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Telecare Ready: Creating a universal entitlement to telecare

James Lloyd

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Executive Summary

How can policymakers secure the maximum benefit from telecare now and in the future, measured in both prevention of need and prevention of cost? Central government telecare policy over the last decade has focussed on encouraging councils to invest in telecare: growing the evidence base on the value of telecare; periodic grants to fund investment; vision and leadership; encouraging partnerships and service integration; and, mainstreaming telecare assessments. This policy framework for telecare does succeed in aligning local authority powers to invest in telecare and coordinate its use with incentives, given savings from telecare also accrue to local authorities. Councils are also well-placed to oversee change management as telecare is incorporated into local care pathways.

However, there are disadvantages to this framework. Local political discretion results in variation in the availability of telecare. Decisions to invest are dependent on local budgeting constraints. Local variation creates issues of fairness and consistency – and a 'postcode lottery' - regarding access to telecare, despite its potential to save money for the state. More widely, reliance on the local authority social care system means telecare policy is constrained by the limited reach of this system, particularly in relation to informal carers and those - in England and Wales - not entitled to support.

Analysis of different alternative funding options suggests that the best way to maximise take-up and the benefits of telecare would be for the state to offer universal free telecare to all. This is because: 1) it is not clear that a private retail market in telecare is ever likely to achieve levels of take-up among self-funders and informal carers that local authorities can achieve among those entitled to public support; 2) the cost of offering free telecare to self-funders not entitled to council support would not be significant in the context of the wider social care system, and would very likely save councils money given many self-funders of home care ultimately become one of the 60% of residential care users funded by the state. Alternatively, some form of limited charging for telecare for all users might be effective at transferring some costs to private households.

The analysis in this report points to the need for a new strategic framework for telecare policy: a telecare service that is free at the point of use, regardless of wealth, or applies some low-level weekly charges; a clear, consistent national entitlement and assessment framework for telecare, with funding independent of council decisions; the implementation of trigger points for telecare assessments across health and social care, the disability benefits system and carer support services; the use of the full range of policy levers to promote telecare, starting with the Attendance Allowance system.

Policymakers remain concerned about the future cost that long-term care will impose on society. There is a clear imperative to explore ways to reduce demand (need) for care, and to reduce the costs of care provision to the state and families. In this context, increasing attention over the last decade has focused on the potential of telecare.

However, it remains unclear that the UK's strategic approach to driving usage of telecare and fully exploiting its potential benefits is the right one. In many ways, it is the features of the social care system found in the UK that have shaped the telecare policy framework observable over the last decade, rather than the potential benefits that telecare can provide.

This report therefore asks: how can policymakers secure the maximum benefit from telecare now and in the future, measured in both prevention of need and prevention of cost? In particular, what is the best way to fund telecare? What is the best way to connect potential beneficiaries of telecare with telecare services, i.e. how to target telecare and maximise take-up and usage across the population?

Telecare is the remote monitoring of real time emergencies and changes in the lives of individuals with care and support needs in order to manage the potential risks associated with independent living. Telecare consists of various sensors placed around the home linked to a system that allows the user to be supported by an external monitoring centre, with further links through to health and social care professionals, and other support services.

Uniquely among care and support interventions, telecare can prevent or delay both the need for care, and the financial and personal costs of care provision:

- Telecare can prevent or delay the need for more complex interventions or deterioration in a person's condition;
- Telecare can be a more cost effective option for meeting care needs, potentially reducing the need for formal care;
- Telecare can also reduce the burden on informal carers.

Telecare has also been shown to improve the quality of life of users, providing reassurance and peace of mind.

The key agents overseeing the use of telecare are local authorities, who administer public funding on care and support, oversee local care markets, directly provide services or monitor and assist individuals in the procurement of services. Although central government has sought to drive greater usage of telecare, local authorities ultimately retain discretion as to whether to provide

telecare services, or direct its use through Personal Budgets.

In Scotland, the operation of state-funded universal free personal care should mean that no individual is means-tested for telecare, where a local authority chooses to commission it. In England and Wales, the public funding of care and support is subject to local authority means-testing. As a result, telecare in England and Wales could be described as a 'mixed economy': for those not entitled to means-tested local authority support, there is a private market for telecare services and devices. However, there is very little data available about the private purchase and usage of telecare services.

What are the principal barriers confronting policymakers trying to secure the maximum benefits of telecare for society? Key factors include: cost; limited knowledge among users and social care workers; resistance to change among professionals and users; technological developments in the nature of telecare; and, trends in social care delivery toward personalisation, increasing the complexity of potentially coordinating multiple service providers with the use of telecare.

How has the government tried to promote telecare within this policy framework? The role of central government has effectively been to prod councils into promoting and using telecare through: growing the evidence base on the value of telecare; grants to kickstart use of telecare; vision and leadership; encouraging partnerships and service integration at a local level; mainstreaming telecare assessments; and, ensuring appropriate regulation and interoperability.

What are the advantages of the UK telecare strategy? The central role given to local authorities does result in an alignment of the power to invest in telecare and coordinate its use with incentives to invest, given savings will accrue to local authorities. Local authorities are also well-placed to oversee change management as telecare is incorporated into local care pathways.

However, there are disadvantages to the UK telecare strategy. Local political discretion results in widespread variation in availability and funding of telecare. Decisions to invest in telecare are also dependent on local budgeting constraints and decisions over entirely unrelated areas of spending. Local variation arguably creates issues of fairness and consistency regarding access to telecare, which is clearly part of the widely-recognised 'postcode lottery' in care and support services, despite its potential to reduce expenditure for the state.

More widely, the heavy reliance of telecare strategy on the local authority social care system to reach people who may benefit from

telecare means that telecare is constrained by the limited reach of this system, particularly in relation to informal carers and those (in England and Wales) not entitled to support.

The implicit role given to the private retail market in the telecare strategy of England and Wales for self-funders makes government policy dependent on the effectiveness of this market, despite its limitations: its ability to identify potential beneficiaries, promote and sell telecare services to these households, as well as the willingness of households to purchase telecare support. Despite the concerted efforts of companies in this market, each of these factors raises multiple questions around the barriers that care providers confront in promoting and selling telecare services to private households.

If the government is to develop a new strategic approach to securing the benefits of telecare for society, what should be the role of state versus private expenditure on telecare? Should telecare be funded entirely by the state? Or, as much as possible, should policymakers encourage households to fund telecare themselves, whether out-of-pocket or through the use of insurance products?

Analysis of different options suggests that the best way to maximise take-up and the benefits of telecare would be for the state to offer universal free telecare to all. This is because: 1) it is not clear that a private retail market in telecare is ever likely to achieve levels of take-up among self-funders and informal carers that local authorities can achieve among those entitled to public support; 2) the cost of offering free telecare to self-funders not entitled to council support would not be significant in the context of the wider social care system and would very likely save councils money given many self-funders of home care ultimately become one of the 60% of residential care users funded by the state.

Alternatively, some form of charging for telecare across all users might be effective at transferring some costs to private households. At present, there is variation among local authorities as to the extent to which they charge individuals for telecare services who are and are not entitled to public support.

State-funded free telecare or charging schemes would also improve the scope for effective patterns of service delivery, for example, enabling individuals to ‘rent’ telecare devices, which can be maintained by private providers under contract with local authorities.

What is the best way to connect telecare with potential users, such that society can realise the maximum benefits that telecare can offer?

The target groups for telecare are: individuals eligible for council care; individuals ineligible for local authority support (England and Wales); and informal carers.

How could telecare policy reach these groups besides through local authorities? First, a national assessment and entitlement framework could be applied to telecare. This would see individuals with care needs have a clear entitlement to telecare support, proportional to need, regardless of where they lived. In this way, public funding of telecare services could be repositioned as a universal entitlement, rather than something dependent on individual local authorities.

Second, individuals in need of care and support, and their informal carers, typically make greater usage of GP consultations than the rest of the population, potentially providing another route to users.

Third, advice and support services are targeted at informal carers by a range of national and local charities, and statutory organisations. These services are frequently independent and separate to local authorities, and may have contact with many informal carers who are not known to their council.

Fourth, and potentially the most useful alternative to community-care assessments: the disability benefits system. DWP has detailed data on 2.16 million older people with a disability, at least 1.55 million of whom are not known to local authority social services. Data held by DWP could certainly be used for promoting telecare, through information leaflets, etc., but also for identifying specific individuals who may benefit from specific types of telecare, triggering an assessment for telecare, and even targeting telecare resources at these individuals.

The analysis in this report suggests a number of key recommendations for policymakers, in order to help society achieve the most benefit from telecare in the future:

- Build a universal telecare offer - don't means-test support for telecare, or alternatively, provide it through a system of limited charges;
- Provide a clear national entitlement framework for telecare;
- Assess for telecare separately from community care assessments;
- Pursue new routes to promote telecare through the policy levers available to the government.

The analysis in this report points to the need for a new strategic framework for telecare policy, the key features of which would be:

- A telecare service that is free at the point of use, regardless of wealth, or applies some low-level weekly charges.

- A clear, consistent national entitlement and assessment framework for telecare, with funding not dependent on the circumstances of individual local authorities.
- The implementation of trigger points for telecare assessments across health and social care, the disability benefits system and carer support services.
- The use of the full range of policy levers to promote telecare, starting with the Attendance Allowance system.
- The implementation of telecare assessments independent of local authority community-care assessments, such that any households is able to request a telecare assessment by visiting website, without the need for a full community-care needs assessment by their local authority.

1. Introduction

Pressures on the long-term care system have resulted in growing interest during the last decade in the potential of telecare...

Policymakers remain deeply concerned about the future cost that long-term care will impose on society.

Growing entitlement to state-funded care will exacerbate the challenges of an already under-resourced system, characterised by 'catastrophic costs' for households that fall above the state safety-net, a systemic reliance on 'excessive' informal care by families, means-testing and unmet need.

The result of these trends has been a longstanding policy debate on how social care in England and Wales should be funded, particularly in relation to older people.

In the context of these demographic and fiscal trends, there is a clear imperative for policymakers to explore ways to reduce demand (need) for care across the population, and to reduce the costs of care provision. These 'costs' can be both the financial costs of formal care to the state and families, and the 'personal costs' (well-being, participation in labour market) often observable in relation to informal care provision. Policymakers need to mitigate the multi-dimensional impact of care provision on society, while also ensuring the dignity, independence and well-being of those in need of support.

As policymakers have grappled with these challenges, increasing attention over the last decade has focused on the potential of telecare, which has come to be seen as one part of the solution for how society will adapt to these trends.

Telecare is the remote monitoring of real time emergencies and changes in the lives of individuals with care and support needs in order to manage the potential risks associated with independent living. Telecare consists of various sensors placed around the home linked to a system that allows the user to be supported by an external monitoring centre, with further links through to health and social care professionals, and other support services.

