice home from home	20	n.a.	n.a.
Jul-18 ES Nursing care homes and rehabilitation centers ORPEA n.a. n.a. n.a. n.a. Nav-18 Dagelijksleven Nursing care to elderly individuals who suffer n.a.	Oct-18	PENGHASE	FR	Nursing homes	BNP PARIBAS DÉVELOPPEMENT	11	0.50x	n.a.
May-18	Sep-18	***************************************	NL	Nursing home and homecare services	ORPEA	n.a.	n.a.	n.a.
May-18 Dagelijksleven NI Nursing care to elderly individuals who suffer na na na na	Jul-18	ecoplar	ES	Nursing care homes and rehabilitation centers	ORPEA	n.a.	n.a.	n.a.
	May-18	a urtinsa	ES	5 elderly care homes in Madrid	Undisclosed	50	n.a.	n.a.
TOTAL CONTROL	May-18	Dagelijksleven Gewoon, als thuis	NL	Nursing care to elderly individuals who suffer from dementia	ORPEA	n.a.	n.a.	n.a.
May-18 NL Provider of psychiatric care ORPEA 11 n.a. n.a	May-18		NL	Provider of psychiatric care	O RPEA	11	n.a.	n.a.
Apr-18 Ardmore Care land from the formation of the format	Apr-18	Ardmore Care	ΙE	Nursing homes	carechoice home from home	15	n.a.	n.a.
Jan-18 (Ages Vie) FR Senior co-living RORIAN n.a. n.a. n.a. n.a.	Jan-18	(Ages&Vie	FR	Senior co-living		n.a.	n.a.	n.a.

Source: MergerMarket, Bryan, Garnier & Co estimations

Conclusion

Demographic challenges, budgetary constraints, and widespread dissatisfaction among professionals and users of elderly care are all creating strong pressure for change.

Home care increasingly looks like the preferred way forward to streamline senior care. Most people prefer to stay at home rather than in a specialized unit, and home care costs less. Technology has the potential to make home care integrated and all-encompassing, with doctors, hospitals, pharmacies, seniors and relatives all connected to IT platforms. Care can be monitored continuously and delivered faster and more cheaply, in a safe environment.

Keeping patients in their homes, connected to their own digital environment, offers interesting opportunities in prevention care. Platform connectivity allows clients, who probably cannot yet be qualified as "patients", to become active participants in their own health monitoring. This way, diseases can be detected early on, reducing treatment costs and increasing the chances of success.

The growth of home care is impacting the entire path for elderly care and is a key driver of integrated patient care. By allowing people to stay at home longer, it is giving rise to a wide range of alternative elderly care models. This has the potential to free up hospital beds and significantly reduce the overall cost of healthcare.

Going forward, we expect the home to be the place where care is provided for the longest period of time, with technology allowing for remote delivery and monitoring. Retirement homes will cater to the very elderly for a relatively short period of time. The same logic probably applies to rehabilitation clinics. Patients will only stay there for a few days before heading back to their connected home.







Managing Director **Investment Banking** Technology ppatricot@bryangamier.com



Analyst **Equity Research Business Services** bdelarochebrochard@bryangarnier.com

INVESTMENT BANKING



Greg Revenu Managing Partner Technology grevenu@bryangamier.com



Guillaume Nathan Partner, Digital Media & Business Services gnathan@bryangamier.com



Olivier Beaudoin Partner **Technology & Smart Industries** obeaudoin@bryangamier.com



Managing Director Technology ppatricot@bryangarnier.com



Technology wbensaid@bryangarnier.com



Director Healthcare Ispringinsfeld@bryangamier.com

EQUITY RESEARCH ANALYST TEAM



Managing Partner **Pharmaceuticals** eleberrigaud@bryangarnier.com

Jean-Jacques Le Fur

Pharmaceuticals

Cédric Rossi

Optical & Eyewear

crossi@bryangamier.com

Guillaume Bonnel

jjlefur@bryangamier.com





Managing Director Financials & Fintech opauchaut@bryangarnier.com



Business Services bdelarochebrochard@bryangamier.



Olga Smolentseva, PhD Biotech osmolentseva@bryangamier.com



Smart Industries elemarie@bryangamier.com



Victor Floc'h Biotech & Medtech vfloch@bryangamier.com



Smart Industries xregnard@bryangarnier.com



Research Associate gbonnel@bryangarnier.com

EQUITY CAPITAL MARKETS



Partner, Head of ECM pkiecoltwahl@bryangamier.com

EQUITY DISTRIBUTION



Nicolas d'Halluin Partner, Head of US Distribution ndhalluin@bryangamier.com

Bryan, Garnier & Co leverage in-depth sector expertise to create fruitful and long lasting relationships between investors and European growth companies.







Bryan, Garnier & Co is a European, full-service growth-focused independent investment banking partnership founded in 1996. The firm provides equity research, sales and trading, private and public capital raising as well as M&A services to growth companies and their investors. It focuses on key growth sectors of the economy including Technology, Healthcare, Consumer and Smart Industries & Services. Bryan, Garnier & Co is a fully registered broker dealer authorized and regulated by the FCA in Europe and the FINRA in the U.S. Bryan, Garnier & Co is headquartered in London, with additional offices in Paris, Munich, Stockholm, Oslo, Reykjavik as well as New York and Palo Alto. The firm is a member of the London Stock Exchange.



9 Analysts 70+ stocks covered



LONDON

Beaufort House 15 St. Botolph Street London, EC3A 7BB UK

T: +44 (0) 20 7332 2500

Authorised and regulated by the Financial Conduct Authority (FCA)

PARIS

26 Avenue des Champs-Elysées 75008 Paris France

T: +33 (0) 1 56 68 75 00

Regulated by the Financial Conduct Authority (FCA) and the Autorité de Contrôle prudential et de resolution (ACPR) MUNICH

Widenmayerstrasse 29 80538 Munich Germany

T: +49 89 242 262 11

NEW YORK

750 Lexington Avenue New York, NY 10022 USA

T: +1 (0) 212 337 7000

FINRA and SIPC member

STOCKHOLM

Malmskillandsgatan 32, 6th Floor 111 51 Stockholm Sweden

T: +46 722 401 080

OSLO

Beddingen 8, Aker Brygge 0250 Oslo Norway

T: +47 22 01 64 00

Regulated by the Norwegian Financial Supervisory Authority (Norwegian FSA)

REYKJAVIK

Höfðatorg, Katrínartún 2 105 Reykjavik Iceland

T: +354 554 78 00

PALO ALTO

7394 University Avenue Palo Alto California (CA) 94 301 USA

T: +1 650 283 1834

FINRA member

DISCLAIMER

This document is based on information available to the public and other sources deemed reliable. No representation or warranty, express or implied, is or will be made in relation to, and no responsibility or reliability is or will be accepted by Bryan Garnier & Company or any of its officers, employees or advisers as to the accuracy or completeness of this document or any other written or verbal information available to the recipient or its advisers. While all reasonable care has been taken to ensure that the facts stated are accurate and the opinions given are fair and reasonable, neither we nor any of our affiliated companies nor any of our, or their directors, representatives or employees, accepts responsibility or liability for any loss or expense arising directly or indirectly from the use of this document or its or its contents. This document is not and should not be construed as an offer, or a solicitation of any offer, to buy or sell securities. Bryan, Garnier & Co is authorised and regulated by the Financial Conduct Authority (FCA) in the United Kingdom.