Uniquely among care and support interventions, telecare can prevent both the need for care, and prevent the financial and personal costs of care provision:

- Telecare can prevent need for more complex interventions or deterioration in a person's condition, through monitoring devices such as those that indicate that someone has fallen and requires immediate assistance;
- Telecare can be cost a effective option for meeting care needs, by realigning the labour costs associated with personal care provided in a person's home, as well as through enabling individuals to remain in their own home – rather than residential care - for longer.
- Telecare can also reduce the burden on informal carers, thereby reducing the 'personal costs' of informal care provision for family members.

Recognising these potential savings and the scope for improved quality of life among users, the Westminster and devolved governments within the UK have sought to boost the take-up of telecare through deploying multiple strategies, grants and pilots.

However, despite being regarded as an international leader in the use of telecare, it remains unclear that the UK's strategic approach to driving usage of telecare and fully exploiting its potential benefits is the right one. As this report will explore, in many ways, it is the features of the social care system found in the UK that have principally shaped the telecare policy framework observable over the last decade, rather than the potential benefits that telecare can provide.

In the context of widespread agreement that fundamental reform is required of the long-term care system and the way it is funded, this report therefore

goes back to first principles by examining and evaluating in detail how public policy has sought to realise the benefits of telecare. Rather than tweaks to the current system, the report looks much more broadly at how telecare has been situated within public policy and public services.

The report asks: how can policymakers secure the maximum benefit from telecare now and in the future, measured in both prevention of need and prevention of cost?

In particular, this report explores:

- What is the best way to fund telecare? For example, what should be the role of state vs. private expenditure?
- What is the best way to connect potential beneficiaries of telecare with telecare services, i.e. how to target telecare and maximise take-up and usage across the population?

In the next chapter, telecare products and services are described in more detail, as well as case studies exploring how telecare can be used to reduce costs.

Chapter 3 reviews the policy framework that has been applied to telecare in the UK.

The fourth chapter evaluates the UK strategy toward telecare, and how telecare has been situated within social care policy.

Chapter 5 explores the issue of funding telecare, and how the balance of funding should be drawn between the state and individuals.

Chapter 6 explores how the telecare policy framework has sought to connect telecare with individuals who may benefit.

Finally, Chapter 7 concludes with key messages for policymakers.

Key points:

- There is a clear imperative for policymakers to explore ways to reduce demand (need) for care, and to reduce the costs of care provision. In this context, increasing attention over the last decade has focused on the potential of telecare.
- It remains unclear that the UK's strategic approach to driving usage of telecare and fully exploiting its potential benefits is the right one.
- In many ways, it is the features of the social care system found in the UK that have principally shaped the telecare policy framework observable over the last decade, rather than the potential benefits that telecare can provide.
- The report therefore asks: how can policymakers secure the maximum benefit from telecare now and in the future, measured in both prevention of need and prevention of cost?

2. What is telecare and what are its benefits?

Telecare consists of various sensors placed around the home linked to a system that allows the user to be supported by an external monitoring centre 24 hours a day, 365 days a year...

This chapter describes what telecare is and how it can be effective in reducing need for care, and the financial and personal costs of formal and informal care provision.

The chapter also outlines some case studies of telecare in use, and evidence of its effectiveness.

What is telecare?

Telecare is the remote monitoring of emergencies and lifestyle changes over time in order to manage the potential risks associated for individuals with care and support needs living independently in their own home. Telecare enables earlier interventions in the event of complications for users, whilst also assisting them in their re-ablement following an incident.

Telecare consists of various sensors placed around the home linked to a system that allows the user to be supported by an external monitoring centre 24 hours a day, 365 days a year. Telecare devices typically cost between £100 and £500, and remote monitoring services may cost as little as £5 per week per person monitored.

Telecare does not exclude informal care; indeed it often complements and facilitates informal care provision, for example, when the remote monitoring service deployed in telecare alerts a family member when someone has not got out of bed. Telecare can lessen the need for care from family members, just as it can reduce need for formal support services.

It is often overlooked, but crucial to recognise, that telecare comprises more than simply sensor devices placed in a person's home. It is the remote monitoring service that uses data collected by these sensors that enables successful interventions, whether involving health and social care professionals, social workers or family members. The effectiveness of telecare therefore relies not just on the sensors in a person's home, but also the quality of the remote monitoring, how information is sifted and processed, and how this is integrated with health and social care services, and informal care provision.

Telecare may be of use to individuals with dementia, learning disabilities and physical disabilities, as well as individuals at risk of stroke or falls.

For individuals, telecare support may enhance dignity and independence as it reduces the need for people to be 'checked on' by family and care workers. The Department of Health has noted that telecare is "as much about the philosophy of dignity and independence as it is about equipment and services."[1] A survey of telecare users carried out for the Scottish Government found that around 60% felt that their current quality of life was either 'a bit better than it used to be', or 'much better than it used to be' compared with the situation before their telecare service was installed. Around one third reported that quality of life was 'about the same' and less than 5% said that their quality of life was 'worse than it used to be.'[2]

Case studies of telecare devices

What are some basic telecare devices that can be deployed?

- Falls detectors

Rather than relying on regular spot visits from a care worker or family member to ensure that someone has not suffered a fall, a fall detector will alert a monitoring service if someone has fallen.

Telecare devices can take different forms, such as falls detectors, medication reminders and property exist sensors...

- Medication reminder

An older person who takes regular medication each day uses a medication reminder, instead of a visit from a care worker, to remind them to take their pills.

- Property exit sensor

A person with dementia who is at risk of wandering out of the house uses a property exit sensor to monitor when they leave the home, for example, in the middle of the night. The remote monitoring service is able spot an inappropriate exit from the house and notify the person's family living nearby.

- Flood sensor

An older person with dementia has a tendency to leave taps on. A flood sensor can alert care workers when this has happened.

Other types of sensors include: smoke detectors (which connect to the remote monitoring service); bed occupancy sensors; natural gas detectors; incontinence sensors; and, extreme temperature sensors. Telecare support will frequently involve multiple devices being deployed simultaneously, for example, in order to enable remote monitoring of someone with dementia.

Case studies of telecare use

In Building Telecare in England (2005), the Department of Health provided a number of examples of for local authorities of how telecare can reduce cost and need for formal support.[3] These are worthwhile quoting in full here:

- Case Study 1

  Mrs A has dementia and was starting to forget to turn off the gas when cooking. She had a gas detector installed, with an automatic shut off valve when gas was detected in the air. This enabled Mrs A to stay in her own home, and still cook for herself. In time, a movement detector was added. It can differentiate between her opening the door to retrieve the milk delivery and when she opens the door and leaves the flat. Carers are not, therefore, alerted every time the door opens, but can intervene if appropriate and help if she leaves the house on her own.

- Case Study 2

  Mrs B has a history of falling. Following discharge from hospital she was provided with a basic telecare package that included a bed pressure sensor that could detect when she left the bed during the night and turned on the lighting to her bathroom. It would then trigger an alarm if she did not return to bed within an agreed time.

  The package was programmed to record how many times Mrs B left her bed during the night. A few weeks after it was installed it was noticed at the control centre that Mrs B's nocturnal visits to the bathroom had increased significantly over a three day period. They alerted a care professional and Mrs B was diagnosed with a urinary tract infection which was then quickly treated enabling a full and quick recovery.

The future of telecare

Since telecare devices and monitoring services are based on the use of technology, it is reasonable to expect advancements in technology in coming decades to impact upon the nature of telecare. Relevant trends that are likely to drive the development of telecare include:

- Growing coverage of high-speed wireless broadband and blue-tooth services;
- Capabilities afforded by growing use of mobile devices, SMS, smartphones and smartphone 'apps';
- Increasingly sophisticated interaction between different support agents (care worker, GP, family carer) and telecare monitoring devices.

Technological developments are likely to result in an evolution in telecare in the future, particularly making use of growing wireless and smartphone capabilities...

More widely, ongoing trends in telecare practice are likely to continue, and increasingly feature:

- Multi-functional monitoring centres undertaking outbound calls to proactively look after specific groups in relation to medication alerts, social isolation, etc.;
- Aggregation of monitoring centres;
- Linkages of data with health records, ambulance data, etc.;
- Platform convergence between telecare and telehealth.

Savings achieved through telecare

As described in the Introduction, as well as improved quality of life for users, telecare can create financial savings as a result of preventing need, and through enabling lower cost models of support where telecare reduces the need for intensive care from paid care workers, whether financed for by local authorities or by private households.

The principal cost savings associated with the use of telecare are therefore:

- Reduced need for care provided by paid care workers, for example, help with taking medication;
- Reduced admission to residential care;
- Enabling early discharge from hospital and support for reablement;
- Enabling rapid interventions in response to falls and other incidents, preventing complications to health and potential hospital admission.

In addition, when telecare is integrated with informal care provision, it can result in financial savings for carers and for the state. For example, by reducing the burden on informal carers, telecare may not only improve their quality of life, but reduce the use of medical services by informal carers who have been made ill by the burden of caring. Telecare may also enable greater participation in the labour market by carers, reducing the financial costs to informal carers; and for the state, potentially reducing the costs of unemployment benefits and means-tested retirement income benefits for those who were forced to leave employment to provide unpaid care.

Case study of savings to public spending achieved through telecare use

- North Yorkshire County Council

Following an initial round of grants to fund piloting, re-training, and new staff positions, telecare is now available for all individuals requiring community services support in North Yorkshire.

In September 2008, all new telecare users were subject to an evaluation, with their care managers identifying what a traditional, non-telecare package of care would have cost if telecare were not being used. The evaluation found that 46% of the traditional packages would have been in residential or nursing care, and 64% of the traditional packages would have been at home. The evaluation found that among those who would have received more than 10 hours home care, there was a reduction in the number of hours needed. It was calculated that the net average annual efficiency per telecare user was between £12,246 and £1,756, averaging at around £3,600 across the county, which represented a 38% reduction in typical care package costs.

- National Telecare Development Programme (Scotland)

Launched in 2006, the National Telecare Development Programme was implemented by the Scottish government to help more people live at home for longer through the use of telecare. The Joint Improvement Team of Scotland received just over £8 million in to help 32 Scottish Partnerships to develop

Evaluations in North Yorkshire and Scotland have highlighted the cost savings that can be achieved through the effective use of telecare...

telecare services during 2006-08.

A review for the Scottish Government found by the end of 2007-08, the number of unplanned hospital admissions was reduced by 1,220 (and by 13,870 bed days); the number of hospital discharges facilitated was 517 with an accompanying saving of 5,668 bed days; and, the number of care home admissions was reduced by 518 (61,993 care home bed days). The overall estimated saving was £11,151,190.[4]

Comment

Telecare is a proven intervention that reduces need for formal (and informal) care, and by extension, the costs of care to families and the state. Telecare can take multiple forms, and as technology evolves, will probably take new and different forms in the future.

This points to the need for a policy framework that can exploit effectively the potential benefits that telecare can achieve. It also points to the need for a long-term care funding system that can maximise the benefits of telecare for individuals, the state and society by realising the potential savings available and overcoming barriers to its use.

Before exploring this issue, the next chapter looks at the overall framework for how the government has sought to drive the use of telecare, and some of the structural barriers it has confronted.

Key points:

- Since telecare devices and monitoring services are based on the use of technology, advancements in technology in coming decades are likely to impact upon the nature of telecare
- More widely, ongoing trends in telecare practice are likely to continue, and increasingly feature: multi-functional monitoring centres undertaking outbound calls to proactively look after specific groups; aggregation of monitoring centres; linkages of data with health records, ambulance data, etc.; and, platform convergence between telecare and telehealth.
- The principal cost savings associated with the use of telecare are: reduced need for care provided by paid care workers; reduced admission to residential care; enabling early discharge from hospital and support for reablement; and, enabling rapid interventions in response to falls and other incidents, preventing complications to health and potential hospital admission.
- In addition, when telecare reduces the burden on informal carers, it can result in financial savings for carers and for the state.

3. Where are we now? The policy framework for telecare in the UK

The majority of telecare is commissioned via local authority funded care and support, which is free in Scotland but means-tested in England and Wales...

Telecare has been shown to be an effective way of reducing the costs of independent living for individuals with care needs, the state and families.

This chapter reviews the policy framework operating in the UK affecting the deployment and use of telecare. The chapter asks:

- What is the current picture for telecare usage?
- What is the current government strategy for promoting telecare?
- What are the barriers and limits to this approach?

Telecare: The current picture

In the UK, it is estimated that there are 1.7 million telecare users and 252 monitoring centres. However, the sector suffers a shortage in reliable data collection on usage and take-up.

The key agents overseeing the use of telecare are local authorities, who administer public funding on care and support, oversee local care markets, directly provide services or monitor and assist individuals in the procurement of services. In recent years, joint working with local health bodies – notably in the form of Joint Strategic Needs Assessments – has seen a greater role for the joint commissioning of telecare services, reflecting in part the fact that the preventative benefits of telecare may also accrue to health services.

Although central government has sought to drive greater usage of telecare, local authorities ultimately retain discretion as to whether to provide telecare services, or direct its use through Personal Budgets. The result is that the availability and use of telecare varies considerably by geography. It is also important to unpick the effect of the different long-term care funding systems operating across the UK:

- Scotland: Universal telecare?

In Scotland, personal care is free at the point of use. As such, Scottish local authorities cannot means-test the availability of publicly-funded services, including telecare. In fact, the Scottish Government has thrown its weight behind the use of telecare, and its 2008 telecare strategy document, *Seizing the Opportunity* envisions Scotland becoming an international leader for telecare.

- England and Wales: A mixed economy?

In England and Wales, the public funding of care and support is subject to local authority means-testing, and those with more than £23,500 in 'assessable capital' are not entitled to public support or may be charged for services they receive.

As a result, telecare in England and Wales could be described as a 'mixed economy'. Among those local authorities that do oversee the provision of telecare services, whether through commissioning or direct provision, poorer households entitled to local authority support will be able to gain access to free telecare services, or through some form of limited local authority charging.

For those not entitled to means-tested local authority support, there is a private market for telecare services and devices. However, there is very little data available about the private purchase and usage of telecare services. Indeed, this market confronts a number of structural barriers, which are explored below.

Barriers to telecare

What are the principal barriers to the deployment of telecare, both in relation to implementation and the wider policy framework of the government?

Barriers to the use of telecare include cost, limited knowledge of telecare among users and professionals, and resistance to change...

- Cost

The costs of telecare are associated with the unit cost of individual devices, and the cost of running associated remote monitoring services. The typical cost of devices is £100-£500 and monitoring services can generally be run at a low per person cost, such as £5 per week.

It should be emphasised that although the ongoing cost of telecare services are low, the introduction of telecare may typically impose upfront 'sunk' costs when it is incorporated by public agencies into existing health and social care pathways, given the need for staff retraining, service redesign, etc. As such, the introduction of telecare typically requires investment by relevant agencies such as local authorities; savings accrue over time following the initial higher expenditure when telecare services are first deployed.

- Limited knowledge

The adoption of telecare requires that social care users, informal carers, workers (and managers) in the social care system, as well local councillors, know about and understand telecare. However, many individuals working in social care, whether on the front line or in managerial roles, may lack knowledge about telecare or its latest applications. Few local councillors will go into election with knowledge and understanding of telecare. Among potential private users, many are as ignorant of telecare as they are of the wider social care system.

- Resistance to change

Adopting telecare requires the redesign of local authority and NHS care pathways and support systems. In short, telecare is a *disruptive* technology that requires individuals and organisations to change what they do. This can lead to organisational and professional resistance as individuals are reluctant to adapt to or adopt new roles.

Similarly, some care users may be reluctant to use devices and engage with services that are new to them.

- Technological developments

Telecare is not a static technology, but one that is developing in its design and form as both telecare technology and the context in which it is used develop. For example, the widespread usage of 'smart phones' by the public would have been difficult to imagine just five years ago. However, the advent of smart phones creates new possibilities for the delivery and coordination of telecare, and its integration with care workers and the lives of informal carers.

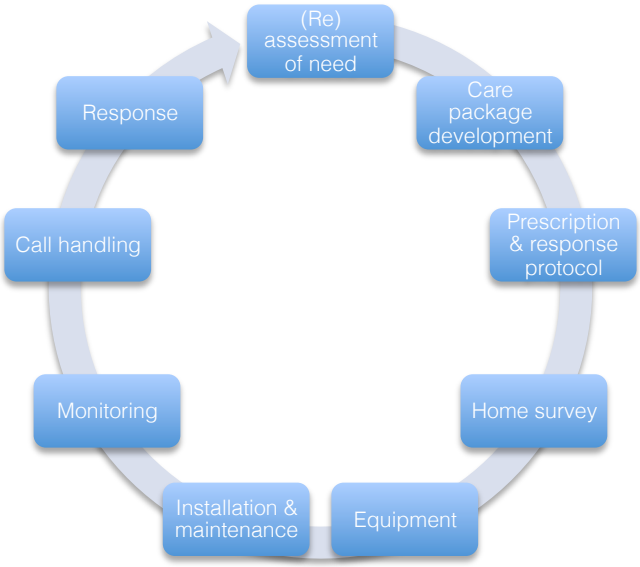
This means that any policy framework deployed to encourage the take-up of telecare is addressing an evolving set of devices, services and systems rather than a single, fixed type of intervention that can be transferred into an existing social care delivery model. This was acknowledged by the Department of Health in 2010, which observed:[5]

> "It is safe to imagine that the pace of technological change that we have seen over the last 20 years will continue, and that by 2030 the kinds of technology that will be available to us will be far beyond anything we know at the moment. Those using the care and support system will increasingly expect technology to play a part in helping them decide what care to choose and helping to improve their quality of life, and the care and support sector will need to be positioned to take advantage of these innovations."

- Trends in social care delivery

The UK social care system is engaged in a long arc of reform and redesign involving multiple reform agendas

Figure 1



Source: Barlow J et al. (2007)

such as personalisation, integrated care and the growth of mixed care markets. The sector has moved a very long distance from social care services largely run and organised by local authorities, with users afforded little choice or control.

The commissioning of telecare services typically involves several distinct organisations, particularly when it is integrated into a package of care provided by a local authority. Academic research[6] has explored how the provision of telecare involves a series of steps from referral of an individual with support needs, through to monitoring and response, shown in Figure 1.

However, the increasing number of actors in the social care system does create complex issues around coordination and incentives for preventative interventions, including telecare. Unitary service models are being replaced by plurality, with care users potentially using their Personal Budget to commission multiple organisations to help them live independently.

Where such a mixed production of services results, integration and coordination with the use of telecare may be more challenging. Local authorities may also have less influence over an individual's care package, and therefore less scope to oversee and coordinate the use of telecare.

How has the government tried to promote telecare?

Within the framework described above, and in the context of a devolved system with local authorities as the key agents for driving the use of telecare, the role of central government, particularly the Department of Health, has been to prod councils into promoting and using telecare, whether through periodic grants, sharing of best practice, etc. This is observable in some of the principal statements of policy and key activities over the last decade, which are detailed in Appendix 1.

What have been the key tenets of government strategy to promote telecare that can be observed over the last decade?

- Evidence

The government has invested in the evidence base for telecare regarding 'what works' and communicated this evidence to local authorities and health bodies. The most recent exercise in building the evidence base on telecare has been the Whole System Demonstrator research programme. There has also been extensive investment by the government in knowledge transfer schemes, so that local authorities can learn how to adapt to using telecare services.

- Grants

Periodic grants, such as the £80 million Preventative Technology Grant, have been given to local authorities toward the cost of investing in telecare, redesigning care pathways and retraining staff. In effect, these grants have been designed to kick-start the use of telecare, giving local authorities earmarked subsidy to invest in upfront costs of enabling telecare services.

- Vision and leadership

At a national level, policy documents from all political parties in government have reaffirmed a belief in the role of telecare through consistent references in 'vision statements' and other policy documents.

- Partnerships and integration

The savings realized through telecare may also accrue to other organisations, such as the NHS, in addition to the local authority that is funding a telecare service. This facet of telecare has long been acknowledged as

Government policies to promote telecare have focused on encouraging local authorities to invest through building the evidence base, periodic grants, vision and leadership, and promoting partnership working and integration...

an issue in encouraging the take-up of telecare. For example, in 2004, the Audit Commission noted:[7]

> "Investment in telecare requires expenditure by the statutory services but the benefits will not be uniformly distributed. For example, paying a call-centre to provide a monitoring and response service to support a patient with a chronic disease may keep the patient out of hospital for longer and reduce any period of hospitalisation. Superficially this is a benefit to the healthcare provider and the NHS should therefore pay. However, the support provided by the telecare service may increase the patient's confidence and that of their family carers, so that they do not have to transfer to sheltered accommodation with a care package or to a residential home. The result is a benefit to social services. This simple example illustrates the difficulty of apportioning costs."

This analysis is as relevant today as it was in 2004. However, the dilemmas resulting from this aspect of telecare have increasingly been resolved through the joint commissioning of telecare services, particularly following Joint Strategic Needs Assessments, and there has been a concerted effort to situate telecare within an integrated design for health and social care services, including funding made available for telecare on a partnership basis between organisations.

- Mainstreaming telecare assessments

Policymakers have sought to increase the 'triggers' resulting in the offer of telecare to care users, through ensuring prompts for the use or offer of telecare are included within needs assessment processes.

Finally, it is worth noting that the Department for Business, Innovation and Skills has been active with other government departments in ensuring adequate regulation of telecare providers, the development of industry standards and interoperability.

Key points:

- The key agents overseeing the use of telecare are local authorities.
- In Scotland, the operation of state-funded universal free personal care should mean that no individual is means-tested for telecare, where a local authority chooses to provide it.
- In England and Wales, telecare is usually subject to local authority means-testing, resulting in a 'mixed economy' strategy. Among those local authorities that do oversee the provision of telecare services, poorer households entitled to local authority support will be able to gain access to free telecare services, or through some form of limited local authority charging. For those above the means-test threshold, there is a private market for telecare services and devices. However, there is very little data available about the private purchase and usage of telecare services.
- What are the principal barriers to the deployment of telecare? Key factors include: cost; limited knowledge among users and social care professionals; resistance to change among professionals and users; technological developments meaning that telecare is a continually evolving technology; and, trends in social care delivery toward personalisation, which increase the complexity of coordinating multiple service providers with the use of telecare.
- Government has tried to promote telecare: growing the evidence base evidence; periodic grants to kickstart use; vision and leadership; encouraging partnerships and integration; mainstreaming telecare assessments; and, ensuring appropriate regulation and interoperability.

4. Evaluating the UK telecare strategy

This policy framework for telecare does align the incentives to invest with the power of local authorities to coordinate telecare services, as well as oversee changes to care pathways at a local level...

The previous chapter examined the policy framework shaping the use of telecare, barriers to its use, and how government policies have attempted to drive take-up.

This chapter evaluates this framework for increasing the use of telecare. The chapter identifies advantages and disadvantages and then develops an overall critique of the approach in order to explore alternative strategies.

Advantages of the UK telecare strategy

- The role of local authorities: alignment of power and incentives

As autonomous bodies that manage their own budget, it is local authorities that must choose to invest in telecare, choose how much to spend, and meet these costs of investment, notwithstanding periodic grants from central government. However, the savings realized through telecare also accrue to local authorities, so that costs and incentives in relation to investing in telecare are aligned.

- The role of local authorities: change management

Local authorities are the key agents for delivering and implementing government policy on telecare. This central role reflects the fact that integrating telecare with existing social care pathways requires a considerable degree of change management: something that is best overseen and coordinated at a local level. It is unlikely that any national body would be as well-positioned to oversee, coordinate and drive changes to local care pathways and service design as local authorities.

Disadvantages of the UK telecare strategy

- Local political discretion

Decisions to invest in telecare are not just taken by directors of adult services. Local councilors must also be supportive of spending on telecare even if, compared to traditional models of support services, telecare may superficially be less popular 'on the doorstep'. It is local councilors that must explain and promote to citizens why telecare is preferable to traditional services. As such, the extent to which the UK benefits from telecare is highly dependent upon local political discretion. It is also dependent upon the individual personalities of elected councilors and local officers and their capacity for working together. The result is that rather than have a single, unified, coherent strategy to promote telecare use in the UK, hundreds of local political decisions are required to invest in telecare, preventing government from maximizing the savings that can be achieved through telecare.

- Local authority budgeting constraints

Where investment in telecare does impose upfront costs, it is also local authorities that must meet these costs. However, such decisions will inevitably be affected by ongoing budgetary constraints for local authorities, and the appetite to accept higher costs in the present for savings in the future. Broader issues of local government financing therefore directly affect the availability of telecare services at a local level, and local political decisions to spend on other priorities, such as road maintenance and school-clubs.

- Local variation: fairness and consistency

Like other aspects of the social care system in the UK, the availability of telecare services is subject to local variation. Research undertaken for the Social Care Institute for Excellence identifies a number of variables

But it also means that teleare policy is dependent upon local political discretion and local budgeting constraints, inevitably creating a postcode lottery in telecare provision, and issues of fairness around access to telecare...

that therefore threaten 'fairness and consistency' in the allocation of telecare. [8] These include:

> "local charging policies, local funding arrangements, access to information about telecare and user needs and characteristics. For people in receipt of telecare via their local authority, differences in charging policies and the application of FACS criteria can lead to people having different chances of accessing telecare according to the local authority area in which they live. For instance, some local authorities will charge for a community alarm service element of a telecare service and not for enhanced equipment, while some charge community alarm service clients but not telecare clients using sensor and environmental control equipment."

- Local authorities, the social care system and the reach of telecare

In England and Wales, most local authority funded telecare is limited to individuals who qualify under the threshold of means-tested public support. Although means-testing and rules on charging vary among every local authority and some self-funders may access telecare through a local authority charging policy, individuals with more than £23,500 in assessable capital are typically not entitled to public support. Nevertheless, it should be noted that some local authorities, such as Sunderland City Council, have chosen to make telecare available to all, regardless of means, together with the application of charging among some users.

As such, local authority expenditure on telecare in England and Wales is largely limited to individuals who qualify for means-tested support. This has the effect of constraining the number of individuals who can benefit from telecare, and potential savings.

Why? It is reasonable to presume that usage of telecare among private 'self-funders' is lower. Individuals who have yet to have contact with the social care system may simply never encounter telecare, despite potential benefits for their informal carers. To put this outcome in context, it is worthwhile quoting research that used data from the English Longitudinal Study of Ageing to analyse receipt of care. It found that among those experiencing one or more activity of daily living failures:[9]

- 58% did not report receiving help;
- 34% reported receiving informal care only;
- 4% reported receipt of privately-funded care;
- 4% reported receipt of state-funded care.

The key point is that the local authority social care system only has a limited contact with the population of individuals requiring care and support across the UK, who may benefit from telecare. In England and Wales, where council-funded care is means-tested, the reach of the social care system is even lower.

The result is that the potential of the social care system to deliver the savings and benefits of telecare across the population is largely limited to the segment of the population requiring care and support who are entitled to council-funded support, and have made themselves known to local authority social services. Considered at a population level, this reduces the savings that telecare can achieve in relation to the costs of care and support to society.

- Limits to the private telecare market

The means-testing of telecare services in England and Wales arguably represents a 'mixed economy' strategy. For poorer households, local authorities take the lead in realizing the benefits of telecare. For wealthier households, it is left to market forces to drive the take-up and use of telecare.

However, this makes government policy dependent on the effectiveness of the private telecare market: its

For those not entitled to local authority care and support, there is a private retail market, although it is unlikely that this market will ever achieve levels of take-up comparable to those achieved by local authorities...

ability to identify potential beneficiaries, promote and sell telecare services to these households, as well as the willingness of households to purchase telecare support. Despite the concerted efforts of companies in this market, each of these factors raises multiple questions around the barriers that care providers confront in promoting and selling telecare services.

Indeed, although various stakeholders have called for the private market in telecare to develop to be like any other type of consumer technology market, such as DVD recorders, MP3 players and computers, there are a number of reasons to think that telecare will never develop in a manner akin to other forms of popular consumer technology.

First, knowledge of telecare across the population is limited. It is only of interest or relevance to individuals in need of care and support, or their families, and there is wide variation in the type of telecare devices – temperature sensors, door exit sensors – that individuals use. The resulting limited knowledge and awareness of telecare has been identified by policymakers, for example, in the Scottish Government's telecare strategy. However, it is uncertain how effective policymakers can be in increasing the public's knowledge of telecare, for example, through publicity and information campaigns.

Second, to be truly effective, the circumstances and needs of individuals must be subject to a proper assessment for the suitability of telecare, as deployed by local authorities. However, for private individuals, such an assessment may represent a 'transaction cost', or individuals may be unused to having their private informal care arrangements assessed by third-parties.

Third, some households may be reluctant to invest in buying telecare devices, which may cost £100-£500. This may be because of affordability issues, uncertainty regarding how long such devices will be useful for, or because in the 'mental accounting' of individuals, telecare may appear poor value for the projected reduction in formal or informal care required, i.e. family carers undervalue their own time and well-being. Informal carers may also feel reluctant to substitute telecare for the care they provide, since it may feel impersonal or that this would see them stepping away from what they perceive to be their responsibilities. Social workers, in the context of local authority needs assessments, may be better placed to encourage informal carers to take this step in the evolution of their role.

These observations suggest limits to how effective the consumer market will ever be in driving the use of telecare among those households not entitled to means-tested public support in England and Wales.

- Telecare and informal carers

As noted in earlier chapters, telecare can be of significant benefit to informal carers and the people they care for, regardless of any involvement by local authorities. This is important because informal care provision across the population is far greater than formal care, and many households providing informal care have little or no contact with local authority social services. A growing evidence base also exists on the negative effects of informal care provision on informal carers.[10]

It is therefore worth asking: how effective is the current policy framework in the UK for securing the potential benefits of telecare for informal carers?

Informal carers who provide, or intend to provide, a substantial amount of care on a regular basis have a right to request an assessment by local authorities of their needs *as carers*, independent of the needs of the person they provide care to. Carers can request assessments independently of whether the person they care for has been assessed by the local authority.

The UK telecare strategy therefore contains implicit assumptions that it should be means-tested (in England and Wales), and that the local authority social care system is the best way to target telecare at individuals who may benefit...

In 2006-2007, around 198,000 carers aged 18-64 and 189,000 aged 65 and over were offered an assessment. Around one adult in four who received a community service from a local authority in 2006-2007 had a carer who was offered an assessment. Around 178,000 carers received a service following their assessment or review.[11] However, the picture is mixed, and one study found that only 17% of 'new' carers had a carer assessment.[12] In addition, although informal carers now have the right to request an assessment of their needs independent of the person they care for, a local authority has no duty to provide services or support to the carer, such as telecare.

As such, despite the potential benefits that telecare can bring to informal carers, there appear to be major limitations associated with using the local authority social care system or the retail market as a mechanism to encourage the use of telecare to the benefit of informal carers.

Comment

As the policy framework for promoting telecare has evolved, telecare has consistently been bundled in with the local authority social care system. This is perhaps inevitable given so much public spending on social care is channelled through local authorities, and the fact that local authorities are best placed at the 'frontline' of service delivery to incorporate telecare into care pathways and service redesign.

But the result of this approach is that two implicit assumptions have crept into the policy framework on telecare:

- In England and Wales, the availability of telecare should be means-tested;
- Public spending on telecare services should be targeted via local authority needs-assessments.

However, both of these assumptions can be questioned, and indeed, if society is to make use of the growing potential of telecare, there are compelling reasons to think both assumptions are wrong.

First, why means-test the availability of telecare? In the context of the social care system, the unit cost of telecare is comparatively small. However, the potential savings to the state accrue not just in relation to those with council-funded home care, but also – crucially - those self-funders of home care who *become* entitled to council funding for their residential care, owing to a partner remaining in their home. Telecare services can frequently delay the entry of such individuals into residential care.

Second, since telecare can be of enormous benefit to informal carers, and informal care provision far outstrips formal care, why does policy implicitly assume that the best way to allocate telecare is via community care needs-assessments for individuals with care and support needs? Indeed, telecare should arguably be framed principally, not in relation to the person needing care and support, but the person – in most cases a family member – who provides care. This suggests a fundamental rethink is necessary for how telecare is targeted at where it can provide the most benefit.

Ultimately, the telecare policy framework has been shaped by the design of the social care system, not by the potential benefits that telecare can provide. The next two chapters therefore examine is greater detail issues of funding and targeting of telecare in order to develop a policy framework for telecare that is design to maximise the benefits realised for society.

Ultimately, the telecare policy framework has been shaped by the design of the social care system, not by the potential benefits that telecare can provide....

Key points:

- What the advantages of the UK telecare strategy? The central role given to local authorities results in an alignment of the power to invest in telecare and coordinate its use with incentives to invest, given savings from telecare will accrue to local authorities. Local authorities are also well-placed to oversee change management as telecare is incorporated into local care pathways.
- However, disadvantages of the UK telecare strategy include: local political discretion resulting in widespread variation in availability and funding of telecare; the sensitivity of telecare spending on local budgeting constraints and more 'high profile' items of council expenditure; and, fairness and consistency regarding access to telecare, with telecare part of the 'postcode lottery' in care and support services, despite its potential to reduce expenditure for the state.
- Telecare strategy is also constrained by the limitations of local authorities in reaching potential beneficiaries, exacerbated by means-testing in England and Wales. In particular, the community-care assessment system frequently has no contact with the millions of informal carers in the UK, who provide the majority of care across society, many of whom would benefit from the use of telecare.
- The implicit role given to the private retail market in the telecare strategy of England and Wales for self-funders makes government policy dependent on the effectiveness of this market, despite its limitations: its ability to identify potential beneficiaries, promote and sell telecare services to these households, as well as the willingness of households to purchase telecare support.

5. Design Choices for a New Telecare Strategy: Funding

What should be the role of state vs. private expenditure on telecare? Different alternative funding models can be conceived...

If society is to realise the maximum benefit from telecare in the future, how should telecare be funded?

To put this question another way: what should be the role of state versus private expenditure on telecare? Should telecare be funded entirely by the state? Or, as much as possible, should policymakers encourage households to fund telecare themselves, whether out-of-pocket or through the use of insurance products?

Such questions are important. Telecare must compete with other types of care and support interventions in the publicly funded care system. In future, advances in technology mean that the unit cost of telecare may increase as it becomes more sophisticated. A funding system is required that can adapt to these trends.

These questions must also be viewed through the lens of the longstanding debate in England and Wales on how to reform the long-term care funding system. Ultimately the need is for a funding system that is 'future-proof' in terms of driving sufficient funding toward the use of telecare now and in the future. This requires evaluating some of the different models of long-term care funding that have featured in this debate through the lens of telecare policy and its objectives.

This chapter explores these questions. It begins by building on the analysis in the previous chapter by evaluating the funding systems that operate in Scotland, and in the rest of the UK. It then examines and evaluates some alternative potential funding models for long-term care. It concludes by drawing out insights for how telecare should be funded, and the balance between private and public expenditure.

Model 1: Universal free telecare (Scotland)

Summary: Dependent on local authority provision and commissioning practices, telecare is free to all entitled to care and support from their council, following a needs-assessment.

Pros:

- Potential take-up – although dependent on the telecare strategies of individual local authorities, there is scope to offer telecare free to all who may benefit from it.
- Incentives – by investing in telecare, local authorities also benefit from the resulting savings.
- Coordination – local authorities are well-placed to oversee and drive the use of telecare through changed care pathways among all their users.

Cons:

- Cost – telecare for wealthier households is free, despite many potentially being able to afford it without public support. However, set against other costs in the social care system, such cost are arguably not significant in comparison.

Model 2: Means-tested telecare + private market (England and Wales)

Summary: Those entitled to council-funded home care are also entitled to free telecare services, where local authorities have an effective telecare strategy. Other households may access telecare via local authority charging schemes or the retail market.

Pros:

- Cost – wealthier households are effectively required to meet the cost of telecare themselves through local authority charging or private purchase.
- Private incentives - for those receiving nothing from the state, there is a clear incentive for families to invest in telecare as a way of reducing expenditure and relieving pressure on informal carers.

Cons:

- Knowledge – private take-up of telecare among self-funders constrained by limited knowledge of

Telecare does not necessarily fit comfortably with the use of private insurance...

telecare among the public, potentially requiring the government to fund information and awareness campaigns.
- Private expenditure decisions – self-funding households may be put off by cost, and in particular, uncertainty over whether telecare will be appropriate for long enough to justify the initial investment.
- Limits of private market - for those not entitled to state support, there is little evidence to suggest that the retail market can stimulate take-up and use of telecare among self-funders at anything approaching an optimal level.

Model 3: Means-tested social care + private insurance for telecare

Summary: Individuals purchase pre-funded insurance products for care from insurance companies, with the proviso that companies may offer claimants telecare instead of cash to purchase formal care. This approach to telecare funding has been cited in policy debate as a way of using the interests of insurance companies to keep the costs of claims low as a mechanism to drive the take-up of telecare among self-funders not entitled to public support.

Pros:
- Providers of long-term care insurance would potentially become active stakeholders promoting the use of telecare services to those who are outside of the state safety-net, particularly if telecare reduced the incidence of individuals claiming insurance benefits to fund residential care.

Cons:
- Incentives - having purchased an insurance product for care, claimants may be incentivised to maximise the cash benefit they receive, and may reject the option of telecare on the basis that this would see insurance companies claw back the benefit payable because their need for formal care services was reduced. This suggests that the use of telecare may have to be written into insurance contracts with individuals at the point of purchase, but such a product feature brings extra complications, and may not make products more attractive.
- Take-up – both in the UK and around the world, take-up of insurance products is extremely low, and does not exceed a rate of 15%. This suggests that pre-funded long-term care insurance could only ever be of limited value in driving the use of telecare across the population.

Model 4: Universal free telecare + private insurance

Summary: Telecare continues to be the preserve of local authorities or other statutory agencies, but with some new form of universal entitlement to telecare regardless of means, as a key pillar of a new long-term care funding system alongside the use of private insurance.

Pros:
- As above, the central role given to local authorities ensures they can drive take-up and oversee coordination.

Cons:
- Misaligned incentives – local authorities would be expected to fund investment in telecare, but in doing so, the state would effectively be subsiding the returns for insurance companies given the potential for telecare to reduce the value/number of claims. Such an effect is not unique to telecare, but reflects a broader dilemma between public spending on prevention, and the role of private insurance.

Model 5: Co-payments

Summary: To encourage take-up and use of telecare, local authorities match private spending on telecare

One option, currently deployed by some local authorities, is to make telecare available to all, but to apply low-level charges - £4 per week – for its use...

among self-funders on a pound-for-pound basis. In effect, usage of telecare among self-funders is subsidised by the state, which effectively reimburses households for 50% of the costs of telecare.

Pros:

- Incentives - households are encouraged to spend on telecare by the availability of matching contributions from the state.
- Cost – all individuals are entitled to public funding for telecare, but the policy is significantly cheaper than universal free telecare.

Cons:

- Split savings - private expenditure on telecare would have to be matched by private savings in order for households to be incentivised to spend on telecare. As such, the state could not hope to capture all of the savings associated with the use of telecare if the costs were shared between individuals and the state.
- Allocation of costs - it is not clear that the costs of telecare can be neatly split between the individual and a public agency. For example, the state might have to invest in the expensive redesign of local care-pathways, etc. before it can share the marginal unit cost of telecare services with individual users.

Model 6: Charging

Summary: As happens now in some areas, local authorities coordinate and oversee the delivery of telecare devices and services, but charge households for its use. For example, everyone who receives care from Sunderland City Council is automatically given a telecare service as well, but anyone not eligible for council services can purchase it for £4 per week.[13]

Pros:

- Revenue – charging provides a revenue stream that subsidies both the ongoing cost of telecare services, plus the up-front investment costs associated with its use.
- Coordination – local authorities can ensure coordination and targeting by effectively bypassing the retail market and promoting telecare direct to wealthier households.

Cons:

- Take-up – depending on how charges are set, the cost of charges may deter some users.

Comment

This chapter has explored different ways of funding telecare, contrasting Scotland with the rest of the UK, and exploring other potential funding models for telecare, including the use of insurance. For policymakers, the key question is the extent to which the benefits of telecare can be secured by transferring as much of the cost as possible to private households.

Unsurprisingly, it appears the best way to maximise take-up and the benefits of telecare would be for the state to offer universal free telecare to all. This is principally because it is not clear that a private retail market in telecare is ever likely to achieve levels of take-up among self-funders and informal carers that local authorities can achieve among those entitled to public support. Knowledge and cost are important factors. Even a greater role for private insurance is unlikely to be an effective lever to increase take-up of telecare among self-funders, given coordination and incentive issues that would result.

But would universal free telecare be unaffordable for public expenditure? First, it is worth underlining again that the cost of telecare devices is typically between £100 and £500, and ongoing monitoring services can be as low as £4 per week. As such, the cost of offering free telecare to self-funders not entitled to council support would not be so significant in the context of the wider social care system.

Given that local authorities fund 60% of older people in residential care, and telecare can enable people to live in their homes for longer, there is a clear argument for making telecare free to all...

Second, and most importantly, many such self-funders of home care, or recipients of informal care, ultimately become entitled to council-funded residential care because of a partner remaining in their home, which cannot then be taken account of in the local authority means-test. As such, there is an incentive for councils to invest in telecare for all individuals in receipt of care in their own home, including self-funders and those in receipt of informal care, regardless of their wealth, given potential savings in public spending on residential care.

Alternatively, some form of charging for telecare across all users might be effective at transferring some costs to private households. Such charges would have to be set at a level to balance the revenue that is yielded with the effect on levels of take-up. At present, there is variation among local authorities as to the extent to which they charges individuals for telecare services who are and are not entitled to public support.

More broadly, it is worth pointing out that state-funded free telecare or charging schemes also improve the scope for effective patterns of service delivery. For example, local authorities already allow individuals to effectively 'rent' telecare devices, which can be maintained by private providers under contract with local authorities. This is arguably a more efficient approach than encouraging individuals to buy units themselves. Improvements in coordination and economies of scale can be secured across the system.

Overall, this analysis highlights compelling reasons for telecare being delineated from other forms of care and support, and funded entirely by the state on a non-means tested basis, or through the limited application of charging.

Having explored the issue of funding, the next chapter explores how telecare is targeted at the population of individuals in need of care and support.

Key points:

- What should be the role of state versus private expenditure on telecare? Should telecare be funded entirely by the state? Or, as much as possible, should policymakers encourage households to fund telecare themselves, whether out-of-pocket or through the use of insurance products?
- It appears the best way to maximise take-up and the benefits of telecare would be for the state to offer universal free telecare to all. This is because: 1) it is not clear that a private retail market in telecare is ever likely to achieve levels of take-up among self-funders and informal carers that local authorities can achieve among those entitled to public support; 2) the cost of offering free telecare to self-funders not entitled to council support would not be significant in the context of the wider social care system and would very likely save councils money given many self-funders of home care ultimately become one of the 60% of residential care users funded by the state.
- Alternatively, some form of charging for telecare across all users might be effective at transferring some costs to private households.
- State-funded free telecare or charging schemes would also improve the scope for effective patterns of service delivery, for example, enabling individuals to 'rent' telecare devices, which can be maintained by private providers under contract with local authorities.

6. Design Choices for a New Telecare Strategy: Targeting

What is the best way for policymakers to direct telecare at its target groups: those eligible and ineligible for local authority support, and ultimately, informal carers...

Telecare can create financial savings for the state and households by reducing the need for paid care, as well as reducing demand for care, and alleviating the burden on informal carers. The previous chapter explored different approaches to funding telecare and how to split the cost between individuals and the state.

This chapter explores the best way to connect telecare with potential users, such that society can realise the maximum benefits that telecare can offer. The chapter therefore explores:

- Who can benefit from telecare? Who are the target groups in society?
- How can they be reached? How should telecare services and assessments be targeted?

The target groups for telecare

How should policymakers think about the different target groups that may benefit from telecare? These different groups can be classed as follows:

- Individuals eligible for council care

The first group would be individuals eligible for publicly-funded care and support from their local authority under the Fair Access to Care Services (FACS) criteria. These are individuals with less than the threshold of £23,500 in 'assessable capital', and whose need for care is sufficiently high along the FACS scale such that they are entitled to support form their local council. Across England, there are around 390,000 individuals aged 18-64 in this category and 610,000 aged 65 and over.[14]

- Individuals ineligible for local authority support

These are individuals who do not qualify for care and support funded by their local authority because their needs are assessed as being too low on the FACS scale, or because they have more than £23,500 in assessable capital. However, local authorities do not assess all individuals with care needs, and in fact, many such individuals do not identify themselves to social services. As such, it is very difficult for policymakers to know how many individuals fall into this group.

- Informal carers

Particularly during the last ten years, public policy has begun to recognise informal carers as a distinct group with their own needs, and as a target of public policy in their own right. For example, successive Carer's Strategies from the government have given informal carers new rights in work, and recognition for what they do.[15]

By reducing a person's need for care, whether to have someone 'on call', reminding them to take medicines etc., telecare can benefit informal carers directly by reducing the volume of care they are required to provide.

As such, it is reasonable to classify informal carers as a potential target group who may benefit from the provision of telecare, even if they do not use telecare directly.

How big is this group? The 2001 Census found that there were 5. 9 million informal carers in the United Kingdom. The majority were female (3. 4 million compared with 2. 5 million males). Around a quarter of both male and female carers were aged 45 to 54, and 20% were 35 to 44 and 55 to 64. Two thirds of all carers were found to care for less than 20 hours per week and a fifth were caring for 50 hours or more.[16]

Local authority community-care assessments only reach a limited proportion of the population of individuals that may benefit from telecare...

However, among this target group, there is no data to indicate what proportion care for someone whose care needs could be met through telecare, and therefore what proportion of informal carers could benefit from the provision of telecare.

Nevertheless, since the large majority of care provision across society is informal and unpaid, it is reasonable to expect this number to be large. For example, if only 20% of informal carers could benefit from a reduction in their caring role through the provision of telecare, this still amounts to over 1 million people.

Comment

This analysis shows how framing telecare as something that is principally the responsibility of local authority social care does not lead to a complete picture of who could benefit from telecare. It is not unreasonable to speculate that there may be more informal carers whose lives could be improved through the provision of telecare, than there are council-funded recipients of care. As such, seeing telecare in terms of FACS and local-authority care will only identify one bit of the picture for who could benefit from telecare.

This raises interesting issues as to how telecare is positioned and framed in public policy. For example, why is telecare seen as something that the state may offer to individuals with care needs, as opposed to a form of support that informal carers have a right to?

How to reach these groups?

What policy levers are available for the state to connect telecare with potential beneficiaries? This section looks at the current levers used and some alternative approaches.

- Local authority community-care assessments

From the point of view of policymakers, how effective are community-care assessment and local authorities as a lever to maximise the benefits that are realised from telecare across the population.

The availability of telecare varies by local authority, reflecting different levels of expenditure on social care, different levels of entitlement, as well as variations in whether local authorities have developed and implemented effective telecare strategies, i.e. differences in leadership.

Perhaps most importantly, local authorities only have contact with a limited proportion of the population who may benefit from telecare, particularly if, as above, informal carers are also identified as a group of potential beneficiaries in their own right. As such, the limited reach of local authority community-care needs-assessments limits their usefulness to policymakers, and raises questions over their centrality to telecare strategy in the UK.

- Community-care assessments and Direct Payments

A further feature of community-care assessments should be explored in the context of telecare: the policy drift toward Direct Payments.

Like many other countries, the social care system in the UK increasingly features ‘cash for care’, when those entitled to receive public support receive a cash payment - rather than services - over which they retain a large measure of discretion.[17]

The rationale for this shift focuses on the benefits of choice and control for individuals, as well as personalisation, i.e. the scope for individuals to choose how to spend their resources in the best way that suits their personal characteristics and aspirations. The

Rather than local authority discretion, there is no reason not to apply a national entitlement framework to telecare, as has been proposed in relation to other types of social care intervention...

availability of Direct Payments and Personal Budgets has varied among local authorities, and take-up has varied among different need and age-groups.[18] Nevertheless, there is widespread political consensus that the move toward such a cash-based model of social care in England must continue, and the Department of Health has set increasingly ambitious targets for local authorities in relation to the offer of Personal Budgets to individuals.

However, the use of cash-payments by the state for individuals in need of care and support does raise complex issues around the use of telecare.

A key advantage of telecare services is the scope to reduce the need for formal care paid for by the state. However, if individuals are assessed for their needs independent of the use of telecare, and subsequently choose to use their cash-based support to purchase telecare services, it is not clear how the state can reap the benefits of such savings: in effect, individuals would retain control and possession of an 'overpayment' proportional to need for (in)formal care that local authorities would be making.

This picture is complicated further if a Personal Budget is used by an individual to support themselves and their family carer, as well as to purchase telecare. In this situation, the Personal Budget holder may prefer that any reduction in need for care resulting from the use of telecare be to the benefit of a family carer, rather than result in a new needs assessment and reduction in the value of their Personal Budget.

These observations suggest that there may be complex policy trade-offs in how telecare is situated in the context of Direct Payments and Personal Budgets. In particular, there are questions around whether Personal Budgets and Direct Payments may complicate the ability of the state to reap the cost-savings that can be achieved through the use of telecare. Ultimately, given the direction of policy, this poses a question of whether public funding of telecare in the future should occur via community-care needs assessments.

- National entitlement framework

Besides community-care needs assessments, how else can policymakers think about the distribution of telecare services using the policy levers available to the state?

The debate on long-term care funding in England and Wales has featured numerous proposals for the introduction of a national framework for assessment and entitlement in social care. Such a system would replace local authority discretion – and variation – with a clear, transparent framework for what individuals with different levels of need are entitled to from the state regardless of where they live.

A national assessment and entitlement framework could be applied to telecare. This would see individuals with care needs have a clear entitlement to telecare support, proportional to need, regardless of where they lived.

In this way, public funding of telecare services could be repositioned as a national entitlement, rather than something dependent on individual local authorities.

- Other distribution channels: GP consultations

If policymakers want to explore how they can direct the provision of telecare services to potential beneficiaries, besides via community-care needs assessments, what other distribution channels are available?

Individuals in need of care and support, and their informal carers, typically make greater usage of GP consultations than the rest of the population. Some carers may be known to their GP, but not to their local authority. As such, GP consultations could be used to

trigger assessments for telecare, if GPs were given a basic checklist of criteria.

- Other distribution channels: Carer advice and support services

Advice and support services are targeted at informal carers by a range of national and local charities and statutory organisations. These services are frequently independent and separate to local authorities, and may have contact with many informal carers who are not known to their council.

These advice and support organisations could also therefore be targeted by policymakers as a potential mechanism for triggering for telecare assessments.

- Other distribution channels: disability benefits

Potentially the most useful alternative to community-care assessments for connecting telecare to potential beneficiaries is the disability benefits system. The principal working-age disability benefit – Disability Living Allowance – is currently at the centre of a major reform agenda,[19] so instead it is worthwhile focusing solely on the equivalent benefit for people of pension age – Attendance Allowance (AA).

AA is a tax-free cash benefit payment for individuals aged 65 or over in the UK who need help with personal care because they are physically or mentally disabled. AA is paid for by the Department for Work and Pensions (DWP). AA is received as a cash payment, and individuals who receive it are entirely free to spend it how they wish.

As well as being aged over 65, in order to be entitled to claim AA, a person must:

- Have a physical disability (including sensory disability, such as blindness), a mental disability (including learning difficulties), or both;
- Need help caring for themselves or someone to supervise them, for their own or someone else's safety.

Individuals are normally only able to claim AA when they have required help for six months. To claim AA, an individual or someone acting for them must complete the claim form and send it to DWP. The AA claim form asks individuals for a range of information, including:

- Name of illnesses and disabilities experienced and how long they have been experienced;
- Medicines or treatments that have been prescribed for this illness or disability, dosage and frequency;
- Basic details about a person's home, e.g. location of toilet;
- Visits to hospital and other recent medical treatment;
- Use of home adaptations;
- Information on ability to undertake activities of daily living such as getting out of bed and using the toilet;
- Difficulties communicating with other people;
- Activities and help needed from another person when the individual goes out and the nature of this help;
- Type of help required during the night, how often help is required, and how long (minutes) each time this help is needed for.

In the context of social care policy, and the take-up of telecare, the AA system has two key features:

- Reach: in England, around 2.16 million individuals aged over 65 received AA and DLA during 2009-2010. In contrast, the social care system in England and Wales has active contact with around 1 million care users aged

But the most promising alternative channel is the Attendance Allowance system, which has detailed information on over 1.5 million older people with a disability who are not in contact with their local authority...

over 18 in the community setting of whom 610,000 are over 65;[20]

- Data: through the AA system, DWP has data on 2.16 million older people with a disability, at least 1.55 million of whom are not known to local authority social services. In actual fact, academic research has found that there is a significant amount of non-overlap between receipt of AA and council-funded social care, i.e. not all older people in receipt of local authority support for home care are AA claimants, and vice versa. This suggests that the real figure is likely to be more than 1.55 million.

Could the data gathered in AA be used to identify individuals who may benefit from telecare support? The data held by DWP could certainly be used for promoting telecare, through information leaflets, etc. However, the data gathered by DWP on disabled older people is detailed. Could this data in fact be used for identifying specific individuals who may benefit from specific types of telecare, and even targeting resources at these individuals?

To explore this issue, the Strategic Society Centre asked an expert in undertaking assessments for telecare suitability to evaluate the AA claim form used by DWP. The analysis explored:

- The types of telecare devices and services that could be identified as being of potential benefit to a person, on the basis of the information collected in an AA assessment;
- Those questions that are of potential relevance to a telecare assessment;
- Those questions that could be supplemented or refined to provide further information of relevance to a telecare assessment.

The analysis found that a significant number of questions in the AA claims form could be used for targeting assessment for telecare, such that an AA assessment would trigger a targeted telecare assessment. In addition, the detail included in the AA assessment form could conceivably be used to allocate telecare resources, for example, a voucher redeemable for a certain type of telecare device. The full analysis can be found in Appendix 2.

The disability benefits system, in the form of Attendance Allowance, could therefore be used to identify and target individuals who would benefit from telecare among the 1.55 million older people who receive AA, but are not in receipt of local authority support. DWP not only has contact data for such individuals, but details on their condition and living situation, such that specific individuals could be targeted with specific types of intervention. These include:

- Information on telecare, and particular types of device
- A full assessment for suitability of telecare
- Resources that could be used to fund telecare, for example, a voucher than individuals could redeem against the cost of telecare services.

This analysis shows the limitations of community-care needs-assessments as the route by which policymakers seek to engage people with telecare services. Indeed, if telecare policy were to be completely overhauled, it is likely that policymakers would focus on using the disability benefits system for targeting individuals for telecare services, not local authorities.

Comment

This chapter has reviewed how the telecare policy framework in the UK attempts to connect potential beneficiaries of telecare with telecare services. The analysis has found that the beneficiaries of telecare can be framed much more broadly than simply those

The Attendance Allowance system could be used to promote information on telecare, trigger telecare assessments and even distribute resources...

individuals entitled to local authority support. In addition, it appears that among the policy levers available, the disability benefits system is far better placed than the local authority social care system to identify individuals that may benefit from telecare, particularly as the growing use of Personal Budgets and Direct Payments raises questions as to whether local authorities will be able to reap the savings available from telecare.

Together with observations in the previous chapter, such insights suggest there is merit in completely rethinking the UK policy framework toward telecare, if the potential benefits of telecare across the population are to be secured. The Conclusion therefore maps out a new approach.

Key points:

- What is the best way to connect telecare with potential users, such that society can realise the maximum benefits that telecare can offer? The target groups for telecare are: individuals eligible for council care; individuals ineligible for local authority support (England and Wales); and informal carers.
- How should policy reach these groups? At present, local authority community-care assessments are the principal mechanism deployed by the state, but the availability of telecare varies by local authority, and local authorities only have contact with a limited proportion of the population who may benefit from telecare.
- How else can policymakers think about the distribution of telecare services using the policy levers available to the state? One option would be to think of a national assessment and entitlement framework could be applied to telecare. In this way, public funding of telecare services could be repositioned as a national entitlement, rather than something dependent on individual local authorities.
- What other distribution channels are available for telecare besides community-care assessments? Individuals in need of care and support, and their informal carers, typically make greater usage of GP consultations than the rest of the population. Advice and support services are targeted at informal carers by a range of national and local charities and statutory organisations, and may have contact with many informal carers who are not known to their council.
- However, potentially the most useful alternative to community-care assessments for connecting telecare to potential beneficiaries is the disability benefits system. The Attendance Allowance system has several key features: DWP has detailed data on 2.16 million older people with a disability, at least 1.55 million of whom are not known to local authority social services.
- The data held by DWP could be used for promoting telecare, through information leaflets, etc., but also for identifying specific individuals who may benefit from specific types of telecare, triggering an assessment for telecare, and even targeting telecare resources at these individuals.

7. Conclusion

How can policymakers secure the maximum benefit from telecare now and in the future?...

This report has explored how policymakers can secure the maximum benefit from telecare now and in the future, measured in both prevention of need and prevention of cost?

In particular, this report has explored:

- What is the best way to fund telecare? What should be the role of state vs. private expenditure?
- What is the best way to connect potential beneficiaries of telecare with telecare services?

The report has ranged widely to explore the barriers to the implementation of telecare, the key tenets of the policy framework observable over the last ten years to grow the use of telecare, and a detailed evaluation of different funding models.

There has been longstanding consensus and awareness among policymakers about the potential savings realisable through telecare. However, such consensus has not informed debate on long-term care funding, and how telecare should be situated and funded within any new long-term care funding system. This report has sought to fill that gap.

Key observations from the analysis

What are the key observations that the analysis in this report has made?

- Telecare can reduce demand for care, the financial cost of care to the state and families, as well as the personal cost of informal care provision for family carers. It can also improve the quality of life of those with care and support needs.

- Across the UK, the availability of telecare is subject to local variation, and dependent on the decisions of local authorities.

- Scotland's system of free personal care, and the absence of means-testing for telecare, contrasts with the availability of telecare in the social care system of England and Wales, which is subject to means-testing by local authorities. For those who fall outside the safety-net, some may use telecare procured via the retail market. However, this 'mixed economy' strategy for telecare in England and Wales has major limitations. Take-up of telecare among private 'self-funders' is never likely to match take-up among those receiving council support.

- Means-testing telecare support makes limited economic sense. The unit cost of telecare is comparatively small in the context of the social care system. However, it is likely to be cheaper for local authorities to finance telecare for self-funders at home, than to have to pay for their residential care when the become entitled to council funding, at a typical cost of £500 per week.

- The local authority social care system across the UK has significant limitations in terms of reaching all the potential groups who may benefit from telecare, which includes self-funding and council-funded users of home care, as well as informal carers. Local authorities in England support 610,000 social care users in their home. In contrast, DWP pays disability benefits to over 1.5 million older people in England who are not supported by their local authority, and DWP has extensive data on people's conditions, which could be used to target information and assessments on telecare.

Key recommendations

On the basis of the observations above, it is possible to develop a number of key recommendations for policymakers, in order to help society achieve the most benefit from telecare in the future.

The analysis in this report suggests telecare should not be means-tested, should be part of a national entitlement framework, and should be probably assessed for independently of community care assessments, if it is to carry on saving money for the public purse...

- Build a universal telecare offer: don't means-test support for telecare

Any long-term care funding system that means-tests the availability of public support for telecare will inevitably limit the benefits of telecare to less wealthy groups. However, given the number of publicly-funded individuals in residential care – around 60% - there is a clear cost-benefit argument for the state to invest in measures to keep wealthier 'self-funders' living independently in their own home for longer. The average expenditure on residential care for older people entitled to public funding in 2008-9, was £498 per week, incorporating accommodation and personal care costs.[21]

However, ensuring a universal offer of telecare does not necessitate universal free personal care for all. A universal offer of publicly-funded telecare would be coherent with any retention of means-testing in other parts of the system, if this was required.

Alternatively, the experience of local authorities such as Sunderland City Council does suggest that a simple, clear charging regime, such as £5 per week, is an effective way of sharing some of the costs of telecare with private households, and is ultimately more likely to facilitate private expenditure on telecare, than the retail market or private insurance.

- Provide a clear national entitlement framework for telecare

Previously, the availability of publicly-funded telecare services has been largely dependent on the choices of individual local authorities. However, given the role of local political discretion and choices in determining the availability of telecare - currently exacerbated by the ongoing negative financial climate for local authorities - there is a compelling argument that the availability of telecare should be dependent on national decisions, and less dependent on the individual choices local authorities, which will inevitably reflect a range of other factors entirely separate to the benefits that can be achieved through telecare.

This suggests that even while telecare services are administered, implemented and managed locally, the offer of telecare should be framed as a clear right under a national framework for telecare assessments and entitlements, rather than as something that is dependent on the choices of local officials.

- Assess for telecare separately

The case for delineating telecare from local authority community-care assessments is bolstered by the risks that growing take-up of Personal Budgets and Direct Payments will make it harder for local authorities to reap the savings from telecare.

This points to the need for independent telecare assessments. In the context of Direct Payments and Personal Budgets, the offer of telecare should precede and be differentiated from the offer of cash support, in the context of local authority needs-assessments, and consequent resource allocations.

- Pursue new routes to promote telecare

The UK telecare strategy over the last decade has principally relied on the local authority social care system to connect telecare with potential beneficiaries, but this has ultimately limited the impact and reach of telecare. Policymakers need to make use of the full range of levers available to pursue new routes to promote telecare. The Department for Work and Pensions has contact with more older people who may benefit from telecare (over 2 million in England), than local authorities do (around 610,000). While local authorities will continue to have a key role in overseeing the provision of telecare at a local level, it is clear that the government is not doing all it could to promote telecare to potential users.

Trigger points for telecare assessments should be placed across health and social care, and policymakers should use all of the levers available to them to reach potential users...

Conclusion

Bringing together these recommendations suggests a completely new strategy to telecare is required if policymakers want to secure the maximum benefit from telecare now and in the future, measured in both prevention of need and prevention of cost.

The analysis in this report points to the need for a new strategic framework for telecare policy, the key features of which would be:

- A telecare service that is free at the point of use, regardless of wealth, or applies some low-level weekly charges.
- A clear, consistent national entitlement and assessment framework for telecare, with funding not dependent on the circumstances of individual local authorities.
- The implementation of trigger points for telecare assessments across health and social care, the disability benefits system and carer support services.
- The use of the full range of policy levers to promote telecare, starting with the Attendance Allowance system.
- The implementation of telecare assessments independent of local authority community-care assessments, such that any households is able to request a telecare assessment by visiting website, without the need for a full community-care needs assessment by their local authority.

The creation of a national, universal entitlement to telecare support would not require the state to undertake the production or administration of telecare services. As is now the case, local authorities would continue to be able to commission the full range of companies involved in telecare:

- Manufacturing devices;
- Undertaking assessments for telecare;
- Installing monitoring devices;
- Maintaining and repairing devices;
- Operating monitoring services.

A national, universal entitlement to telecare would also enable a centralised focal point for telecare, information about telecare, and best practice. For the public, a single website would enable individuals to click to request an assessment for telecare services. A national policy framework would give policymakers the power to implement telecare services by prescribing them within a national entitlement framework and mainstreaming trigger points within assessment processes. This power would also extend to bulk buying of telecare services and being able to undertake strategic planning in relation to telecare services at local, national and regional levels. Knowledge of telecare services and innovations would also be centralised; rather than having to encourage and prod local authorities – and local councillors - to choose to invest in telecare, which ultimately amounts to a long, expensive, burdensome process of knowledge transfer, policymakers would have the discretion and knowledge to take such decisions themselves.

All the technology and services required for telecare to benefit users and their families already exist. But the policy framework that has been applied over the last 10 years has not provided the scale, coordination or drive to realise the full potential of telecare. If policymakers do want to secure the maximum benefit from telecare now and in the future, it is time to create a national, universal entitlement to telecare support.

Key points:

- The analysis in this report suggest a number of key recommendations for policymakers, in order to help society achieve the most benefit from telecare in the future: build a universal telecare offer - don't

means-test support for telecare, or provide it through a system of limited charges; provide a clear national entitlement framework for telecare; assess for telecare separately from community care assessments; pursue new routes to promote telecare through the policy levers available to the government.

- The analysis in this report points to the need for a new strategic framework for telecare policy, the key features of which would be:
  - A telecare service that is free at the point of use, regardless of wealth, or applies some low-level weekly charges.
  - A clear, consistent national entitlement and assessment framework for telecare, with funding not dependent on the circumstances of individual local authorities.
  - The implementation of trigger points for telecare assessments across health and social care, the disability benefits system and carer support services.
  - The use of the full range of policy levers to promote telecare, starting with the Attendance Allowance system.
  - The implementation of telecare assessments independent of local authority community-care assessments, such that any households is able to request a telecare assessment by visiting website, without the need for a full community-care needs assessment by their local authority.

Appendix 1: The evolution of telecare policy and strategy in the UK

This Appendix identifies and summarises some of the key statements of policy and strategy in relation to telecare that have been published over the last decade.

- Delivering 21st Century IT Support for the NHS (2002)

This Department of Health strategic plan for technology and the NHS included the target of making "home telemonitoring" available to 100% of homes requiring it by 2010.[22]

- Implementing telecare (2004)

This Audit Commission report advised local authorities on how to develop and implement local telecare strategies.[23] The report identifies the difficulties in apportioning the investment costs between different agencies, and the potential different business models available, depending on local conditions and care priorities to be addressed. The report argued that there was a pressing need for better co-ordination of telecare implementation at both national and local levels and for more integrated guidance to support local implementation.

- Building Telecare in England (2005)/Preventative Technology Grant

This document from the Department of Health set out the terms of the Preventative Technology Grant, which sought to increase the number of people benefitting from telecare services, with a total of £80m allocated in grant finance from 2006. The grant went to all local authorities in England with social services responsibilities using the Formula Spending Share for Older People Formula. The grant sought to increase the numbers of people supported to remain independent with telecare. Local authorities and their partners were given the autonomy to decide how best to use the grant to modernise local services, and incorporate telecare into mainstream health, housing and social care services.

- Local Government and Public Involvement in Health Act (2007)

The Local Government and Public Involvement in Health Act placed a duty on upper-tier local authorities and PCTs to undertake Joint Strategic Needs Assessments (JSNAs). JSNAs seek to identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

JSNAs emerged as a response to awareness of the role of communities, housing services and local authorities in prevention and well-being, as well as the benefits of integrated planning and services. Although relevant administrative data is not available, in practice, many JSNAs have featured the commissioning of telecare services.

- Seizing the Opportunity (2008)

In 2008, the Scottish Government published its telecare strategy, entitled "Seizing the Opportunity". It built upon the National Telecare Development Programme, which was launched in August 2006, and comprised £8 million for 32 Scottish Partnerships to develop telecare services during 2006-08.

"Seizing the Opportunity" set out plans to:

1) Extend telecare services to at least 7,500 additional people through new funding from the Scottish Government;
2) Enhance innovation and telehealth/care convergence through funding new pilots, developing new models of housing with support, as well as developing

national/regional protocols covering joint working arrangements between NHS24 and local care partnerships;

3) Ensure all aspects of telecare service provision are delivered to recognised standards;
4) Improve the assessment process for service users that could benefit from telecare through ensuring a telecare prompt is included within the Single Shared Assessment process;
5) Provide care staff with the skills they need to incorporate telecare within care packages, through training and vocational interventions;
6) Increase awareness of telecare amongst service users and carers, and the general public through media work.

The vision statement of "Seizing the Opportunity" is particularly noteworthy. It states:

> "By 2015:
> - All new homes, public and private, and all refurbished social housing, will be fitted with the capacity for care and health services to be provided interactively via broadband from day one of occupation;
> - The typical service user and their carers will be using the needs assessment process to actively request and secure telecare based services, normally as part of a broader package....
> - Independent evaluation will confirm that no care service users in Scotland who could benefit from telecare services in a home-based setting remain in an institutional environment
> - Remote long term condition monitoring undertaken from home will be the norm;
> - All qualifying courses for front line health and care staff will include an element relating to telecare and other assistive/home care technologies as part of their core basic training."

In short, the vision in "Seizing the Opportunity" is for telecare to be the default option in the social care system.

- Transforming Adult Social Care (2009)

This Department of Health circular to local authorities set out how the Social Care Reform Grant for local authorities was to be used for the range of process reengineering, capability and capacity building activities required to redesign the social care system.[24] It set out how, for people eligible to receive council-funded support, person-centred planning and self-directed support were to become mainstream, with individuals having choice and control over how best to meet their needs, including through routine access to telecare.

- Care Services Efficiency Delivery (2009)[25]

This online toolkit for local authority commissioners was launched in 2009 to help them realise the full potential of their telecare services. The toolkit has four components:

1) "Evaluate your service" - a Telecare Evaluation Tool to assess past outcomes and efficiency gains and help estimate future outcomes and efficiencies in an expanded service.
2) "Develop your vision and strategy" - a tool for assessing the strengths and weakness of an existing service, prioritising improvements and producing a strategy for the medium term.
3) "Model processes and service specifications" – a telecare workshop template to structure sessions on process design and contract management.
4) "Monitor performance" – a Telecare Performance Management Framework to set appropriate targets and monitor service performance.

- Whole System Demonstrators (2009)

In 2009, the Department of Health launched a two-year evaluation of the use of telecare and telehealth, comprising a randomised control trial with over 6,000 participants.[26]

The objective of the Whole System Demonstrators (WSD) trial is to provide evidence regarding to what extent the integration between health and social care, supported by telecare and telehealth, can:

1) Promote people's long term health and independence;
2) Improve quality of life for people and their carers;
3) Improve the working lives of health and social care professionals;
4) Provide an evidence base for more cost effective and clinically effective ways of managing long term conditions.

- Building a National Care Service (2010)

This social care White Paper proposed universal free personal care funded by the state under the aegis of a 'National Care Service' in England and Wales.[27] It proposed a system in which, in the absence of means-testing, all individuals in need of care and support would be 'in' the system. With the opportunity for universal needs assessments provided by a National Care Service, the White Paper, anticipated that: "When someone's care plan is designed, prevention services such as telecare will be a fundamental part of their package, wherever they live."

- The Operating Framework for the NHS in England 2011/2012 (2010)

The Department of Health's NHS framework included allocations to primary care trusts totalling £648 million to support social care, and specifies that this could be used to invest in telecare.

- A Vision for Adult Social Care (2011)

This vision document[28] from the Department of Health states that local authorities should exploit opportunities to improve services by commissioning a full range of appropriate preventative and early intervention services such as re-ablement and telecare, working in partnership with the NHS, housing authorities and others. It points out that telecare can save money, but observes that robust evidence on how to target telecare and telehealth to ensure both cost-effectiveness and successful outcomes is lacking, ahead of the findings of the WSD trial.

Appendix 2: Using Attendance Allowance to assess for telecare - an analysis of the AA assessment form

By Adrienne Lucas, Formerly the Yorkshire and Humber Assistive Technology Development Manager[29]

Introduction

Following a request by the Strategic Society Centre, we undertook an analysis of the assessment form used by the Department for Work and Pensions (DWP) for assessment of Attendance Allowance to explore overlap in the data gathered for a telecare assessment.

The document we analysed is 'Claiming Attendance Allowance for people aged 65 or over ', which is the official self-completion form for individuals wishing to claim Attendance Allowance.[30]

In the analysis, we identified:

- The types of telecare devices and services that could be identified as being of potential benefit to a person, on the basis of the information collected in an AA assessment;
- Those questions that are of potential relevance to a telecare assessment;
- Those questions that could be supplemented or refined to provide further information of relevance to a telecare assessment.

Telecare devices

Which telecare devices and services could be identified as being of potential benefit to an AA claimant, on the basis of the data gathered by DWP? We would identify:

- Lifeline with pendant and panic buttons;
- Falls, floods, smoke detector linked to lifeline/alert;
- Door exits alerts;
- Medication reminders;
- Temperature extreme sensors;
- Epilepsy sensors;
- Enuresis sensors.

Questions of relevance to a telecare assessment

Each of these questions is drawn directly from the official DWP assessment form for Attendance Allowance:

14. Does anyone else help you because of your illnesses or disabilities? For example, a carer, support worker, nurse, friend, neighbour or family member.

This question could be supplemented with a question on the form of help provided, for example;

- Managing risks;
- Checking for falls;
- Checking that the cooker is off;
- Reassurance
- Checking for wandering
- Checking for epileptic fits;
- General pop in just-in-case visits.

25. Do you usually have difficulty or do you need help with your toilet needs? This means things like getting to the toilet, using the toilet, a commode, bedpan or bottle. It also means using or changing incontinence aids, a catheter or cleaning yourself.

This question could be supplemented to identify whether falls, and a fear of falls, are an issue with a person getting to the toilet. For example, some people may avoid going to the toilet because of a fear of falls.

26. Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance? This means things like getting into or out of the bath or shower, checking your appearance or looking after your personal hygiene including things like cleaning your teeth, washing your hair, shaving or something like this.

This question could be supplemented to identify whether problems with using the bathroom are associated with a fear of falls, and a risk of forgetting to turn taps off.

28. Do you usually have difficulty or do you need help with moving around indoors? By indoors we mean anywhere inside, not just the place where you live.

This question could be supplemented with a question on the form of difficulty i.e. does the person minimise moving around for fear of falls, or exiting property inappropriately and what form of help provided, for example;

- Managing risks;
- Checking for falls;
- Reassurance
- Checking for wandering
- General pop in just-in-case visits.

29. Do you fall or stumble because of your illnesses or disabilities? For example, you may fall or stumble because you have weak muscles, stiff joints or your knee gives way, or you may have problems with your sight, or you may faint, feel dizzy, blackout or have a fit.

This question could be used to identify suitability for a basic lifeline telecare installation: bed occupancy sensor for none return to bed; panic buttons for areas of particular risk around the home that can be reached following a fall.

31. Do you usually have difficulty or do you need help with taking your medication or with your medical treatment? This means things like injections, an inhaler, eye drops, physiotherapy, oxygen therapy, speech therapy, monitoring treatment, coping with side effects, and help from mental health services. It includes handling medicine and understanding which medicines to take, how much to take and when to take them.

This question could be supplemented with a question about remembering to take medicines, which might indicate suitability for a medication dispenser and/or reminder calls via telephone/lifeline service.

34. Do you usually need someone to keep an eye on you? For example, you may have a mental health problem, learning disability, sight, hearing or speech difficulty and need supervision.

Individual 'tick-options' for this question could be used to indicate potential suitability for telecare device:

- I am not aware of common dangers;

Sensors for fire, floods, wandering, turning the cooker off, or failing to put the heating on in winter.

- I may wander.

A door exit sensor.

- I may have fits, dizzy spells or blackouts.

Sensors for falls, bed/chair occupancy.

- I may get confused.

A lifeline service, pendant, minute watch, memo minder, carer alert.

35. Do you usually have difficulty or need help during the night? This means things like settling, getting into position to sleep, being propped up or getting your bedclothes back on the bed if they fall off, getting to the toilet, using the toilet, using a commode, bedpan or bottle, getting to and taking the tablets or medicines prescribed for you and having any treatment or therapy.

36. Do you usually need someone to watch over you? For example, you may have a mental health problem, learning disability, sight, hearing or speech difficulty and need another person to be awake to watch over you.

Individual 'tick-options' for this question could be used to indicate potential suitability for telecare device:

- I may get confused.

Sensors and carer alerts for leaving by windows or external doors, door exits, pressure mats linked to either pager/carer alert or lifeline dependent upon the need/risk.

- I may wander.

Sensors for door exit, bed occupancy sensor, and pressure mat.

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